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## The Condom Use Outcomes and Sexual Functioning of Young Adult Latinas: The Roles of Intimate Partner Violence, Posttraumatic Stress Disorder, and Marianismo Beliefs

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THE CONDOM USE OUTCOMES AND SEXUAL FUNCTIONING OF  
YOUNG ADULT LATINAS: THE ROLES OF INTIMATE PARTNER VIOLENCE,  
POSTTRAUMATIC STRESS DISORDER AND MARIANISMO BELIEFS

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DISSERTATION

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A dissertation submitted in partial fulfillment of the  
requirements for the degree of Doctor of Philosophy in the  
College of Arts and Sciences  
at the University of Kentucky

By  
Jessica Flores  
Lexington, Kentucky  
Director: Dr. Christal Lynn Badour, Professor of Psychology  
Lexington, Kentucky  
2023

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## ABSTRACT OF DISSERTATION

### THE CONDOM USE OUTCOMES AND SEXUAL FUNCTIONING OF YOUNG ADULT LATINAS: THE ROLES OF INTIMATE PARTNER VIOLENCE, POSTTRAUMATIC STRESS DISORDER AND MARIANISMO BELIEFS

Intimate partner violence (IPV) has been linked to poorer condom use outcomes and sexual functioning in women broadly. Limited studies have examined these associations in Latina samples through a culturally sensitive, trauma-informed lens. A sample of 383 U.S. Latina/Latinx/Hispanic women (*Age* = 25.29 years; *SD* = 4.44) who had a past-year intimate relationship completed a cross-sectional online survey of IPV history, posttraumatic stress disorder (PTSD) symptoms, marianismo beliefs (i.e., traditional Latina gender role expectations), condom use outcomes (i.e., condom use attitudes, efficacy, negotiation efficacy, and behaviors) and sexual functioning. Linear regression models found that past-year IPV was positively related to PTSD symptoms across all five models, and this association was stronger for women high in marianismo beliefs (for all models except for condom use behaviors); though the association remained positively significant for women who endorsed lower marianismo beliefs. PTSD symptoms were not significantly related to any of the condom use outcomes. The negative association between past-year IPV and sexual functioning was mediated by PTSD symptoms, and this association was moderated by marianismo beliefs, specifically the relation between past-year IPV and PTSD symptoms was stronger among those high in marianismo beliefs. Most associations became non-significant after adjusting for covariates. Exploratory models examined the effect of specific types of IPV. Study findings provide a more nuanced culturally sensitive, trauma-informed understanding of the condom use outcomes and sexual functioning of young adult Latinas with recent IPV exposure, highlighting the need to better understand the role of marianismo beliefs in the Latina sexual health literature.

**KEYWORDS:** Sexual Health Outcomes and Functioning, Latinx/Latina/Hispanic Women, Intimate Partner Violence, Posttraumatic Stress Disorder, Marianismo Beliefs

Jessica Flores  
*(Name of Student)*

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09/14/2023  
Date

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POSTTRAUMATIC STRESS DISORDER AND MARIANISMO BELIEFS

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## DEDICATION

I dedicate this dissertation in loving memory of my little brother, Giovanni Flores.

*Forever missing you.*

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## CHAPTER 1. INTRODUCTION

In 2019, it was estimated that approximately 60.6 million Hispanics were living in the United States (U.S.), and this group is projected to reach to 111 million by 2060 (Krogstad & Noe-Bustamante, 2020; U.S. Census Bureau, 2018). Despite being 18% of the total U.S. population (Krogstad & Noe-Bustamante, 2020), Latinx individuals continue to be underrepresented and underserved in research (Alvarez et al., 2006; Wallace & Bartlett, 2013). There is great need to understand and consider the unique experiences of this growing ethnic group.

Latina women are at disproportionate risk for several sexual and reproductive health disparities and concerns. For instance, rates of sexually transmitted infections (STI) among Latinas are much higher than among non-Hispanic, White women (CDC, 2019). Latinas also report higher rates of cervical cancer, later stage diagnoses, and higher cervical cancer-related mortality compared to other groups of women (American Cancer Society, 2017; Moore de Peralta et al., 2017). Although rates of overall unintended pregnancy rates in the U.S. are declining, Latinas continue to report high rates of unintended pregnancy (Finer et al., 2018). Latinas also indicate lower utilization (Finer et al., 2018; Garcés-Palacio et al., 2008; Jones et al., 2002; Mosher & Jones, 2010; Sangi-Haghpeykar et al., 2006) and less effective use of birth control (Sundaram et al., 2017) compared to non-Hispanic, White women. It is imperative to better comprehend and improve the sexual health outcomes of Latinas.

### 1.1 Intimate Partner Violence and Health Outcomes

Latinas are also at disproportionate risk for experiencing intimate partner violence (IPV)—stalking, psychological, physical and/or sexual abuse by a current or past intimate

partner (i.e., spouse, boyfriend/girlfriend, dating partner or sexual partner; Smith et al., 2018)—including more severe forms of IPV resulting in significant injury or mortality in comparison to non-Hispanic, White women (Gonzalez et al., 2020; Azziz-Baumgartner et al., 2011; Field & Caetano, 2003). A national epidemiologic study estimated the lifetime prevalence of stalking, physical and/or sexual IPV among U.S. Hispanic women to be 34.4% (8.6% for past-year), and the et al., 2021); however, to our knowledge, this model has not been examined specifically in the IPV context, including with regard to non-sexual IPV (e.g., emotional, physical).

One review examined the effects of IPV on the health outcomes and behaviors of minority women, which included samples of Latinas. Minority women with IPV exposure reported worsened physical and mental health, including higher symptoms of depression and posttraumatic stress disorder, and poorer psychological functioning, in comparison to their non-abused counterparts. Additionally, IPV was linked to increased engagement in HIV risk behaviors and worsened sexual and reproductive health outcomes in these samples, including inconsistent use of contraceptives and condoms, and higher rates of HIV and STIs (Stockman et al., 2015). Both acute and lifetime IPV are associated with adverse health outcomes of women; however, one study noted that acute IPV (i.e., IPV occurring within the preceding 5 years) had more deleterious effects on the current health status of IPV-exposed women than distant IPV (i.e., exposure prior to the preceding 5 years; Bonomi et al., 2006). Past-year IPV in particular is associated with poorer sexual health outcomes among women broadly, including less frequent condom use, less condom negotiation and worsened sexual functioning (Mittal et al., 2013; Kovac et al., 2003). Thus, recent IPV has especially pertinent implications on the



sexual health outcomes and behaviors of women. Given the high prevalence of IPV among Latinas and the implications IPV has on sexual health outcomes, it is vital to evaluate the role of past-year IPV when examining these outcomes in young adult Latinas.

## 1.2 Sexual Risk Behavior

In samples of Latinas and women broadly, IPV has been linked to several negative sexual health outcomes and behaviors, including inconsistent condom and contraceptive use, and higher prevalence of STIs (Bauer et al., 2002; Coker, 2007; Hess et al., 2012; Kelly, 2010; Teitelman et al., 2008). Women with IPV histories report engaging in more frequent sexual risk behaviors when compared to their non-abused counterparts (Cavanaugh et al., 2010; Raj et al., 2004). In a study of predominantly African American and Latina women seeking care at primary care clinics, participants with recent or lifetime IPV in their main romantic relationships were more likely to have a history of STIs, and to report more past-year sexual partners and less frequent condom use with their main partners in comparison to participants with no IPV histories in their main relationship (Wu et al., 2003). Latinas with IPV exposure report greater concern about their partner's response to condom use negotiation in comparison to Latinas without IPV histories (Raj et al., 2004). Several possible mechanisms have been identified linking IPV to sexual risk behavior. First, IPV-exposed women may face violent threats and repercussions when suggesting or negotiating condom use with their abusive partners, putting them at risk for IPV revictimization and reducing their use of condoms (Coker, 2007; El-Bassel et al., 2005; Suarez-Al-Adam et al., 2000). Second, IPV-exposed women report having less control and relationship power over safe sex

decision making than their abusive partners (El-Bassel et al., 2000; O'Leary & Jemmott, 1995). Low condom use has significant implications for Latinas given that unprotected heterosexual sexual activity is the most common method of HIV transmission in this group of women (CDC, 2018). Further research is needed to identify factors that may be strengthening the negative relation between IPV and condom use in Latinas.

### 1.3 Sexual Functioning

Sexual functioning is described as a person's ability to function without issues across each component of the sexual response cycle (Fielder, 2013; Kaplan, 1974; Masters & Johnson, 1966). Early sexual response cycle models were comprised of four stages, specifically desire, arousal, orgasm and resolution (Kaplan, 1974; Masters & Johnson, 1966). Scholars have since expanded the models to include additional components pertinent to female sexual functioning (Basson, 2000; Basson et al., 2005; Rosen et al., 2000). Specific female sexual functioning domains include sexual desire, subjective arousal, lubrication, orgasm, sexual satisfaction, and pain during sexual activity (Rosen et al., 2000). Sexual dysfunction occurs when an individual experiences persistent, interfering problems and/or concerns in one or more of these domains of sexual functioning. Little is known regarding sexual functioning in Latinas, as the sexual health literature on racial/ethnic minorities (including Latinas) tends to narrowly focus on sexual risk behaviors (Lewis, 2004; Meana et al., 2013).

Among adults broadly, sexual functioning problems are linked to several negative outcomes, including worsened overall quality of life, poorer physical and emotional well-being, and difficulties in intimate relationships (Fallis et al., 2016; Flynn et al., 2017; Laumann et al., 1999). Addressing the gap in our understanding of Latinas' sexual

functioning can have important implications across various aspects of Latinas' lives, including for their intimate relationships and health outcomes. Only a small number of studies have specifically investigated the sexual functioning of Latinas; however, these studies have sampled from very specific subgroups (e.g., low-income breast cancer survivors [Christie et al., 2010]; those with poorly managed diabetes [Kenya et al., 2014]; those who are perimenopausal [Cain et al., 2003]; those seeking gynecological services [Hullfish et al., 2009]). A study of Spanish-speaking Latinas receiving outpatient gynecological services (Hullfish et al., 2009) found that approximately 41.3% reported having sexual dysfunction (determined via a score of  $\leq 41$  on the Changes in Sexual Functioning Questionnaire-Short Form [CSFQ-14; Keller et al., 2006]), a rate comparable to that of women broadly in the U.S. (Laumann et al., 1999). However, the measure in this study did not assess sexual satisfaction and only measured sexual pain during orgasm. Moreover, though participants were asked about experiences of sexual abuse, physical abuse, and/or forced sex in this study, there was no consideration for whether these experiences occurred in the context of an intimate relationship. It is critical to assess for IPV when examining Latina sexual functioning as IPV is highly prevalent in this group (Smith et al., 2017), and it is well documented that IPV negatively impacts female sexual functioning (Coker, 2007; Stockman et al., 2015).

In samples of women broadly, IPV has been linked to greater sexual functioning problems, including specific problems with sexual pain and difficulties with sexual desire, pleasure, and satisfaction (Coker, 2007; Stockman et al., 2015). Several possible explanations for the relation between IPV and female sexual functioning problems have been identified. First, experiences of physical injury, which can occur in physical or

sexual IPV, may lead to diminished sexual desire, pleasure, or satisfaction, and may cause or exacerbate chronic pelvic pain (Stockman et al., 2015). Second, IPV frequently leads to negative psychological and interpersonal consequences, which can also increase sexual functioning problems (Yehuda et al., 2015). One example of this is posttraumatic stress symptoms.

#### 1.4 Posttraumatic Stress Symptoms

Posttraumatic stress disorder (PTSD) is a mental health condition that can develop after an individual experiences or witnesses a traumatic event that involves perceived or real threat/death, serious injury or sexual violence (American Psychiatric Association, 2013). Following IPV, Latinas tend to report more severe symptoms of PTSD and depression when compared to other groups of women (Bonomi et al., 2009; Caetano & Cunradi, 2003). It is well documented that individuals with PTSD (both general and IPV-related) often engage in risky behaviors, including sexual risk behaviors (Banducci et al., 2014; Cavanaugh et al., 2010; Walsh et al., 2014). In a sample of predominantly Latina and African American women seeking care at an emergency room, those with PTSD symptoms were more likely to report recent HIV risk behaviors, including experiencing condom use coercion (i.e., forced by partner to not use a condom; El-Bassel et al., 2011). Among women broadly, those with IPV-related PTSD were found to be at greater risk for engaging in recent sexual risk behaviors, including unprotected anal and vaginal sex acts, sexual coercion, and forced unprotected sex, in comparison to those without PTSD (Cavanaugh et al., 2010). Moreover, IPV-related PTSD has been linked to increased difficulties negotiating safe sex practices and higher risk for sexual coercion (El-Bassel et al., 2000).

The self-medication model suggests that a person may partake in risk behaviors as a means to handle and cope with their PTSD symptoms (Brady et al., 2004; Contractor et al., 2017). Others have suggested that risky behaviors may serve as a means to either mitigate negative affect or to prolong/intensify positive affect (Ben-Zur & Zeidner, 2009; Contractor et al., 2017; Marshall-Berenz et al., 2011; Weiss et al., 2019). Importantly, it is imperative to underscore that in the context of IPV, the possible violent consequences women may face when suggesting and/or negotiating condom use with their partners (El-Bassel et al., 2000) may also contribute to the association between PTSD and sexual risk behaviors, more specifically condom usage.

To date, there has been no investigation of the relation between PTSD symptoms and sexual functioning in Latinas; however, adults broadly with PTSD report worsened sexual functioning in comparison to those who do not develop PTSD, irrespective of the type of trauma experienced (Cosgrove et al., 2002; DiMauro et al., 2018; Kelley & Gidycz, 2019; Schnurr et al., 2009; Letourneau et al., 1996). Moreover, PTSD symptoms have been found to significantly mediate the negative relation between sexual trauma and sexual functioning problems in samples of college women (Kelley & Gidycz, 2017) and women veterans (Blais et al., 2018; Kolaja et al., 2021); however, to our knowledge, this model has not been examined specifically in the IPV context, including with regard to non-sexual IPV (e.g., emotional, physical).

Yehuda and colleagues (2015) outlined a process linking PTSD and sexual functioning, whereby both PTSD and sexual functioning engage a similar physiological arousal response in the body, but the interpretation of what this response means greatly differs in each context. In healthy sexual functioning, this physiological arousal

activation has a positive interpretation (e.g., excitement, arousal), but in the context of PTSD, this same arousal response may signal fear and threat. When the arousal system is activated, a person with PTSD may more readily interpret physiological responses as possible danger rather than as sexual pleasure, which can lead to difficulties in engaging in sexual activity. Additional symptoms of PTSD including loss of interest in activities, feeling detached from others, avoidance of trauma reminders, flashbacks/other intrusions, and anger, may also impact individual's ability to engage and enjoy sexual activity, leading to further sexual functioning problems. The biological, psychological, and behavioral processes associated with PTSD may mediate the relation between IPV and sexual functioning.

Although depression has been linked to numerous sexual functioning problems in women (Frohlich & Meston, 2002; Phillips & Slaughter, 2000), one study found that PTSD accounted for a greater proportion of variance in sexual problems among women who experienced violent crimes (Letourneau et al., 1996), which highlights the importance of considering PTSD symptom severity. Theoretically, it has been suggested that PTSD serves as a link between experiences of violence, including IPV, and subsequent negative health outcomes, and as such, it is theorized that PTSD mediates this relation (Dutton et al., 2006; Green & Kimberling, 2004; Schnurr & Green, 2004). Though prior studies have linked IPV to worsened sexual health outcomes and behaviors in both women broadly and Latinas, PTSD symptoms have rarely been accounted for in the studies of Latinas, and thus, further research is warranted. Further exploration of PTSD symptoms' role in linking IPV and both risky sexual behaviors and sexual

functioning in Latinas could facilitate the identification of intervention targets that account for the roles of both IPV and PTSD symptoms.

### 1.5 Traditional Gender Role Expectations

It is important to consider the unique cultural values of Latinas when examining associations between IPV and sexual risk behavior/sexual functioning. Specifically, *marianismo*, which reflects traditional Latina gender role expectations dictating that Latinas should mirror the image of the Virgin Mary, by behaving in a loyal, honorable, and self-sacrificing manner (Castillo & Cano, 2008), is highly relevant to the outcomes of interest in the present study. In the context of sexuality, *marianismo* expectations suggest that Latinas should remain chaste until marriage, have limited knowledge about sex, inhibit enjoying sex and be passive in their sexual encounters, especially around condom decision making (Castillo et al., 2010; Gomez & Marin, 1993; Moreno, 2007).

Higher endorsement of *marianismo* beliefs has been linked to worsened psychological outcomes in Latinas broadly (Piña-Watson et al., 2013). Though no prior study has specifically examined whether *marianismo* moderates the relation between IPV and PTSD symptoms, Rivera (2008) described how the experiences and cultural values (including *marianismo*) of Hispanics may contribute to the emergence and continuation of PTSD symptoms following trauma exposure. Specifically, Rivera highlighted that *marianismo* may be especially relevant in the context of sexual trauma because this value places a strict emphasis on purity, prohibits sex outside of marriage, and suggests that women should be self-sacrificing. Rivera noted that these beliefs may create significant cultural stigma around experiences of sexual trauma since a strong value is placed on virginity and sex outside of marriage is disapproved in the Latinx/Hispanic culture.

Individuals who have experienced sexual trauma may be viewed as dishonorable due to the group's stringent views on sex. As such, Rivera contended that the stigma around sexual trauma may possibly exacerbate feelings of shame for the victim and the victim's family and the cultural stigma may also negatively impact treatment seeking behaviors (Rivera, 2008). Counter to this idea, one study in a sample of recently immigrated Latinas found that the strength of the relation between IPV and general psychological distress was lower in Latinas who endorsed higher marianismo beliefs in the subordinate to others (e.g., a Latina should be acquiescent, submissive, and respect the traditional Latinx gender role hierarchy)/self-silencing (e.g., a Latina should not express herself in order to avoid conflict in her relationships) dimension. The authors hypothesized that this dimension of marianismo beliefs may serve to normalize experiences of IPV and, in some contexts, may protect against negative psychological consequences of IPV (Da Silva et al., 2018). Other work supports the idea that rigid gender role beliefs endorsed by some members of the Latinx community may normalize IPV, and that this normalization may deter Latinas from help-seeking following IPV by sustaining the notion that men are in control and women should be submissive to their partners (Agoff et al., 2007; Perilla et al., 2012). Thus, given the mixed findings, further exploration of the role of marianismo beliefs in the relation between past-year IPV and PTSD symptoms in Latinas is needed.

In the context of IPV, higher Latinx gender role beliefs (including marianismo) have been consistently linked to increased sexual risk behaviors in Latinas, including unprotected sex and reduced control in sexual decision-making (González-Guarda et al., 2008; Klevens, 2007; Moreno, 2007). Although no prior study has explicitly explored the relation between marianismo and sexual functioning, Latinas are more likely than other



groups of women to report procreation and efforts to please their partners as their primary reasons for engaging in sex. They are less likely to report having sex for pleasure (Cain et al., 2003). The restrictions that marianismo places on Latinas' sexual behavior may negatively impact their sexual functioning because it may impact beliefs about the ability, appropriateness, or importance of experiencing pleasure and satisfaction during sex, which are essential components of healthy sexual functioning.

In sum, Latinas are at disproportionate risk for experiencing IPV (Azziz-Baumgartner et al., 2011; Smith et al., 2018) as well as several sexual and reproductive health disparities and concerns (CDC, 2019; Finer et al., 2018; Garcés-Palacio et al., 2008; Jones et al., 2002; Moore de Peralta et al., 2017; Sundaram et al., 2017). Having a clearer understanding of the relation between IPV and the condom use attitudes, cognitions, and behaviors of Latinas can help us identify ways to reduce these disparities among this group. Relatively little is known about the sexual functioning of Latinas since the literature has almost exclusively focused on examining their sexual risk behaviors. Previous studies have linked IPV and both increased sexual risk behaviors and worsened sexual functioning in samples of women broadly and in Latinas. Though PTSD symptoms have been linked to sexual risk behaviors (including inconsistent condom use) and sexual functioning problems in women broadly, no prior study to our knowledge has examined the role of PTSD symptoms in the relation between past-year IPV and both condom use and sexual functioning in young adult Latinas. Additionally, the Latina female gender expectations outlined in the marianismo construct are likely relevant to the experiences of IPV, psychological outcomes, and the sexual functioning and behaviors of young adult Latinas (González-Guarda et al., 2008; Klevens, 2007; Moreno, 2007);

however, some of the associations between marianismo and the aforementioned variables have not been previously explored. As such, several critical gaps exist in our understanding of Latinas sexual risk behaviors and functioning, and there is great need to elevate and augment the currently available Latina sexual health models. Moreover, it is necessary to examine the impact of both trauma and Latinx cultural beliefs in the relation between past-year IPV and both the condom use outcomes and sexual functioning of Latinas. Ultimately, findings from this study can help inform the development of future culturally sensitive, trauma-informed interventions aimed at improving the sexual health outcomes of young adult Latinas, particularly among those who have experienced IPV.

#### 1.6 The Present Study

The present study aimed to test a novel culturally sensitive, trauma-informed model of young adult Latina's sexual health outcomes and behaviors. Participants who self-identified as Latina/Latinx/Hispanic and female, were between the ages of 18-33 years old, currently living in the United States of America (U.S.) and had at least one intimate partner in the past year (defined as a spouse/partner, girlfriend/boyfriend, dating partner, or ongoing sexual partner) were recruited for the present study. A total of 792 participants attempted to complete the survey. After the participants' data was evaluated to confirm their study eligibility and data cleaning measures were completed, 383 participants were included in the final sample. Study samples for each of the study models were derived from the final sample ( $N = 383$ ). Participants were asked to complete a series of self-report measures, including those of interest in the present study, which assessed for experiences of past-year and lifetime IPV, past-month PTSD symptom severity, marianismo beliefs, adverse childhood events, reproductive coercion,

global physical health status, female sexual functioning, and condom use attitudes, efficacy, negotiation efficacy, and behaviors. A series of five moderated mediation models were tested in the present study to examine the relation between past-year IPV and both a) condom use outcomes (i.e., condom use attitudes, condom negotiation efficacy, condom use efficacy, and condom use behaviors during casual vaginal intercourse) and b) sexual functioning, while also evaluating the mediating role of past-month PTSD symptom severity, and the moderating role of marianismo beliefs at every path. Additionally, exploratory models were examined with each individual type of IPV—emotional, physical, and sexual—entered as the independent variable to determine if the results outcomes differed by type of IPV. Both the primary and exploratory models were tested with and without the inclusion of relevant covariates.

First, it was hypothesized a negative relation between past-year IPV and both a) condom use outcomes and b) sexual functioning would be observed. Next, it was postulated past-month PTSD symptom severity would significantly mediate the negative relation between past-year IPV and both a) condom use outcomes and b) sexual functioning. It was anticipated the strength of the pathways in the models would vary as function of marianismo beliefs. Previous findings regarding the role of marianismo in the relation between trauma exposure and subsequent mental health difficulties have been mixed (Da Silva et al., 2018; Rivera, 2008). Therefore, in the present study, the moderating role of marianismo in the positive relation between past-year IPV and PTSD symptom severity was examined as an exploratory test (*A Paths*). Though no prior study has examined whether marianismo moderates the relation between PTSD symptoms and sexual risk behaviors/sexual functioning in Latinas, prior studies suggest that Latinx

gender roles (including marianismo) negatively impact condom usage in the context of IPV (González-Guarda et al., 2008; Klevens, 2007; Moreno, 2007), and thus, it was hypothesized the higher marianismo beliefs endorsed, the stronger the negative relation between PTSD symptoms and condom use outcomes would be observed (*B Path*). Though there is limited information on Latinas' sexual functioning, it was similarly anticipated that the restrictions marianismo puts on Latina's sexuality would moderate the hypothesized negative relation between PTSD symptoms and sexual functioning, such that this negative relation would be stronger among women who endorsed higher marianismo beliefs (*B Path*). Lastly, the postulated negative relation between a) past-year IPV and the condom use outcomes, and b) past-year IPV and sexual functioning would be stronger among participants who endorsed higher marianismo (*C Paths*).

Additional exploratory moderated mediation models were analyzed with each individual type of IPV (i.e., emotional, physical, sexual) entered as the independent variable. The remaining variables in the models matched those of the primary models. Due to these models being exploratory in nature, no a priori hypotheses were generated prior to conducting the analyses.

## CHAPTER 2. METHODS

### 2.1 Participants

The present online community sample was recruited via several methods, including through the University of Kentucky's SONA Undergraduate Psychology Pool, community flyer postings, ResearchMatch.Org, social media, Latina/Latinx/Hispanic-organization email mailing lists, and Latina/Latinx/Hispanic- and domestic violence-focused community organizations across the U.S. The survey was available in English and Spanish, and participants elected to complete the survey in their preferred language. Participants were deemed eligible for the current study if they 1) self-identified as a woman and Hispanic or Latina/Latinx, 2) were between the ages of 18 to 33 years old, 3) currently lived in the U.S., and 4) had at least one intimate partner in the past year, which included a spouse/partner (e.g., married spouses, common-law spouse, civil union spouses, domestic partners), boyfriend/girlfriend, dating partner or ongoing sexual partners. Additionally, in order to be included in the final sample participants were required to complete all the attention checks in the survey correctly and meet the completion time guidelines established by Leiner (2019), which helped identify participants who completed the survey too quickly. Participants were excluded from the study if they were unable to provide consent waiver or were unable to comprehend English or Spanish.

A total of 792 participants attempted to complete the online survey for the current study; however, only 423 of these participants completed the full survey. Participants' data was evaluated to determine they met data inclusion criteria described in the previous paragraph, which resulted in a final sample of 383 participants in the present study.

## 2.2 Data Cleaning

To help identify participants who completed a survey too quickly, Leiner (2019) advised that a participant's completion time be compared to the overall sample's median completion time by dividing the overall's sample median survey completion time by each participants' respective completion time, which produces each individual's participants respective completion rate. Leiner suggested participants with a completion rate greater than two be excluded from the final sample because their completion rate was two times faster than the average pace of participants. In the present study, participants' completion time ranged from 6.58 minutes to 115,271 minutes, and the median completion time was 38.23 mins. Of note, given the sensitive nature of the study's questions, participants were allowed to begin the survey and return to complete the survey at a later time, which skewed the overall sample's completion time. Data was also evaluated to determine if any "straightlining" responding by participants occurred (i.e., the same answer choice is selected across the survey items). In general, straightlining is discouraged because the individuals could be rushing to complete the items without being attentive or thoughtfully answering the items (Zhang & Conrad, 2014). To identify potential "straightlining" responding the variance was calculated for study measures and survey responses were evaluated. Participants' data was only included in the final sample if they met the following criteria: 1) study eligibility, 2) completed the three attention checks correctly to ensure accurate and attentive responding, 3) their completion rate was less than or equal to two, and 4) were not "straightline" responding to the measures in the models.

### 2.3 Procedure

Participants completed a series of questionnaires online via Qualtrics, an online survey tool, in either English or Spanish, based on the participants' preference. An electronic consent waiver was obtained from participants, and they were informed the survey could take up to 60 minutes to complete. Participants were asked to complete a CAPTCHA to verify they were not a robot and answer study eligibility screening questions at the beginning of the survey to ensure they were eligible for the study. Compensation was available to some participants. The first 300 participants recruited from the community who completed the survey received a \$20 Amazon gift card, and the remaining community-recruited participants had the opportunity to enter to win a \$20 Amazon gift card (1 in 8 chances of winning). Participants recruited through the University of Kentucky Psychology Undergraduate SONA Pool received course credit in exchange for their participation.

When available, study measures previously validated in Spanish were used in the present study. Measures not available in Spanish were translated for the present study using the back-translation guidelines that have been recommended by previous research (Cha et al., 2007; McDermott & Palchanes, 1992). Translation of measures entailed a three-step process: 1) measures were first translated from English to Spanish, 2) the Spanish translated versions of the measures were then back-translated to English, and 3) the original English versions of the measures were compared to the back-translated English versions of the measures to ensure the two texts were equivalent. Volunteer undergraduate research assistants fluent in Spanish completed the translations. The four volunteer undergraduate research assistants and the principal investigator were native Spanish-speakers from different areas in Latin America, specifically Colombia, Cuba,

Mexico, and Puerto Rico. Whenever discrepancies between the original English version of the measures and the back-translated versions of the measures occurred, the principal investigator made the final decision on the wording. In addition to the demographics questionnaire developed for this study, measures that were translated for the present study are noted below.

## 2.4 Measures

### 2.4.1 Intimate Partner Violence

Lifetime and past-year experiences of emotional, physical, and sexual IPV were assessed using items from the Behavioral Risk Factor Surveillance System Study (BRFSS; CDC, 2005) and a version of the BRFSS adapted in the study by Bonomi and colleagues (2009). Participants completed seven items that asked about experiences of emotional, physical, and sexual IPV. Three of these items assessed for experiences of threatened physical violence, attempted but not completed physical violence, and completed physical violence. Two of the items measured emotional IPV including experiences of being put down, called names and/or controlled by an intimate partner, and fear of safety for self, friends, or family due to partner's anger or threats. Two items evaluated experiences of forced sex acts (e.g., oral, vaginal, or anal penetration), and threatened, coerced, or physically forced unwanted sexual contact that did not involve penetration or intercourse. An example item includes: "Has an intimate partner hit, slapped, shoved, pushed, choked, kicked, shaken or otherwise physically hurt you in any way in the past 12 months?" Items were scored as *1 – Yes* or *0 – No*. Participants were first asked if any of the behaviors assessed occurred in the past 12 months. If a participant indicated a specific act did not occur in the past 12 months, they were then asked to



report whether the behavior had ever occurred in their lifetime. Additionally, participants were asked if any of the IPV experiences assessed occurred in their current intimate relationship, and they were allowed to respond “prefer not to answer” to this question, given the sensitive nature of this topic. This specific item was used to determine if participants were experiencing abuse in their current relationship. Past-year IPV was operationalized as experiences of any type of IPV (i.e., emotional, physical, sexual violence) in the past 12 months and was calculated as a dichotomous variable (Y/N to any type of IPV in past 12 months). Lifetime IPV was defined as ever experiencing of any type of IPV (i.e., emotional, physical or sexual violence), and similarly was a dichotomous variable (Y/N to any type of IPV in their lifetime). The individual types of IPV (i.e., emotional, physical, sexual violence) were calculated based on positive endorsement of the individual type of abuse in the past-year and/or lifetime (Y/N to specific type of IPV). This measure was translated to Spanish by the research team.

#### 2.4.2 Childhood Adversity

The Philadelphia Expanded Adverse Childhood Experiences Survey (The Philadelphia Expanded ACE; Cronholm et al., 2015) is a self-report questionnaire that expands on the original Adverse Childhood Experiences Survey (ACE; Dube et al., 2003; Felitti et al., 1998) to assess experiences of childhood adversity. Sixteen items reflect most of the original ACE Survey items that assess for various forms of abuse, neglect, and familial dysfunction events that occurred before the age of 18. These items are combined to produce a Conventional ACE Score. The Philadelphia ACE Survey contains an additional six items that assess experiences of community-level stressors (i.e., witnessing violence, experiencing discrimination, being bullied, neighborhood adverse

events, being in foster care), which produce an Expanded ACE Score. The individual Philadelphia Expanded ACE items are scored either dichotomously (Yes/No) or using a Likert-type scale, and each item must meet the minimum threshold in order for it to be considered positive for an adverse experience. A total score is calculated by summing the number of adverse experiences. Per previously established scoring guidelines (Hughes et al., 2017; Wade et al., 2016), total scores were then dichotomized to 0 ( $\leq 3$  ACE events) and 1 ( $\geq 4$  ACE events). The survey was available in Spanish.

### 2.4.3 PTSD Symptoms

Past-month PTSD symptom severity was assessed with the 20-item PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013). Participants were asked to consider how much they had been bothered by a “very stressful experience” in the past month. The PCL-5 items reflect the 20 symptoms of PTSD. An example item includes: “In the past month, how much were you bothered by repeated disturbing dreams of the stressful experience?” Items are scored on a 5-point Likert-type scale from 0-*Not at all* to 4-*Extremely*. A total past-month PTSD symptom severity score is calculated by summing together the twenty items. Higher total scores reflect more severe PTSD symptoms. Internal consistency for the PCL-5 in the present study was excellent ( $\alpha = 0.95$ ) for the overall sample, and for administration in English ( $\alpha = 0.95$ ) and Spanish ( $\alpha = 0.93$ ). The PCL-5 has been translated to Spanish but specific psychometric properties for this Spanish validation are not available. However, the Spanish and English versions of the PTSD Checklist-civilian (PCL-C) were found to perform equivalently (Miles et al., 2008). A cut score of  $\geq 33$  on the PCL-5 is indicative of probable PTSD (Blevins et al.,

2015), and this score was used to determine presence of probable PTSD for descriptive purposes.

#### 2.4.4 Depressive Symptoms

Participants completed the Patient Health Questionnaire-9 (PHQ-9; Spitzer et al., 1999; Kroenke et al., 2001), which is a 9-item depression screening questionnaire. Participants indicated the frequency with which they had been bothered by their depressive symptoms in the previous two weeks. Items are scored on a 4-point scale from *0-Not at all* to *3-Nearly every day*. A tenth item assesses the functional impairment of the symptoms on the respondent's life and is scored on a 4-point scale from *0-Not difficult at all* to *3-Extremely difficult*. An example item includes: "Over the last two weeks, I have been feeling down, depressed or hopeless." Total scores were calculated by summing all 9 symptom items, with scores ranging from 0 to 27. Higher scores reflect more severe levels of depressive symptoms. The internal consistency for the PHQ-9 was in the very good range for the overall sample ( $\alpha = 0.89$ ), as well as for those completing it in English ( $\alpha = 0.89$ ), and Spanish ( $\alpha = 0.86$ ). The PHQ-9 has previously demonstrated good specificity and sensitivity for determining probable diagnosis (Kroenke et al., 2001). The PHQ-9 has been translated to Spanish and has been determined to have comparable psychometric properties to the English version of the PHQ-9 (Huang et al., 2006a; Huang et al., 2006b). A prior study found that both the Spanish and English versions of the PHQ-9 performed comparably in screening for depression among Latinas (Merz et al., 2011).

#### 2.4.5 Marianismo Beliefs

Participants completed the Marianismo Beliefs Scale (MBS; Castillo et al., 2010), which assessed the degree to which they agreed with various statements describing the traditional Latina gender role expectations of marianismo. This 24-item self-report questionnaire consists of five subscales that each measure a specific pillar of marianismo, specifically: Family Pillar (five items), Virtuous and Chaste (five items), Subordinate to Others (five items), Silencing Self to Maintain Harmony (six items), and Spiritual Pillar (three items). A sample item includes: “A Latina should satisfy her partner’s sexual needs without argument.” Items are scored on a 4-point scale from *1-Disagree Strongly* to *4-Strongly Agree*. Individual subscale scores are calculated by averaging the items of the respective subscale, and a total score is calculated by obtaining a mean of all the items. Higher subscale and total scores ( $> 2.5$ ) suggest greater accordance with marianismo beliefs. In the current study, the MBS total score demonstrated excellent internal consistency across the overall sample ( $\alpha = 0.95$ ), as well as among those completing the measure in English ( $\alpha = 0.95$ ), and Spanish ( $\alpha = 0.94$ ). The MBS was previously translated and validated in Spanish (Castillo et al., 2021). Scores on this measure have also demonstrated both divergent and convergent validity with other acculturation and Latinx-value related measures (Castillo et al., 2010).

#### 2.4.6 Condom Attitudes

The Condom Attitude Scale (CAS; Hood & Shook, 2013) assessed participants’ condom use attitudes and cognitions. This 24-item questionnaire is comprised of two subscales, which assess affect towards condoms (14-items) and cognitions regarding condoms (10-items). Items are scored on a 7-point scale from *0-Strongly Disagree* to *6-*

*Strongly Agree*. The subscale scores are obtained by averaging the respective subscale items and a total score is calculated by averaging all the items. Higher total scores demonstrate more favorable attitudes towards condom utilization. The Condom Attitude Scale was only administered to participants who reported engaging in sexual activity with men in the past year. In the current study, the internal consistency for the CAS total score was in the very good to excellent range in the overall sample ( $\alpha = 0.94$ ), as well as among those completing the measure in English ( $\alpha = 0.94$ ), and Spanish ( $\alpha = 0.87$ ). This measure was translated by the present study's research team.

#### 2.4.7 Condom Use Efficacy

Participants completed the Condom Use Efficacy Scale (CUES; DiClemente & Wingood, 1995), which is a 9-item self-report questionnaire that measured respondents' confidence in utilizing a male condom with their main sex partner. Items are scored on a 3-point scale from *1-Not confident* to *3-Very confident*. An example item is: "How confident are you that you could put a condom on a hard penis?" The measure is scored by calculating the mean of the 9-items. Higher total scores suggest greater levels of condom use efficacy. The internal consistency for the CUES in the present study was in the very good to excellent range for the overall sample ( $\alpha = 0.91$ ) as well as among those completing the measure in English ( $\alpha = 0.91$ ), and Spanish ( $\alpha = 0.88$ ). Participants who endorsed engaging in sexual activity with men in the past year completed this measure. This measure was translated for the present study.

#### 2.4.8 Condom Negotiation Efficacy

The Condom Negotiation Efficacy Measure (CNE; DiClemente & Wingood, 1995) is a 7-item self-report questionnaire that asked participants to imagine how they

would handle condom negotiation with their main sex partner across different situations. Items are scored on a 4-point scale from *1-Definitely no* to *4-Definitely yes*. An example item includes: “Can you put a condom on your main partner without spoiling the mood?” A total score is obtained by calculating the mean of the items. Higher total scores suggest greater condom negotiation efficacy. In the current study, the internal consistency for the CNE was in the very good range for the overall sample ( $\alpha= 0.87$ ) as well as among those completing the measure in English ( $\alpha= 0.87$ ), and Spanish ( $\alpha= 0.81$ ). Only participants who indicated engaging in any sexual activity with men in the past year completed this measure. This self-report questionnaire was translated for the present study.

#### 2.4.9 Sexual Activity and Condom Use Behavior

Sexual activity and condom use behavior history were measured via a survey developed in English and translated into Spanish for this study. Participants indicated the number sexual partners, including casual partners (i.e., person they have had fewer than five sex acts with and have known for less than a month; LaBrie et al., 2005), and the number of times they engaged in casual vaginal sexual activity in the past month. Additionally, participants reported how often they used condoms during vaginal sexual intercourse with casual sexual partners in the previous month and this item was scored on a 5-point Likert-type scale from *Never (0% of the time)* to *Always (100% of the time)*. While the overall sexual health measure was administered to all participants, the specific condom use behaviors items were only administered to participants who reported engaging in any sexual activity with men during the past year. This measure was translated by the present study’s research team.

#### 2.4.10 Sexual Functioning

The Female Sexual Functioning Index (FSFI; Rosen et al., 2000) is a 19-item self-report questionnaire that assessed participants' sexual functioning in the previous four-weeks. The FSFI consists of six sexual functioning domains, specifically: desire (items 1-2), arousal (items 3-6), lubrication (items 7-10), orgasm (items 11-13), satisfaction (items 14-16), and pain (items 17-19). Individual domain scores were calculated by summing the items for each domain and then multiplying the domain sum by its' respective domain factor. An overall FSFI score was then calculated by summing the six individual domain scores. The overall FSFI score can range from 2.0 to 36, and higher overall scores represent better sexual functioning. The FSFI total score was only be interpreted for respondents who reported sexual activity and attempted vaginal sexual intercourse in the past month (Rosen et al., 2000; Meston et al., 2020). The FSFI is considered a gold standard measure of female sexual functioning and has demonstrated excellent psychometric properties. In the present study, the internal consistency for the FSFI total score was in the excellent range for both the overall sample ( $\alpha= 0.91$ ) and participants who completed the questionnaire in English ( $\alpha= 0.91$ ), and very good range for those who completed the questionnaire in Spanish ( $\alpha= 0.87$ ). The measure has also demonstrated evidence of both construct and divergent validity (Rosen et al., 2000). The FSFI was previously translated and validated to Spanish in a sample of women living in Colombia (Rincon-Hernandez et al., 2020; Vallejo-Medina et al., 2017). The present study's research team translated the instruction prompts for this study so that it matched the English version of the FSFI. The FSFI was administered to all participants.

#### 2.4.11 Global Health

General physical health was assessed using the 4-item Global Physical Health subscale of the PROMIS Global Health Scale v1.2 (GHS; Hays et al., 2009). The Global Physical Health subscale asks respondents to rate their self-perceived physical health, ability to complete daily physical activities, and average fatigue and pain level. An example item for the Global Physical Health subscale includes: “How would you rate your fatigue on average?” The respective subscale items are summed and then scores are transformed to a T-scores based on the suggested T-score guidelines. Total raw scores range from 4 to 20 and the transformed T-scores range from 16.2 to 67.7 for the Global Physical Health subscale. Higher T-scores reflect better general physical health. This measure was previously translated to Spanish by the PROMIS workgroup. The internal consistency for the GHS Global Physical Health subscale was in the acceptable range for both the overall sample ( $\alpha= 0.65$ ) and for those completing the measure in English ( $\alpha= 0.66$ ). The internal consistency was in the poor range for those completing the measure in Spanish sample ( $\alpha= 0.50$ ).

#### 2.4.12 Reproductive Coercion

The Reproductive Coercion Scale (RCS; McCauley et al., 2017) is a five-item self-report questionnaire that measures experiences of reproductive coercion by an intimate partner in the previous 3-months. The first three-items assess for recent experiences of pregnancy coercion. Specifically, respondents are asked if an intimate partner has recently told them not to use birth control, has removed their access to their birth control or not allowed them to seek medical care to obtain birth control, and forced them to have sex without a condom in order to become pregnant. The final two-items ask



about experiences of condom manipulation. Respondents are asked to indicate if their intimate partner has recently taken off the condom during sexual intercourse in order for them to get pregnant and purposely put holes or broken the condom during the sexual act in order for them to become pregnant. Items are scored dichotomously with a 1-*Yes* or 0-*No response*. The items are summed together and if the summed score is  $>1$  then their overall RCS is 1, suggesting the respondent has experienced reproductive coercion in the past 3-months. If the respondent denies experiencing any of the behaviors assessed in the measure their RCS is 0, which suggests they did not experience reproductive coercion in the past 3-months. In the present study, the internal consistency for the RCS was good for the overall sample ( $\alpha = 0.78$ ) and for participants completing the survey in English ( $\alpha = 0.78$ ). The internal consistency for those completing the measure in Spanish could not be determined because all participants who completed this measure in Spanish reported they had not experienced reproductive coercion in the prior 3-months. The RCS was administered to all participants and was translated to Spanish by the study team.

## 2.5 Data Analytic Approach

### 2.5.1 Descriptive Statistics

Means, standard deviations, ranges, and frequencies were examined for demographic variables and variables of interest. Zero-order and point bi-serial correlations were then examined among main variables of interest and theoretically relevant covariates. A series of independent samples *t*-tests and chi-square tests of independence were conducted to examine whether the study variables differed by 1) the individual model sample versus the overall sample, 2) exposure to past-year IPV, and 3) the language the survey was completed in. Regression assumptions testing was also

completed to determine if any assumptions were violated across the primary models in the present study.

### 2.5.2 Primary Analyses

The primary models of interest in the present study were a series of moderated mediation models conducted via Process macro for SPSS (Hayes, 2013). Significance of indirect effects tests were evaluated via percentile bootstrap 95% confidence intervals.

*Primary Outcome Models:* Five separate models were evaluated, each examined one of the following outcome variables: 1) condom use attitudes (*Figure 1*), 2) condom use efficacy (*Figure 3*), 3) condom negotiation efficacy (*Figure 4*), 4) past-month condom use behaviors during casual vaginal intercourse (*Figure 5*), and 5) past-month sexual functioning (*Figure 6*). Past-year IPV was entered into all primary models as the independent variable. Past-month PTSD symptom severity was entered as a mediator in the relationship between IPV and the outcome variables. Marianismo was initially evaluated as a potential moderator in each pathway of all the models (Process Model 59; Hayes, 2013). The interaction results at each path were then examined and they were added and removed from the model until solely the significant interactions remained. This method resulted in solely a retained significant interaction in path *a* for the three condom use cognitions/efficacy models (i.e., condom attitudes, condom use efficacy, condom negotiation efficacy) and the female sexual functioning model, and thus, Process Model 7 (Hayes, 2013) was used to analyze the moderated mediation relation of these specific outcomes. There were no significant interactions in any of the paths in the condom use behaviors model, and as a result, a simple mediation model was used to examine the mediated relation of this outcome (Model 4: Hayes, 2013).

All models were examined first without covariates (unadjusted) and were then re-examined with the addition of covariates (adjusted). Several possible covariates relevant to the proposed outcomes models were identified, specifically adverse childhood experiences (Bigras et al., 2017; Frewen et al., 2019; Li et al., 2020), depression symptoms (Dillon et al., 2013; Kaltman et al., 2010; Kelley & Gidycz, 2017), lifetime IPV (Fedovskiy et al., 2008; Jina & Thomas, 2013; Orchowski et al., 2018; Rodriguez et al., 2008), IPV in a current relationship (Stockman et al., 2015; Woods et al., 2008), use of selective serotonin reuptake inhibitor (SSRI) medication (Basson & Gilks, 2018; Hall et al., 2015; Lorenz et al., 2016; Rosen et al., 1999; Warshaw & Brashler, 2009), reproductive coercion (Basile et al., 2021; Grace et al., 2022; Katz et al., 2017; Lutgendorf, 2019; Muñoz et al., 2023), and global physical health status (Dillon et al., 2013; Stockman et al., 2015). The final covariates were established based on the results of the correlations between the model variables with the mediator (i.e., past-month PTSD symptom severity) and between the model variables and the individual outcomes of interest (i.e., condom use attitudes, condom use efficacy, condom negotiation efficacy, condom use behaviors during casual vaginal intercourse, and sexual functioning). A series of Pearson, Point-Biserial, and Phi Correlation tests were used to examine the relations between the main variables of interest in the primary models and the correlation test was selected based on how the variable was scored (i.e., continuous, dichotomous, multinomial). The results of the correlations were used to inform the decision of which covariates were included in both the final models. Specifically, the correlation coefficients results of the relations between the covariates and both the mediator (i.e., past-month PTSD symptom severity) and the individual dependent variables (i.e.,

condom use attitudes, condom use efficacy, condom negotiation efficacy, condom use behaviors during past-month casual vaginal intercourse, and female sexual functioning) were examined, and variables that had weak correlation coefficients ( $< 0.2$ ) with the mediator or the dependent variables were removed from that respective path.

Continuous variables were mean centered before they were entered into the models to reduce multicollinearity and aid in the interpretation of the intercept. Significant interactions were probed using simple slopes analysis and results were plotted at  $\pm 1$  SD from the mean on the moderator. Further, given multiple outcomes related to condom use attitudes/cognitions were conducted (i.e., condom attitudes, use efficacy, and negotiation efficacy), examination of adjusted  $p$ -values was planned across these three models to limit false discovery via the Benjamini-Hochberg procedure (Benjamini & Hochberg, 1995; Benjamini & Hochberg, 2001).

*Exploratory Models:* Exploratory models were also conducted with each individual type of past-year IPV (i.e., emotional, physical, sexual) entered as the independent variable to examine whether the outcomes of interest differed as a function of IPV type.

## 2.6 Power

A-priori consultation of sample size guidelines based on power simulations suggested that our sample of 349 participants (for models examining condom use attitudes, efficacy, and negotiation efficacy) and 309 participants (for models examining sexual functioning) would be adequate to detect an indirect effect at 80% power given small-medium effect sizes for the  $a$  and  $b$  paths, and a small to medium conditional indirect effect (Fritz & MacKinnon, 2007; MacKinnon et al., 2002). Given

that only 49 participants reported casual vaginal sex during the past year, it was anticipated that the condom use behavior model would be underpowered to detect an indirect, or conditional indirect effect in any condition other than large effects in both the *a* and *b* paths.

## CHAPTER 3. RESULTS

### 3.1 Preliminary Analyses

The average age of participants was 25.29 years old ( $SD = 4.44$ ; Range = 18 – 33). All participants reported identifying as cisgender women. Approximately two-thirds of the sample reported being heterosexual/straight (67.6%;  $n = 259$ ), followed by bisexual (24.0%;  $n = 92$ ), lesbian (3.4%;  $n = 13$ ); or another sexual orientation that was not listed (4.4%;  $n = 17$ ); no data were available for two participants (0.5%). The majority of participants reported being born in the U.S. (81.5%;  $n = 312$ ), and about half of the sample was second generation (i.e., they were born in the U.S. and at least one of their parents were born in another country; 47.0%;  $n = 180$ ). Nearly all participants were U.S. Citizens (i.e., they were born in the U.S. or a naturalized U.S. citizen; 90.1%;  $n = 345$ ). See Table 1 for additional demographic information.

Nearly all participants opted to complete the survey in English ( $n = 369$ ) and a small portion completed the survey in Spanish ( $n = 14$ ). Participants who completed the survey in Spanish were more likely to have been born in another country,  $\chi^2(1, N = 382) = 35.24, p < .001$ . Among non-U.S. born participants, those who completed the survey in Spanish reported living in the U.S. for a shorter period of time on average (Spanish,  $M_{years} = 2.55, SD = 2.81$ ; English,  $M_{years} = 15.74, SD = 9.09$ ;  $t(52.73) = 9.02, p < .001$ ). Participants who completed the survey in Spanish were also less likely to be a U.S. Citizen (i.e., either U.S. born or naturalized) or a Lawful Permanent Resident,  $\chi^2(1, N = 383) = 45.01, p < .001$ , and were more likely to report their area of origin was in South America compared to other parts of Latin America,  $\chi^2(1, N = 383) = 23.63, p < .001$ . These participants also tended to report less severe PTSD symptoms,  $t(15.45) = 2.39, p =$

.03, as well as less favorable attitudes toward condom use compared to participants completing the survey in English,  $t(347) = -3.43, p = .001$ .

Participants who reported engaging in sex with men in the past year and who completed all the condom use attitudes, efficacy, and negotiation efficacy measures ( $n = 349$ ) were more likely to indicate being heterosexual/straight than those not included in these models,  $X^2(1, N = 381) = 16.59, p < .001$ . Additionally, participants who reported engaging in sex with men in the past year and indicated engaging in vaginal intercourse with casual partners in the past-month ( $n = 49$ ; included in condom use behavior models) tended to be younger than the rest of the sample,  $t(381) = 3.17, p = .002$ ; were less likely to be in a current relationship,  $X^2(1, N = 383) = 10.46, p = .001$ ; or had been with their current partner for less time,  $t(90.38) = 8.02, p < .001$ . They were more likely to report past-year physical IPV,  $X^2(1, N = 383) = 5.76, p = .02$ ; past-year sexual IPV,  $X^2(1, N = 383) = 8.76, p = .003$ ; a lifetime history of any type of IPV,  $X^2(1, N = 383) = 7.27, p = .01$ ; one or more types of IPV in their current relationship,  $X^2(1, N = 383) = 4.48, p = .03$ ; and reproductive coercion in the past three months,  $X^2(1, N = 383) = 4.40, p = .04$ . They also endorsed poorer global physical health on average,  $t(381) = 2.13, p = .03$  and were more likely to be taking an SSRI,  $X^2(1, N = 383) = 5.48, p = .02$ .

Finally, the female sexual functioning questionnaire was administered to all participants but only data from participants who endorsed sexual activity and attempted vaginal sexual intercourse in the past month were included in the sexual functioning models ( $n = 309$ ). These participants tended to be older than the rest of the sample,  $t(122.35) = -2.83, p = .01$ . They were also more likely to report being in a current relationship,  $X^2(1, N = 383) = 93.58, p < .001$ , and to endorse stronger marianismo

beliefs,  $t(127.47) = -2.78, p = .01$ ). Lastly, participants included in the sexual functioning models were more likely to report experiencing past-year physical IPV,  $X^2(1, N = 383) = 4.58, p = .03$ .

All participants in the sample reported being in a current relationship (84.9%;  $n = 325$ ) or being in a relationship within the past year (15.1%;  $n = 58$ ). Of those in a current relationship, more than half reported having a current boyfriend or girlfriend (54.8%), followed by a spouse or partner (i.e., married spouse, common-law spouse, civil union spouse or domestic partner; 27.4%), ongoing sexual partner (9.2%), dating partner (6.5%), and not listed/other (2.2%). The average relationship duration for participants in a current relationship was 45.44 months ( $SD = 44.51$ ; Range: 1 – 244 months). Of those in a current relationship, 13.2% reported experiencing one or more forms of IPV in that relationship ( $n = 43$ ). Of the 58 participants who reported not being in a current relationship at the time of the study, 24.1% ( $n = 14$ ) reported experiencing one or more forms of IPV in a relationship they were in within the past year.

In the total sample ( $N = 383$ ), 62.1% of participants endorsed experiencing any type of lifetime IPV ( $n = 238$ ) and 29.0% of participants ( $n = 111$ ) reported experiencing any type of past-year IPV. With regard to the individual IPV type, 20.4% of the sample ( $n = 78$ ) endorsed past-year emotional IPV, followed by 14.6% of participants ( $n = 56$ ) who endorsed past-year sexual IPV, and 9.1% ( $n = 35$ ) who endorsed past-year physical IPV. Table 2 displays the means and standard deviations on primary study variables in the overall sample, as well as comparisons based on the presence or absence of any past-year IPV. Participants who reported experiencing past-year IPV reported more severe PTSD and depression symptoms, as well as poorer global physical health, condom use



efficacy, condom negotiation efficacy, and sexual functioning. Participants who reported experiencing past-year IPV were more likely than those with no past-year IPV to have experienced four or more adverse childhood events,  $X^2(1, N = 383) = 15.51, p < .001$ , to report IPV in their current relationship,  $X^2(1, N = 383) = 62.52, p < .001$ , and to indicate experiencing reproductive coercion by their intimate partner in the past three months,  $X^2(1, N = 383) = 30.35, p < .001$ .

The correlation results examining the relations among the main variables of interest in the primary models and the covariates are presented in Table 3. Both past-year and lifetime IPV were positively related to past-month PTSD symptom severity, adverse childhood experiences, depression severity, IPV in the current relationship, and reproductive coercion in the previous three-months, as well as negatively associated with global physical health status, condom negotiation efficacy, and sexual functioning. Additionally, past-year IPV was positively associated with lifetime IPV and negatively associated condom use efficacy while lifetime IPV was positively related to current use of SSRI medication. Based on the correlation results, the following covariates were included in all paths predicting past-month PTSD symptom severity (*a* paths): adverse childhood experiences, lifetime IPV, depression severity, abuse in the current relationship, presence of reproductive coercion in the past 3-months, and global physical health. All the covariates included in the past-month PTSD symptom severity submodel had a positive significant relation with PTSD symptoms except for global physical health status which had a negative significant relation with PTSD symptoms. No additional covariates were included in pathways predicting condom use attitudes and condom use behaviors during past-month casual vaginal intercourse. There was a positive significant

relation between global physical health status and condom use efficacy, and as a result global physical health status was included as a covariate in the path predicting condom use efficacy. Presence of reproductive coercion in the past 3-months was controlled for in the path predicting condom negotiation efficacy because the two variables had a significant negative relation. Lastly, lifetime IPV, depression severity, abuse in the current relationship, and global physical health status were included as covariates in the path predicting female sexual functioning. Lifetime IPV, depression severity and abuse in the current relationship were each respectively negatively related to female sexual functioning while global physical health status had a significant positive relation with female sexual functioning.

### 3.2 Primary Analyses

The data for each of the five primary models was examined to determine whether any regression assumptions were violated. The following assumptions were evaluated: 1) linearity of the independent variable and dependent variable, 2) normality in the distribution of the residuals, 3) homoscedasticity of the residuals, 4) uncorrelatedness of the residuals, 5) absence of strong multicollinearity and 6) absence of extreme outliers. None of the regression assumptions were violated in any of the models. Additionally, no extreme outliers were discovered. As a result, no subsequent data transformation or adjustments were needed to address assumption violations.

Counter to hypotheses, there was no evidence of moderation of the  $b$  path (past-month PTSD symptoms predicting condom use outcomes or sexual functioning) or the  $c'$  path (past-year IPV predicting condom use outcomes or sexual functioning, accounting for the hypothesized mediating pathway) in any of the primary models. Thus, the non-

significant interaction terms were removed from the models presented below. The Benjamini-Hochberg method (Benjamini & Hochberg, 1995; Benjamini & Hochberg, 2001) was ultimately not used to adjust the  $p$ -values of the  $b$  paths for the three condom use attitudes/cognitions models, given that results for the  $b$  path across the three models were all non-significant.

### 3.3 Condom Use Outcomes

#### 3.3.1 Model 1: Condom Use Attitudes

PROCESS Model 7 (Hayes, 2013) was first used to test the final unadjusted Model 1 ( $n = 349$ ; see Table 4, Figure 1). The total effect of past-year IPV on condom use attitudes (path  $c$ ) was not significant,  $R^2 = 0.01$ ,  $F(1, 347) = 2.07$ ,  $p = .15$ , contrary to the proposed hypotheses. In accordance with the proposed hypotheses, past-year IPV significantly positively predicted past-month PTSD symptom severity (path  $a$ ), and this path was moderated by marianismo beliefs (path  $a*w$ ),  $R^2 = 0.02$ ,  $F(1, 345) = 7.04$ ,  $p = .01$ , such that the effect of past-year IPV in predicting past-month PTSD symptom severity was strongest among women who more strongly endorsed marianismo beliefs (+ 1  $SD$  above the mean),  $b = 16.83$ ,  $SE = 2.53$ ,  $p < .001$ , 95% CI [11.86, 21.80], though past-year IPV remained positively correlated with past-month PTSD symptom severity among women who reported lower marianismo beliefs (- 1  $SD$  below the mean),  $b = 7.48$ ,  $SE = 2.58$ ,  $p = .004$ , 95% CI [2.41, 12.55] (see Figure 2). Path  $a$ , as moderated by marianismo beliefs, accounted for 13% of the total variance in past-month PTSD symptom severity,  $F(3, 345) = 17.04$ ,  $p < .001$ . The total variance of the predictor variables in explaining condom use attitudes was not significant,  $R^2 = 0.01$ ,  $F(2, 346) = 1.31$ ,  $p = .27$ . Contrary to the proposed hypotheses, past-month PTSD symptom severity

did not significantly predict condom use attitudes with the inclusion of past-year IPV (path *b*). Similarly, the direct effect of past-year IPV on condom use attitudes (path *c*') was not significant. The non-significant *b* path precluded the possibility of moderated mediation.

Model 1 was repeated to adjust for the covariates of adverse childhood experiences, lifetime IPV, depression severity, abuse in the current relationship, the presence of reproductive coercion in the previous 3-months, and global physical health status in path *a* (see Table 5). In total, 55% of the variance in past-month PTSD symptom severity was explained with the addition of these covariates,  $F(9, 339) = 45.44, p < .001$ . However, in contrast to both the proposed hypotheses and the results of the unadjusted Model 1, past-year IPV no longer significantly predicted past-month PTSD symptom severity (path *a*), and the moderation of this path by marianismo beliefs became non-significant (path *a*\**w*) after adjusting for covariates. There were no covariates included in the path predicting condom use attitudes. Past-month PTSD symptom severity remained uncorrelated with condom use attitudes (path *b*) in the adjusted model. The direct effect of past-year IPV on condom use attitudes (path *c*') was non-significant.

### 3.3.2 Model 2: Condom Use Efficacy

PROCESS Model 7 (Hayes, 2013) was used to test the final unadjusted Model 2 ( $n = 349$ ; see Table 6, Figure 3). In line with the proposed hypotheses, the total effect of past-year IPV on condom use efficacy (path *c*) accounted for a small, but statistically significant portion of the variance in condom use efficacy,  $F(1, 347) = 4.95, p = .03; R^2 = .01$ . The small amount of total variance in condom use efficacy explained by all the predictor variables was also significant,  $R^2 = 0.02, F(2, 346) = 3.06, p = .048$ . However,

past-month PTSD symptom severity did not significantly predict condom use efficacy (path *b*), which was inconsistent with the proposed hypotheses. Finally, direct effect of past-year IPV on condom use efficacy (path *c* ') was not significant. The non-significant *b* path precluded a significant test of moderated mediation.

Model 2 was repeated with adverse childhood experiences, lifetime IPV, depression severity, abuse in the current relationship, the presence of reproductive coercion in the previous 3-months, and global physical health status included as covariates in path *a*, and global physical health status in path *b* (see Table 7). The total effect of the past-year IPV on condom use efficacy (path *c*) became non-significant after adjusting for the significant positive effect of global physical health status on condom use efficacy. There was a small increase in the total variance in condom use efficacy explained by the addition of the covariate,  $R^2 = 0.05$ ,  $F(2, 346) = 9.79$ ,  $p < .001$ . Consistent with the unadjusted Model 2, past-month PTSD symptom severity did not significantly predict condom use efficacy (path *b*) in the adjusted model. The direct effect of past-year IPV on condom use efficacy (path *c* ') continued to be non-significant. The non-significant *b* path precluded the possibility of a significant test of moderated mediation.

### 3.3.3 Model 3: Condom Negotiation Efficacy

PROCESS Model 7 (Hayes, 2013) was used to test the final unadjusted Model 3 ( $n = 349$ ; see Table 8, Figure 4). In line with the proposed hypotheses, the total effect of past-year IPV on condom negotiation efficacy (path *c*) was significant, such that past-year IPV was associated with lower condom negotiation efficacy and accounted for 7% of the total variance in condom negotiation efficacy,  $F(1, 347) = 25.58$ ,  $p < .001$ . The

total variance of the variables predicting condom negotiation efficacy was significant,  $R^2 = 0.07$ ,  $F(2, 346) = 12.91$ ,  $p < .001$ . However, past-month PTSD symptom severity did not significantly predict condom negotiation efficacy (path  $b$ ), which was contrary to the postulated hypotheses. The non-significant  $b$  path precluded a significant test of moderated mediation. The direct effect of past-year IPV predicting condom negotiation efficacy (path  $c'$ ) remained significant after accounting for all predictors in the model.

Model 3 was repeated including covariates of adverse childhood experiences, lifetime IPV, depression severity, abuse in the current relationship, the presence of reproductive coercion in the previous 3-months, and global physical health status in path  $a$ , and reproductive coercion in path  $b$  (see Table 9). Consistent with both the proposed hypotheses and the unadjusted Model 3, the total effect of past-year IPV on condom negotiation efficacy (path  $c$ ) was significant after adjusting for the significant negative effect of the presence of reproductive coercion in the previous 3-months. Specifically, past-year IPV was associated with lower condom negotiation efficacy and the predictors in this adjusted model accounted for 9% of the total variance in condom negotiation efficacy,  $F(2, 346) = 17.07$ ,  $p < .001$ . Past-month PTSD symptom severity remained a non-significant predictor of condom negotiation efficacy (path  $b$ ). In total, 9% of the variance in condom negotiation efficacy was explained in the adjusted model,  $F(3, 345) = 11.35$ ,  $p < .001$ . The direct effect of past-year IPV on condom negotiation efficacy (path  $c'$ ) remained significant after accounting for all the predictors. The non-significant  $b$  path thus precluded a test of moderated mediation.

### 3.3.4 Model 4: Past-Month Condom Use Behaviors During Casual Vaginal Intercourse

There was no evidence of moderation across any of the model paths; thus, the additional non-significant interaction term was removed, and PROCESS Model 4 (Hayes, 2013) was used to test the final unadjusted Model 4 ( $n = 49$ ; see Table 10, Figure 5). Contrary to the proposed hypotheses, the total effect of past-year IPV on condom use during past-month casual vaginal intercourse (path  $c$ ) was not significant,  $R^2 = 0.0001$ ,  $F(1, 47) = 0.02$ ,  $p = .90$ . Past-year IPV predicted 13% of the variance in past-month PTSD symptom severity (path  $a$ ),  $F(1, 47) = 6.73$ ,  $p = .01$ . Past-month PTSD symptom severity was not correlated with past-month condom use behavior during casual vaginal intercourse (path  $b$ ), precluding a significant test of mediation. The direct effect of past-year IPV on past-month condom use behavior during casual vaginal intercourse (path  $c'$ ) was also not significant after accounting for all predictors in the model.

Model 4 was repeated including adverse childhood experiences, lifetime IPV, depression severity, abuse in the current relationship, the presence of reproductive coercion in the previous 3-months, and global physical health status as covariates in path  $a$  of the model (see Table 11). Past-year IPV continued to significantly positively predict past-month PTSD symptom severity (path  $a$ ),  $R^2 = 0.74$ ,  $F(7, 41) = 16.27$ ,  $p < .001$ . There were no covariates included in the path predicting past-month condom use behavior during casual vaginal intercourse. Past-month PTSD symptom severity continued to be uncorrelated with past-month condom use behavior during casual vaginal intercourse (path  $b$ ). The direct effect (path  $c'$ ) also remained non-significant in the adjusted model after accounting for all predictors.

### 3.4 Sexual Functioning

#### 3.4.1 Model 5: Female Sexual Functioning

PROCESS Model 7 (Hayes, 2013) was used to test the final unadjusted Model 5 ( $n = 309$ ; see Table 12, Figure 6). In line with the proposed hypotheses, the total effect of past-year IPV on female sexual functioning (path  $c$ ) was significant, such that past-year IPV was associated with lower female sexual functioning, accounting for 4% of the total variance in female sexual functioning,  $F(1, 307) = 13.73, p < .001$ . Additionally, consistent with the postulated hypotheses, past-year IPV significantly positively predicted past-month PTSD symptoms severity (path  $a$ ), and this path was moderated by marianismo beliefs (path  $a*w$ ),  $R^2 = 0.02, F(1, 305) = 6.22, p = .01$ , such that the effect of past-year IPV in predicting past-month PTSD symptoms severity was strongest among women who more strongly endorsed marianismo beliefs (+ 1  $SD$  above the mean),  $b = 19.41, SE = 2.67, p < .001, 95\% CI [14.15, 24.67]$ , though past-year IPV remained positively correlated with past-month PTSD symptom severity among women who reported lower marianismo beliefs (- 1  $SD$  below the mean),  $b = 10.01, SE = 2.85, p < .001, 95\% CI [4.41, 15.62]$  (see Figure 7). Path  $a$ , as moderated by marianismo beliefs, accounted for a significant proportion of the total variance in past-month PTSD symptom severity,  $R^2 = 0.17, F(3, 305) = 20.72, p < .001$ . In accordance with the proposed hypotheses, past-month PTSD symptom severity significantly predicted female sexual functioning (path  $b$ ), such that past-month PTSD symptom severity was associated with lower female sexual functioning and accounted for 10% of the total variance in female sexual functioning,  $F(2, 306) = 16.49, p < .001$ . Moreover, the index of moderated mediation was significant for this model, such that the relation between past-year IPV and sexual functioning was mediated by past-month PTSD symptoms severity, as



moderated by marianismo beliefs. Wherein, the association between past-year IPV and past-month PTSD symptoms severity was stronger among those high in marianismo beliefs. The direct effect of past-year IPV on female sexual functioning (path  $c'$ ) was no longer significant after accounting for the moderated mediation pathway.

Model 5 was repeated including the covariates of adverse childhood experiences, lifetime IPV, depression severity, abuse in the current relationship, the presence of reproductive coercion in the previous 3-months, and global physical health status in path  $a$ , and depression, abuse in the current relationship, and global physical health status in path  $b$  (see Table 13). The total effect of past-year IPV on female sexual functioning (path  $c$ ) became non-significant after adjusting for the covariates. The total effect of past month IPV on female sexual functioning (path  $c$ ) was significant with the inclusion of the covariates,  $R^2 = 0.18$ ,  $F(5, 303) = 12.83$ ,  $p < .001$ . In total, 60% of the variance in past-month PTSD symptom severity was explained by the predictors in the adjusted model,  $F(9, 299) = 50.19$ ,  $p < .001$ . Adverse childhood experiences, lifetime IPV, depression severity, and the presence of reproductive coercion in the previous 3-months were all positively correlated with past-month PTSD symptom severity (path  $a$ ). Past-year IPV continued to positively predict past-month PTSD symptom severity after accounting for the covariates; however, the effect of past-year IPV on past-month PTSD symptom severity was no longer significantly moderated by marianismo (path  $a*w$ ) in the adjusted model. Notably, past-month PTSD symptom severity was no longer a significant predictor of sexual functioning (path  $b$ ) after adjusting for the covariates, precluding a test of mediation in the adjusted model. Together, these predictors accounted for 18% of the variance in sexual functioning,  $F(6, 302) = 10.92$ ,  $p < .001$ . The direct effect of past-

year IPV on female sexual functioning was non-significant after accounting for the model predictors (path  $c'$ ). The non-significant  $b$  path precluded a significant test of mediation.

### 3.5 Exploratory Models

Exploratory models were examined with each individual type of IPV (i.e., emotional, physical, sexual) entered as the IV to determine if the outcomes of interest differed by type of IPV.

#### 3.5.1 Models 6-10: Emotional IPV as a Predictor

Results for these models are presented in Tables 14-23. Past-year emotional IPV was associated with worse condom use efficacy (unadjusted model 7), condom negotiation efficacy (unadjusted and adjusted model 8) and sexual functioning (unadjusted model 10). Past-year emotional IPV was associated with more severe PTSD symptoms in all of the unadjusted models examining condom use outcomes (i.e., attitudes, efficacy, negotiation efficacy, use behavior during casual vaginal sex; Models 6-9). However, PTSD symptom severity was unrelated to any of the condom use outcomes. Marianismo significantly moderated the association between past-year emotional IPV and PTSD symptoms in the unadjusted model predicting sexual functioning (Model 10), such that the positive association between emotional IPV and PTSD symptoms was stronger among individuals high in marianismo beliefs. In this model, PTSD symptom severity was also associated with poorer sexual functioning, but the index for moderated mediation did not meet the threshold for significance in the unadjusted or adjusted model.

### 3.5.2 Models 11-15: Physical IPV as a Predictor

Results for these models are presented in Tables 24-33. Past-year physical IPV was associated with more negative condom attitudes (unadjusted and adjusted Model 11), poorer condom negotiation efficacy (unadjusted and adjusted model 13), and poorer sexual functioning (unadjusted model 15). The significant positive relationship between past-year physical IPV and PTSD symptoms was moderated by marianismo in the unadjusted models predicting condom use attitudes, efficacy, and negotiation efficacy (unadjusted models 11-13), as well as in the model predicting sexual functioning (unadjusted model 15). In contrast with the primary models, the positive association between past-year physical IPV and PTSD symptoms was only significant among individuals high in marianismo. Similar to the model with any IPV, the association between past-year physical IPV and sexual functioning was mediated by increased PTSD symptom severity, as moderated by marianismo beliefs in the unadjusted (but not adjusted) model. There was also a main effect of past-year physical IPV on PTSD symptoms in the unadjusted model predicting condom use behavior.

### 3.5.3 Models 16-20: Sexual IPV as a Predictor

Results for these models are presented in Tables 34-43. Past-year sexual IPV was associated with worse condom negotiation efficacy (unadjusted model 18) and sexual functioning (unadjusted and unadjusted model 20). The significant positive relationship between past-year sexual IPV and PTSD symptoms was moderated by marianismo in the unadjusted models predicting condom use attitudes, efficacy, and negotiation efficacy (unadjusted models 16-18), as well as in the model predicting sexual functioning (unadjusted model 20). The nature of this interaction was similar to the primary models

for any IPV, where the positive association between past-year sexual IPV and PTSD symptoms was stronger among individuals high in marianismo but was still significant and positive among those low in marianismo. Similar to the models with any IPV or physical IPV as the predictor, the association between past-year sexual IPV and sexual functioning was mediated by increased PTSD symptom severity, as moderated by marianismo beliefs in the unadjusted (but not adjusted) model. There was also a main effect of past-year sexual IPV on PTSD symptoms in the unadjusted model predicting condom use behavior.

Table 1. Demographic Descriptive Information of Study Sample

	<i>n</i>	%	<i>M</i>	<i>SD</i>
Age (in years)	383		25.29	4.44
Race				
Caucasian/White	238	62.1		
Bi- or multi-racial	56	14.6		
African American/Black	14	3.7		
American Indian/Alaska Native	9	2.3		
Asian	4	1.0		
Native Hawaiian or other Pacific Islander	3	0.8		
Not listed	42	11.0		
No data	17	4.4		
Areas of Origin				
Mexico	176	46.0		
South American	64	16.7		
Central America	42	11.0		
Puerto Rico	40	10.4		
Two or more countries	33	8.6		
Cuba	14	3.7		
Dominican Republic	7	1.8		
Not listed	6	1.6		
Unknown	1	0.3		
Time in the U.S. for non-U.S. born (in years)	69		13.64	9.70
Generation Status				
1 <sup>st</sup> generation	76	19.8		
2 <sup>nd</sup> generation	180	47.0		
3 <sup>rd</sup> generation	47	12.3		
4 <sup>th</sup> generation	40	10.4		
5 <sup>th</sup> generation	31	8.1		
Not Listed/Other	5	1.3		
Missing	4	1.0		
Legal Status				
U.S. Citizen	345	90.1		
Lawful Permanent Resident	13	3.4		
Refugee/Asylee/TPS	3	0.8		
DACA	6	1.6		
Undocumented/no lawful status	1	0.3		
Not listed or prefer not to answer	15	3.9		

Table 1 (continued). Demographic Descriptive Information of Study Sample

	<i>n</i>	%	<i>M</i>	<i>SD</i>
Education level				
Less than high school degree	2	0.5		
High School Diploma or equivalent	35	9.1		
Some college	96	25.1		
Associate's degree or equivalent	31	8.1		
Bachelor's degree	98	25.6		
Some graduate or professional school	35	9.1		
Graduate or professional degree	86	22.5		
Employment				
Working full-time ( $\geq 40$ hrs. week)	175	45.7		
Working part-time ( $\leq 40$ hrs. week)	101	26.4		
Unemployed/looking for work	35	9.1		
Unemployed/student	59	15.4		
Unemployed/disability	8	2.1		
Unemployed/retired	5	1.3		
Income Level				
< \$20,000	81	21.1		
\$20,000 - < \$40,000	83	21.7		
\$40,000 - < \$60,000	73	19.1		
\$60,000 - < \$80,000	55	14.4		
\$80,000 - < \$100,000	33	8.6		
>\$100,000	58	15.1		
First Language				
English	307	80.2		
Spanish	59	15.4		
Not listed/Other	16	4.2		
Missing	1	0.3		
Second Language				
English	76	19.8		
Spanish	215	56.1		
Not listed/Other	13	3.4		
None (only speak one language)	78	20.4		
Missing	1	0.3		
Current SSRI Use	90	23.5		
RCS-SF	17	4.4		

*Note:* *M* = mean; *n* = total number of participants; % = percentage of participants; *SD* = standard deviation; 1<sup>st</sup> generation = Born in another country; 2<sup>nd</sup> generation = Born in the U.S. and either parent was born in another country; 3<sup>rd</sup> generation = Born in the U.S., both parents born in the U.S. and all grandparents born in another country; 4<sup>th</sup> generation = Born in the U.S., both parents born in the U.S. and at least one grandparent born in another country with the remainder born in the U.S.; 5<sup>th</sup> generation = Born in the U.S., both parents and all grandparents born in the U.S.; IPV = Intimate Partner Violence; PCL-5 Monthly = PTSD Checklist for DSM-5 Monthly; MBS = Marianismo Beliefs Scale; ACE = Philadelphia Expanded ACE; PHQ-9 = Patient Health Questionnaire-9; Current Abuse = Abuse in Current Relationship; SSRI = Current SSRI Use;; RCS-SF = Reproductive Coercion Scale in Past 3-Months – Short Form.

Table 2. Means, Standard Deviations, and Independent Samples T-Tests by Any IPV in the Past-Year IPV for Variables in the Overall Sample

	Any IPV in the Past Year										
	Overall			Any IPV in the Past Year				<i>t</i>	<i>df</i>	<i>p</i>	<i>Cohen's d</i>
	<i>n</i>	<i>M</i>	<i>SD</i>	Yes		No					
			<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>					
PCL-5 Monthly*	383	19.72	17.06	28.35	18.85	16.20	14.93	-6.06	169.07	<.001	16.16
MBS*	383	1.93	0.58	2.00	0.67	1.90	0.55	-1.37	172.40	.17	0.58
PHQ-9	383	7.69	5.86	10.08	6.18	6.72	5.44	-5.27	381	<.001	5.66
GHS-PH	383	48.41	7.64	45.92	7.63	49.42	7.42	4.16	381	<.001	7.48
CAS	349	3.56	1.13	3.42	1.05	3.61	1.16	1.44	347	.15	1.13
CUES	349	2.30	0.57	2.20	0.55	2.35	0.57	2.23	347	.03	0.57
CNE*	349	3.40	0.57	3.16	0.70	3.49	0.48	4.36	143.98	<.001	0.55
Condom Use	49	1.59	1.69	1.63	1.61	1.57	1.77	-0.13	47	.90	1.71
FSFI	309	28.05	4.98	26.40	4.98	28.69	4.84	3.71	307	<.001	4.88

*Note.* The information presented in this table is specifically for the Condom Use Outcomes models ( $n = 349$ ). \* = A Significant Levene's Test for Equality Variances was found. IPV = Intimate Partner Violence; PCL-5 Monthly = PTSD Checklist for DSM-5 Monthly; MBS = Marianismo Beliefs Scale; PHQ-9 = Patient Health Questionnaire-9; GHS-PH = The PROMIS Global Health Scale v1.2 – Physical Health Subscale; CAS = Condom Attitudes Scale; CUES = Condom Use Efficacy Scale; CNE = Condom Negotiation Efficacy Measure; Condom Use = Condom Use Behaviors During Past-Month Casual Vaginal Intercourse; FSFI = Female Sexual Functioning Index.

Table 3. Correlations for the Main Variables of Interest in the Study Models

Variable	<i>n</i>	1	2	3	4	5	6	7	8	9
Past-Year IPV	383	--								
PCL-5 Monthly	383	.32**	--							
MBS	383	.08	.03	--						
ACE	383	.20***	.33***	-.10	--					
Lifetime IPV	383	.50***	.42***	-.01	.24***	--				
PHQ-9	383	.26***	.71***	-.03	.32***	.32***	--			
Current Abuse	383	.40***	.24***	.10*	.15**	.26***	.20***	--		
RCS-SF	383	.28***	.24***	.21***	.17**	.17**	.17**	.44***	--	
SSRI	383	.04	.14**	-.06	.04	.12*	.22***	.06	-.03	--
GHS-PH	383	-.21***	-.52***	.03	-.35***	-.28***	-.65***	-.18**	-.24***	-.18***
CAS	349	-.08	-.06	-.14*	-.02	-.05	-.02	-.02	-.08	.06
CUES	349	-.12*	-.09	.05	-.01	-.07	-.11*	-.04	-.08	.07
CNE	349	-.26***	-.11*	-.16**	-.02	-.16**	-.07	-.10	-.21***	.08
Condom Use	49	.02	.04	-.01	.16	-.18	-.10	-.04	.16	-.17
FSFI	309	-.21**	-.30**	.06	-.19**	-.20**	-.030**	-.26**	-.19**	-.17**
Language	383	-.06	-.08	-.05	-.05	-.02	-.09	-.02	-.04	-.04

*Note.* The information presented in this table are for the main variables of interest in the present study. \*  $p < .05$ ; •  $p < .01$ ; •  $p < .001$ . A series of Pearson, Point-Biserial, Phi Correlations were conducted. IPV = Intimate Partner Violence; PCL-5 Monthly = PTSD Checklist for DSM-5 Monthly; MBS = Marianismo Beliefs Scale; ACE = Philadelphia Expanded ACE; PHQ-9 = Patient Health Questionnaire-9; Current Abuse = Abuse in Current Relationship; SSRI = Current SSRI Use; GHS-PH = The PROMIS Global Health Scale v1.2 – Physical Health Subscale; RCS-SF = Reproductive Coercion Scale in Past 3-Months – Short Form; CAS = Condom Attitudes Scale; CUES = Condom Use Efficacy Scale; CNE = Condom Negotiation Efficacy Measure; Condom Use = Condom Use Behaviors During Past-Month Casual Vaginal Intercourse; FSFI = Female Sexual Functioning Index; Language = Survey Language.



Table 3 (continued). Correlations for the Main Variables of Interest in the Study Models

Variable	10	11	12	13	14	15
Past-Year IPV						
PCL-5 Monthly						
MBS						
ACE						
Lifetime IPV						
PHQ-9						
Current Abuse						
RCS-SF						
SSRI						
GHS-PH	--					
CAS	-.02	--				
CUES	.22***	.15**	--			
CNE	.14**	.38***	.37***	--		
Condom Use	.27	.25	.25	.31*	--	
FSFI	.37**	-.04	.10	.12*	-.05	--
Language	.01	.18**	.09	.07	.05	-.03

*Note.* The information presented in this table are for the main variables of interest in the present study. \*  $p < .05$ ; •  $p < .01$ ; +  $p < .001$ . A series of Pearson, Point-Biserial, Phi Correlations were conducted. IPV = Intimate Partner Violence; PCL-5 Monthly = PTSD Checklist for DSM-5 Monthly; MBS = Marianismo Beliefs Scale; ACE = Philadelphia Expanded ACE; PHQ-9 = Patient Health Questionnaire-9; Current Abuse = Abuse in Current Relationship; SSRI = Current SSRI Use; GHS-PH = The PROMIS Global Health Scale v1.2 – Physical Health Subscale; RCS-SF = Reproductive Coercion Scale in Past 3-Months – Short Form; CAS = Condom Attitudes Scale; CUES = Condom Use Efficacy Scale; CNE = Condom Negotiation Efficacy Measure; Condom Use = Condom Use Behaviors During Past-Month Casual Vaginal Intercourse; FSFI = Female Sexual Functioning Index; Language = Survey Language.

Table 4. Model 1: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year IPV and Condom Use Attitudes

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	15.81	1.00	15.77	<.001			[13.83, 17.78]
Past-Year IPV	12.16	1.85	6.59	<.001			[8.53, 15.79]
Marianismo Beliefs	-2.97	1.83	-1.63	.11			[-6.57, 0.62]
Past-Year IPV x Marianismo Beliefs	8.15	3.07	2.65	.01			[2.11, 14.20]
<i>Outcome: Condom Use Attitudes</i>							
Constant	3.66	0.09	38.89	<.001			[3.47, 3.84]
Past-Year IPV	-0.16	0.14	-1.11	.27			[-0.43, 0.12]
PTSD Symptom Severity	-0.003	0.004	-0.74	.46			[-0.01, 0.01]
<i>Total Effect</i>							
Past-Year IPV	-0.19	0.13	-1.44	.15			[-0.45, 0.07]
<i>Direct Effect</i>							
Past-Year IPV	-0.16	0.14	-1.11	.27			[-0.43, 0.12]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.05	0.07	[-0.19, 0.08]
(Mean) Marianismo					-0.04	0.05	[-0.14, 0.06]
(-1 SD below Mean) Marianismo					-0.02	0.03	[-0.10, 0.03]
<i>Index of Moderated Mediation</i>							
					-0.02	0.04	[-0.10, 0.04]

Note.  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year IPV on Condom Use Attitudes:  $R = 0.08$ ,  $\Delta R^2 = 0.01$ ,  $F(1, 347) = 2.07$ ,  $p = .15$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.36$ ,  $\Delta R^2 = 0.13$ ,  $F(3, 345) = 17.04$ ,  $p < .001$ . Interaction for path  $a$ :  $\Delta R^2 = .02$ ,  $F(1, 345) = 7.04$ ,  $p = .01$ . Model summary for Condom Use Attitudes:  $R = 0.09$ ,  $\Delta R^2 = 0.01$ ,  $F(2, 346) = 1.31$ ,  $p = .27$ .

Table 5. Model 1: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year IPV and Condom Use Attitudes

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>P</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	8.14	6.27	1.30	.19			[-4.19, 20.47]
Past-Year IPV	2.01	1.67	1.21	.23			[-1.27, 5.30]
Marianismo Beliefs	0.27	1.35	0.20	.84			[-2.39, 2.93]
Past-Year IPV x Marianismo Beliefs	2.73	2.30	1.19	.23			[-1.78, 7.25]
Adverse Life Experiences	2.09	1.41	1.49	.14			[-0.68, 4.85]
Lifetime IPV	5.84	1.50	3.89	<.001			[2.89, 8.80]
Depression Severity	1.63	0.14	11.26	<.001			[1.34, 1.91]
Abuse in Current Relationship	-0.31	2.41	-0.13	.90			[-5.04, 4.42]
Reproductive Coercion	4.93	3.52	1.40	.16			[-2.00, 11.87]
Global Physical Health Status	-0.14	0.11	-1.27	.20			[-0.35, 0.08]
<i>Outcome: Condom Use Attitudes</i>							
Constant	3.66	0.09	38.89	<.001			[3.47, 3.84]
Past-Year IPV	-0.16	0.14	-1.11	.27			[-0.43, 0.12]
PTSD Symptom Severity	-0.003	0.004	-0.74	.46			[-0.01, 0.005]
<i>Total Effect</i>							
Past-Year IPV	-0.19	0.13	-1.44	.15			[-0.45, 0.07]
<i>Direct Effect</i>							
Past-Year IPV	-0.16	0.14	-1.11	.27			[-0.43, 0.12]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.01	0.02	[-0.06, 0.02]
(Mean) Marianismo					-0.01	0.01	[-0.04, 0.01]
(-1 SD below Mean) Marianismo					-0.001	0.01	[-0.03, 0.02]
<i>Index of Moderated Mediation</i>							
					-0.01	0.02	[-0.05, 0.02]

*Note.*  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year IPV on Condom Use Attitudes:  $R = 0.08$ ,  $\Delta R^2 = 0.01$ ,  $F(1, 347) = 2.07$ ,  $p = .15$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.74$ ,  $\Delta R^2 = 0.55$ ,  $F(9, 339) = 45.44$ ,  $p < .001$ . Model summary for Condom Use Attitudes:  $R = 0.09$ ,  $\Delta R^2 = 0.01$ ,  $F(2, 346) = 1.31$ ,  $p = .27$ .

Table 6. Model 2: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year IPV and Condom Use Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	15.81	1.00	15.77	<.001			[13.83, 17.78]
Past-Year IPV	12.16	1.85	6.59	<.001			[8.53, 15.79]
Marianismo Beliefs	-2.97	1.83	-1.63	.11			[-6.57, 0.62]
Past-Year IPV x Marianismo Beliefs	8.15	3.07	2.65	.01			[2.11, 14.20]
<i>Outcome: Condom Use Efficacy Scale</i>							
Constant	2.38	0.05	50.52	<.001			[2.29, 2.47]
Past-Year IPV	-0.12	0.07	-1.74	.08			[-0.26, 0.02]
PTSD Symptom Severity	-0.002	0.002	-1.08	.28			[-0.01, 0.002]
<i>Total Effect</i>							
Past-Year IPV	-0.15	0.07	-2.23	.03			[-0.28, -0.02]
<i>Direct Effect</i>							
Past-Year IPV	-0.12	0.07	-1.74	.08			[-0.26, 0.02]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.04	0.03	[-0.10, 0.03]
(Mean) Marianismo					-0.03	0.03	[-0.07, 0.02]
(-1 SD below Mean) Marianismo					-0.02	0.02	[-0.06, 0.01]
<i>Index of Moderated Mediation</i>							
					-0.02	0.02	[-0.05, 0.02]

Note. *n* = 349; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder; *b* = Unstandardized Coefficients; *SE* = Standard Error; CI = Confidence Interval; *SD* = Standard Deviation. Model summary of the total effect of Past-Year IPV on Condom Use Efficacy:  $R = 0.12$ ,  $\Delta R^2 = 0.01$ ,  $F(1, 347) = 4.95$ ,  $p = .03$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.36$ ,  $\Delta R^2 = 0.13$ ,  $F(3, 345) = 17.04$ ,  $p < .001$ . Interaction for path *a*:  $\Delta R^2 = .02$ ,  $F(1, 345) = 7.04$ ,  $p = .01$ . Model summary for Condom Use Efficacy:  $R = 0.13$ ,  $\Delta R^2 = 0.02$ ,  $F(2, 346) = 3.06$ ,  $p = .048$ .

Table 7. Model 2: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year IPV and Condom Use Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	8.14	6.27	1.30	.19			[-4.19, 20.47]
Past-Year IPV	2.01	1.67	1.21	.23			[-1.27, 5.30]
Marianismo Beliefs	0.27	1.35	0.20	.84			[-2.39, 2.93]
Past-Year IPV x Marianismo Beliefs	2.73	2.30	1.19	.23			[-1.78, 7.25]
Adverse Life Experiences	2.09	1.41	1.49	.14			[-0.68, 4.85]
Lifetime IPV	5.84	1.50	3.89	<.001			[2.89, 8.80]
Depression Severity	1.63	0.14	11.26	<.001			[1.34, 1.91]
Abuse in Current Relationship	-0.31	2.41	-0.13	.90			[-5.04, 4.42]
Reproductive Coercion	4.93	3.52	1.40	.16			[-2.00, 11.87]
Global Physical Health Status	-0.14	0.11	-1.27	.20			[-0.35, 0.08]
<i>Outcome: Condom Use Efficacy Scale</i>							
Constant	1.47	0.25	5.97	<.001			[0.99, 1.96]
Past-Year IPV	-0.11	0.07	-1.61	.11			[-0.25, 0.03]
PTSD Symptom Severity	-0.002	0.002	0.86	.39			[-0.002, 0.01]
Global Physical Health Status	0.02	0.005	3.73	<.001			[0.01, 0.03]
<i>Total Effect</i>							
Past-Year IPV	-0.10	0.07	-1.43	.15			[-0.23, 0.04]
Global Physical Health Status	0.02	0.004	3.80	<.001			[0.01, 0.02]
<i>Direct Effect</i>							
Past-Year IPV	-0.11	0.07	-1.61	.11			[-0.25, 0.03]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					0.01	0.01	[-0.01, 0.04]
(Mean) Marianismo					0.004	0.01	[-0.01, 0.02]
(-1 SD below Mean) Marianismo					0.001	0.01	[-0.01, 0.02]

Table 7 (continued). Model 2: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year IPV and Condom Use Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Index of Moderated Mediation</i>					0.01	0.01	[-0.01, 0.03]

*Note.*  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder; *b* = Unstandardized Coefficients; *SE* = Standard Error; CI = Confidence Interval; *SD* = Standard Deviation. Model summary of the total effect of Past-Year IPV on Condom Use Efficacy:  $R = 0.23$ ,  $\Delta R^2 = 0.05$ ,  $F(2, 346) = 9.79$ ,  $p < .001$ . Results for the path *c* were calculated controlling for the effects of the covariates in path *b*. Model summary for Past-Month PTSD Symptom Severity:  $R = 0.74$ ,  $\Delta R^2 = 0.55$ ,  $F(9, 339) = 45.44$ ,  $p < .001$ . Model summary for Condom Use Efficacy:  $R = 0.24$ ,  $\Delta R^2 = 0.06$ ,  $F(3, 345) = 6.76$ ,  $p < .001$ .

Table 8. Model 3: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year IPV and Condom Negotiation Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	15.81	1.00	15.77	<.001			[13.83, 17.78]
Past-Year IPV	12.16	1.85	6.59	<.001			[8.53, 15.79]
Marianismo Beliefs	-2.97	1.83	-1.63	.11			[-6.57, 0.62]
Past-Year IPV x Marianismo Beliefs	8.15	3.07	2.65	.01			[2.11, 14.20]
<i>Outcome: Condom Negotiation Efficacy</i>							
Constant	3.51	0.05	75.83	<.001			[3.42, 3.60]
Past-Year IPV	-0.32	0.07	-4.58	<.001			[-0.45, -0.18]
PTSD Symptom Severity	-0.001	0.002	-0.55	.59			[-0.01, 0.003]
<i>Total Effect</i>							
Past-Year IPV	-0.33	0.07	-5.06	<.001			[-0.46, -0.20]
<i>Direct Effect</i>							
Past-Year IPV	-0.32	0.07	-4.58	<.001			[-0.45, -0.18]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.02	0.04	[-0.09, 0.05]
(Mean) Marianismo					-0.01	0.03	[-0.07, 0.04]
(-1 SD below Mean) Marianismo					-0.01	0.02	[-0.05, 0.03]
<i>Index of Moderated Mediation</i>							
					-0.01	0.02	[-0.05, 0.03]

Note. *n* = 349; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder; *b* = Unstandardized Coefficients; *SE* = Standard Error; CI = Confidence Interval; *SD* = Standard Deviation. Model summary of the total effect of Past-Year IPV on Condom Negotiation Efficacy:  $R = 0.26$ ,  $\Delta R^2 = 0.07$ ,  $F(1, 347) = 25.58$ ,  $p < .001$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.36$ ,  $\Delta R^2 = 0.13$ ,  $F(3, 345) = 17.04$ ,  $p < .001$ . Interaction for path *a*:  $\Delta R^2 = 0.02$ ,  $F(1, 345) = 7.04$ ,  $p = .01$ . Model summary for Condom Negotiation Efficacy:  $R = 0.26$ ,  $\Delta R^2 = 0.07$ ,  $F(2, 346) = 12.91$ ,  $p < .001$ .



Table 9. Model 3: Adjusted Moderated Mediation Examining the Relation Between Past-Year IPV and Condom Negotiation Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	8.14	6.27	1.30	.19			[-4.19, 20.47]
Past-Year IPV	2.01	1.67	1.21	.23			[-1.27, 5.30]
Marianismo Beliefs	0.27	1.35	0.20	.84			[-2.39, 2.93]
Past-Year IPV x Marianismo Beliefs	2.73	2.30	1.19	.23			[-1.78, 7.25]
Adverse Life Experiences	2.09	1.41	1.49	.14			[-0.68, 4.85]
Lifetime IPV	5.84	1.50	3.89	<.001			[2.89, 8.80]
Depression Severity	1.63	0.14	11.26	<.001			[1.34, 1.91]
Abuse in Current Relationship	-0.31	2.41	-0.13	.90			[-5.04, 4.42]
Reproductive Coercion	4.93	3.52	1.40	.16			[-2.00, 11.87]
Global Physical Health Status	-0.14	0.11	-1.27	.20			[-0.35, 0.08]
<i>Outcome: Condom Negotiation Efficacy</i>							
Constant	3.50	0.05	76.13	<.001			[3.41, 3.59]
Past-Year IPV	-0.28	0.07	-3.96	<.001			[-0.41, -0.14]
PTSD Symptom Severity	-0.0002	0.002	-0.10	.92			[-0.004, 0.004]
Reproductive Coercion	-0.42	0.15	-2.78	.01			[-0.72, -0.12]
<i>Total Effect</i>							
Past-Year IPV	-0.28	0.07	-4.17	<.001			[-0.41, -0.15]
Reproductive Coercion	-0.43	0.15	-2.84	.01			[-0.72, -0.13]
<i>Direct Effect</i>							
Past-Year IPV	-0.28	0.07	-3.96	<.001			[-0.41, -0.14]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.001	0.01	[-0.02, 0.02]
(Mean) Marianismo					-0.0004	0.01	[-0.01, 0.01]
(-1 SD below Mean) Marianismo					-0.0001	0.005	[-0.01, 0.01]

Table 9 (continued). Model 3: Adjusted Moderated Mediation Examining the Relation Between Past-Year IPV and Condom Negotiation Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Index of Moderated Mediation</i>					-0.001	0.01	[-0.02, 0.02]

*Note.*  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year IPV on Condom Negotiation Efficacy:  $R = 0.30$ ,  $\Delta R^2 = 0.09$ ,  $F(2, 346) = 17.07$ ,  $p < .001$ . Results for the path  $c$  were calculated controlling for the effects of the covariates in path  $b$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.74$ ,  $\Delta R^2 = 0.55$ ,  $F(9, 339) = 45.44$ ,  $p < .001$ . Model summary for Condom Negotiation Efficacy:  $R = 0.30$ ,  $\Delta R^2 = 0.09$ ,  $F(3, 345) = 11.35$ ,  $p < .001$ .

Table 10. Model 4: Unadjusted Mediation Analysis Examining the Relation Between Past-Year IPV and Condom Use Behaviors During Past-Month Casual Vaginal Intercourse

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	18.20	3.26	5.58	<.001			[11.64, 24.76]
Past-Year IPV	13.59	5.24	2.59	.01			[3.05, 24.13]
<i>Outcome: Past-Month Condom Use for Casual Vaginal Sex</i>							
Constant	1.50	0.41	3.68	<.01			[0.68, 2.32]
Past-Year IPV	0.01	0.54	0.02	.98			[-1.08, 1.10]
PTSD Symptom Severity	0.004	0.01	0.27	.79			[-0.03, 0.03]
<i>Total Effect</i>							
Past-Year IPV	0.07	0.50	0.13	.90			[-0.95, 1.08]
<i>Direct Effect</i>							
Past-Year IPV	0.01	0.54	0.02	.98			[-1.08, 1.10]
<i>Indirect effects</i>							
PTSD Symptom Severity					0.05	0.21	[-0.38, 0.48]

*Note.*  $n = 49$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year IPV on Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.02$ ,  $\Delta R^2 = 0.0001$ ,  $F(1, 47) = 0.02$ ,  $p = .90$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.35$ ,  $\Delta R^2 = 0.13$ ,  $F(1, 47) = 6.73$ ,  $p = .01$ . Model summary for Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.04$ ,  $\Delta R^2 = 0.02$ ,  $F(2, 46) = 0.05$ ,  $p = .96$ .

Table 11. Model 4: Adjusted Mediation Analysis Examining the Relation Between Past-Year IPV and Condom Use Behaviors During Past-Month Casual Vaginal Intercourse

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	28.24	15.80	1.79	.08			[-3.66, 60.14]
Past-Year IPV	12.00	4.01	2.99	.005			[3.91, 20.09]
Adverse Life Experiences	10.12	3.92	2.58	.01			[2.21, 18.04]
Lifetime IPV	2.57	4.66	0.55	.58			[-6.83, 11.97]
Depression Severity	1.19	0.38	3.16	.003			[0.43, 1.95]
Abuse in Current Relationship	-8.48	5.14	-1.65	.11			[-18.85, 1.89]
Reproductive Coercion	10.73	6.09	1.76	.09			[-1.58, 23.04]
Global Physical Health Status	-0.63	0.28	-2.22	.03			[-1.20, -0.06]
<i>Outcome: Past-Month Condom Use for Casual Vaginal Sex</i>							
Constant	1.50	0.41	3.68	<.001			[0.68, 2.32]
Past-Year IPV	0.01	0.54	0.02	.98			[-1.08, 1.10]
PTSD Symptom Severity	0.004	0.01	0.27	.79			[-0.02, 0.03]
<i>Total Effect</i>							
Past-Year IPV	0.07	0.50	0.13	.90			[-0.95, 1.08]
<i>Direct Effect</i>							
Past-Year IPV	0.01	0.54	0.02	.98			[-1.08, 1.10]
<i>Indirect effects</i>							
PTSD Symptom Severity					0.05	0.18	[-0.36, 0.38]

Note.  $n = 49$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year IPV on Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.02$ ,  $\Delta R^2 = 0.000$ ,  $F(1, 47) = 0.02$ ,  $p = .90$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.86$ ,  $\Delta R^2 = 0.74$ ,  $F(7, 41) = 16.27$ ,  $p < .001$ . Model summary for Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.04$ ,  $\Delta R^2 = 0.002$ ,  $F(2, 46) = 0.04$ ,  $p = .96$ .

Table 12. Model 5: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year IPV and Female Sexual Functioning

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	15.44	1.07	14.46	<.001			[13.34, 17.54]
Past-Year IPV	14.71	2.02	7.28	<.001			[10.73, 18.69]
Marianismo Beliefs	-2.98	1.91	-1.56	.12			[-6.74, 0.78]
Past-Year IPV x Marianismo Beliefs	7.86	3.15	2.49	.01			[1.66, 14.06]
<i>Outcome: Female Sexual Functioning Index</i>							
Constant	29.82	0.41	72.13	<.001			[29.01, 30.64]
Past-Year IPV	-1.19	0.65	-1.83	.07			[-2.48, 0.09]
PTSD Symptom Severity	-0.07	0.02	-4.30	<.001			[-0.11, -0.04]
<i>Total Effect</i>							
Past-Year IPV	-2.29	0.62	-3.71	<.001			[-3.50, -1.07]
<i>Direct Effect</i>							
Past-Year IPV	-1.19	0.65	-1.83	.07			[-2.48, 0.09]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-1.41	0.45	[-2.37, -0.59]
(Mean) Marianismo					-1.07	0.35	[-1.83, -0.44]
(-1 SD below Mean) Marianismo					-0.73	0.34	[-1.49, -0.20]
<i>Index of Moderated Mediation</i>							
					-0.57	0.31	[-1.25, -0.03]

Note.  $n = 309$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year IPV on Female Sexual Functioning Index:  $R = 0.21$ ,  $\Delta R^2 = 0.04$ ,  $F(1, 307) = 13.73$ ,  $p < .001$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.41$ ,  $\Delta R^2 = 0.17$ ,  $F(3,305) = 20.72$ ,  $p < .001$ . Interaction for path  $a$ :  $\Delta R^2 = 0.02$ ,  $F(1, 305) = 6.22$ ,  $p = .01$ . Model summary for Female Sexual Functioning Index:  $R = 0.31$ ,  $\Delta R^2 = 0.10$ ,  $F(2, 306) = 16.49$ ,  $p < .001$ .

Table 13. Model 5: Adjusted Moderated Mediation Examining the Relation Between Past-Year IPV and Female Sexual Functioning

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>P</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	1.22	6.55	0.19	.85			[-11.68, 14.12]
Past-Year IPV	3.73	1.74	2.14	.03			[0.30, 7.15]
Marianismo Beliefs	0.81	1.36	0.59	.55			[-1.87, 3.49]
Past-Year IPV x Marianismo Beliefs	1.78	2.27	0.78	.43			[-2.69, 6.25]
Adverse Life Experiences	3.17	1.44	2.19	.03			[0.33, 6.01]
Lifetime IPV	6.57	1.56	4.21	<.001			[3.50, 9.64]
Depression Severity	1.71	0.15	11.66	<.001			[1.42, 2.00]
Abuse in Current Relationship	-2.54	2.55	-1.00	.32			[-7.56, 2.48]
Reproductive Coercion	7.11	3.45	2.06	.04			[0.32, 13.91]
Global Physical Health Status	-0.04	0.11	-0.33	.74			[-0.26, 0.19]
<i>Outcome: Female Sexual Functioning Index</i>							
Constant	20.27	2.57	7.88	<.001			[15.21, 25.34]
Past-Year IPV	-0.43	0.72	-0.60	.55			[-1.84, 0.98]
PTSD Symptom Severity	-0.03	0.02	-1.15	.25			[-0.07, 0.02]
Lifetime IPV	-0.03	0.66	-0.05	.96			[-1.32, 1.26]
Depression Severity	-0.001	0.07	-0.01	.99			[-0.14, 0.14]
Abuse in Current Relationship	-2.46	0.95	-2.59	.01			[-4.34, -0.59]
Global Physical Health Status	0.18	0.05	3.96	<.001			[0.09, 0.27]
<i>Total Effect</i>							
Past-Year IPV	-0.55	0.71	-0.77	.44			[-1.94, 0.85]
Lifetime IPV	-0.21	0.64	-0.33	.74			[-1.46, 1.05]
Depression Severity	-0.05	0.06	-0.79	.43			[-0.16, 0.07]
Abuse in Current Relationship	-2.48	0.95	-2.60	.01			[-4.35, -0.61]
Global Physical Health Status	0.18	0.05	4.04	<.001			[0.09, 0.27]
<i>Direct Effect</i>							
Past-Year IPV	-0.43	0.72	-0.60	.55			[-1.84, 0.98]

Table 13 (continued). Model 5: Adjusted Moderated Mediation Examining the Relation Between Past-Year IPV and Female Sexual Functioning

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>P</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.13	0.14	[-0.45, 0.10]
(Mean) Marianismo					-0.10	0.11	[-0.37, 0.07]
(-1 SD below Mean) Marianismo					-0.07	0.11	[-0.36, 0.08]
<i>Index of Moderated Mediation</i>					-0.05	0.10	[-0.27, 0.15]

*Note.*  $n = 309$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year IPV on Female Sexual Functioning Index:  $R = 0.42$ ,  $\Delta R^2 = 0.18$ ,  $F(5, 303) = 12.83$ ,  $p < .001$ . Results for the path  $c$  were calculated controlling for the effects of the covariates in path  $b$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.78$ ,  $\Delta R^2 = 0.60$ ,  $F(9, 299) = 50.19$ ,  $p < .001$ . Model summary for Female Sexual Functioning Index:  $R = 0.42$ ,  $\Delta R^2 = 0.18$ ,  $F(6, 302) = 10.92$ ,  $p < .001$ .

Table 14. Model 6: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Emotional IPV and Condom Use Attitudes

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>P</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	17.12	0.97	17.68	<.001			[15.22, 19.03]
Past-Year Emotional IPV	11.15	2.18	5.11	<.001			[6.86, 15.45]
Marianismo Beliefs	-1.46	1.70	-0.86	.39			[-4.81, 1.89]
Past-Year Emotional IPV x Marianismo Beliefs	4.67	3.72	1.25	.21			[-2.66, 11.99]
<i>Outcome: Condom Attitudes Scale</i>							
Constant	3.66	0.09	39.22	<.001			[3.47, 3.84]
Past-Year Emotional IPV	-0.22	0.16	-1.38	.17			[-0.52, 0.09]
PTSD Symptom Severity	-0.003	0.004	-0.76	.45			[-0.01, 0.01]
<i>Total Effect</i>							
Past-Year Emotional IPV	-0.25	0.15	-1.65	.10			[-0.55, 0.05]
<i>Direct Effect</i>							
Past-Year Emotional IPV	-0.22	0.16	-1.38	.17			[-0.52, 0.09]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.04	0.06	[-0.17, 0.06]
(Mean) Marianismo					-0.03	0.05	[-0.13, 0.05]
(-1 SD below Mean) Marianismo					-0.02	0.04	[-0.12, 0.04]
<i>Index of Moderated Mediation</i>							
					-0.01	0.03	[-0.09, 0.03]

Note.  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Emotional IPV on Condom Use Attitudes:  $R = 0.09$ ,  $\Delta R^2 = 0.01$ ,  $F(1, 347) = 2.72$ ,  $p = .10$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.28$ ,  $\Delta R^2 = 0.08$ ,  $F(3, 345) = 9.86$ ,  $p < .001$ . Model summary for Condom Attitudes Scale:  $R = 0.10$ ,  $\Delta R^2 = 0.01$ ,  $F(2, 346) = 1.65$ ,  $p = .20$ .



Table 15. Model 6: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Emotional IPV and Condom Use Attitudes

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>P</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	7.72	6.28	1.23	.22			[-4.63, 20.07]
Past-Year Emotional IPV	0.72	1.73	0.41	.68			[-2.69, 4.13]
Marianismo Beliefs	1.59	1.23	1.29	.20			[-0.84, 4.02]
Past-Year Emotional IPV x Marianismo Beliefs	-2.02	2.73	-0.74	.46			[-7.39, 3.34]
Adverse Life Experiences	2.20	1.41	1.56	.12			[-0.57, 4.97]
Lifetime IPV	6.38	1.44	4.43	<.001			[3.54, 9.21]
Depression Severity	1.66	0.14	11.42	<.001			[1.37, 1.94]
Abuse in Current Relationship	0.50	2.35	0.21	.83			[-4.12, 5.13]
Reproductive Coercion	6.28	3.53	1.78	.08			[-0.67, 13.23]
Global Physical Health Status	-0.14	0.11	-1.23	.22			[-0.35, 0.08]
<i>Outcome: Condom Use Attitudes</i>							
Constant	3.66	0.09	39.22	<.001			[3.47, 3.84]
Past-Year Emotional IPV	-0.22	0.16	-1.38	.17			[-0.52, 0.09]
PTSD Symptom Severity	-0.003	0.004	-0.76	.45			[-0.01, 0.005]
<i>Total Effect</i>							
Past-Year Emotional IPV	-0.25	0.15	-1.65	.10			[-0.55, 0.05]
<i>Direct Effect</i>							
Past-Year Emotional IPV	-0.22	0.16	-1.38	.17			[-0.52, 0.09]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					0.001	0.01	[-0.02, 0.03]
(Mean) Marianismo					-0.002	0.01	[-0.03, 0.01]
(-1 SD below Mean) Marianismo					-0.01	0.01	[-0.04, 0.02]

Table 15 (continued). Model 6: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Emotional IPV and Condom Use Attitudes

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>P</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Index of Moderated Mediation</i>					0.01	0.02	[-0.02, 0.04]

*Note.*  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder; *b* = Unstandardized Coefficients; *SE* = Standard Error; CI = Confidence Interval; *SD* = Standard Deviation. Model summary of the total effect of Past-Year Emotional IPV on Condom Use Attitudes:  $R = 0.09$ ,  $\Delta R^2 = 0.01$ ,  $F(1, 347) = 2.72$ ,  $p = .10$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.74$ ,  $\Delta R^2 = 0.54$ ,  $F(9, 339) = 44.95$ ,  $p < .001$ . Model summary for Condom Use Attitudes:  $R = 0.10$ ,  $\Delta R^2 = 0.01$ ,  $F(2, 346) = 1.64$ ,  $p = .19$ .

Table 16. Model 7: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Emotional IPV and Condom Use Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	17.12	0.97	17.68	<.001			[15.22, 19.03]
Past-Year Emotional IPV	11.15	2.18	5.11	<.001			[6.86, 15.45]
Marianismo Beliefs	-1.46	1.70	-0.86	.39			[-4.81, 1.89]
Past-Year Emotional IPV x Marianismo Beliefs	4.67	3.72	1.25	.21			[-2.66, 11.99]
<i>Outcome: Condom Use Efficacy Scale</i>							
Constant	2.38	0.05	50.86	<.001			[2.28, 2.47]
Past-Year Emotional IPV	-0.14	0.08	-1.79	.08			[-0.30, 0.01]
PTSD Symptom Severity	-0.002	0.002	-1.21	.23			[-0.01, 0.001]
<i>Total Effect</i>							
Past-Year Emotional IPV	-0.17	0.08	-2.21	.03			[-0.32, -0.02]
<i>Direct Effect</i>							
Past-Year Emotional IPV	-0.14	0.08	-1.79	.08			[-0.30, 0.01]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.03	0.03	[-0.09, 0.02]
(Mean) Marianismo					-0.03	0.02	[-0.07, 0.02]
(-1 SD below Mean) Marianismo					-0.02	0.02	[-0.07, 0.01]
<i>Index of Moderated Mediation</i>							
					-0.01	0.02	[-0.05, 0.02]

Note.  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Emotional IPV on Condom Use Efficacy:  $R = 0.12$ ,  $\Delta R^2 = 0.01$ ,  $F(1, 347) = 4.86$ ,  $p = .03$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.28$ ,  $\Delta R^2 = 0.08$ ,  $F(3, 345) = 9.86$ ,  $p < .001$ . Model summary for Condom Use Efficacy:  $R = 0.13$ ,  $\Delta R^2 = 0.02$ ,  $F(2, 346) = 3.16$ ,  $p = .04$ .

Table 17. Model 7: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Emotional IPV and Condom Use Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	7.72	6.28	1.23	.22			[-4.63, 20.07]
Past-Year Emotional IPV	0.72	1.73	0.41	.68			[-2.69, 4.13]
Marianismo Beliefs	1.59	1.23	1.29	.20			[-0.84, 4.02]
Past-Year Emotional IPV x Marianismo Beliefs	-2.02	2.73	-0.74	.46			[-7.39, 3.34]
Adverse Life Experiences	2.20	1.41	1.56	.12			[-0.57, 4.97]
Lifetime IPV	6.38	1.44	4.43	<.001			[3.54, 9.21]
Depression Severity	1.66	0.14	11.42	<.001			[1.37, 1.94]
Abuse in Current Relationship	0.50	2.35	0.21	.83			[-4.12, 5.13]
Reproductive Coercion	6.28	3.53	1.78	.08			[-0.67, 13.23]
Global Physical Health Status	-0.14	0.11	-1.23	.22			[-0.35, 0.08]
<i>Outcome: Condom Use Efficacy Scale</i>							
Constant	1.48	0.25	5.97	<.001			[0.99, 1.96]
Past-Year Emotional IPV	-0.12	0.08	-1.62	.11			[-0.28, 0.03]
PTSD Symptom Severity	0.002	0.002	0.77	.44			[-0.003, 0.01]
Global Physical Health Status	0.02	0.005	3.71	<.001			[0.01, 0.03]
<i>Total Effect</i>							
Past-Year Emotional IPV	-0.11	0.08	-1.49	.14			[-0.26, 0.04]
Global Physical Health Status	0.02	0.004	3.84	<.001			[0.01, 0.02]
<i>Direct Effect</i>							
Past-Year Emotional IPV	-0.12	0.08	-1.62	.11			[-0.28, 0.03]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.001	0.01	[-0.01, 0.02]
(Mean) Marianismo					0.001	0.01	[-0.01, 0.02]
(-1 SD below Mean) Marianismo					0.003	0.01	[-0.01, 0.02]

Table 17 (continued). Model 7: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Emotional IPV and Condom Use Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Index of Moderated Mediation</i>					-0.003	0.01	[-0.03, 0.01]

*Note.*  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder; *b* = Unstandardized Coefficients; *SE* = Standard Error; CI = Confidence Interval; *SD* = Standard Deviation. Model summary of the total effect of Past-Year Emotional IPV on Condom Use Efficacy:  $R = 0.23$ ,  $\Delta R^2 = 0.05$ ,  $F(2, 346) = 9.88$ ,  $p < .001$ . Results for the path *c* were calculated controlling for the effects of the covariates in path *b*. Model summary for Past-Month PTSD Symptom Severity  $R = 0.74$ ,  $\Delta R^2 = 0.54$ ,  $F(9, 309) = 44.95$ ,  $p < .001$ . Model summary for Condom Use Efficacy:  $R = 0.24$ ,  $\Delta R^2 = 0.06$ ,  $F(3, 345) = 6.78$ ,  $p < .001$ .

Table 18. Model 8: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Emotional IPV and Condom Negotiation Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	17.12	0.97	17.68	<.001			[15.22, 19.03]
Past-Year Emotional IPV	11.15	2.18	5.11	<.001			[6.83, 15.45]
Marianismo Beliefs	-1.46	1.70	-0.86	.39			[-4.81, 1.89]
Past-Year Emotional IPV x Marianismo Beliefs	4.67	3.72	1.25	.21			[-2.66, 11.99]
<i>Outcome: Condom Negotiation Efficacy</i>							
Constant	3.50	0.05	75.91	<.001			[3.41, 3.59]
Past-Year Emotional IPV	-0.33	0.08	-4.30	<.001			[-0.49, -0.18]
PTSD Symptom Severity	-0.002	0.002	-0.94	.35			[-0.01, 0.002]
<i>Total Effect</i>							
Past-Year Emotional IPV	-0.35	0.07	-4.73	<.001			[-0.50, -0.21]
<i>Direct Effect</i>							
Past-Year Emotional IPV	-0.33	0.08	-4.30	<.001			[-0.49, -0.18]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.02	0.03	[-0.09, 0.03]
(Mean) Marianismo					-0.02	0.02	[-0.07, 0.03]
(-1 SD below Mean) Marianismo					-0.02	0.02	[-0.06, 0.02]
<i>Index of Moderated Mediation</i>							
					-0.01	0.02	[-0.05, 0.02]

*Note.*  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Emotional IPV on Condom Negotiation Efficacy:  $R = 0.25$ ,  $\Delta R^2 = 0.06$ ,  $F(1, 347) = 22.39$ ,  $p < .001$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.28$ ,  $\Delta R^2 = 0.08$ ,  $F(3, 345) = 9.86$ ,  $p < .001$ . Model summary for Condom Negotiation Efficacy:  $R = 0.25$ ,  $\Delta R^2 = 0.06$ ,  $F(2, 346) = 11.63$ ,  $p < .001$ .

Table 19. Model 8: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Emotional IPV and Condom Negotiation Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	7.72	6.28	1.23	.22			[-4.63, 20.07]
Past-Year Emotional IPV	0.72	1.73	0.41	.68			[-2.69, 4.13]
Marianismo Beliefs	1.59	1.23	1.29	.20			[-0.84, 4.02]
Past-Year Emotional IPV x Marianismo Beliefs	-2.02	2.73	-0.74	.46			[-7.39, 3.34]
Adverse Life Experiences	2.20	1.41	1.56	.12			[-0.57, 4.97]
Lifetime IPV	6.38	1.44	4.43	<.001			[3.54, 9.21]
Depression Severity	1.66	0.14	11.42	<.001			[1.37, 1.94]
Abuse in Current Relationship	0.50	2.35	0.21	.83			[-4.12, 5.13]
Reproductive Coercion	6.28	3.53	1.78	.08			[-0.67, 13.23]
Global Physical Health Status	-0.14	0.11	-1.23	.22			[-0.35, 0.08]
<i>Outcome: Condom Negotiation Efficacy</i>							
Constant	3.49	0.05	76.35	<.001			[3.40, 3.58]
Past-Year Emotional IPV	-0.29	0.08	-3.70	<.001			[-0.44, -0.14]
PTSD Symptom Severity	-0.001	0.002	-0.42	.67			[-0.004, 0.003]
Reproductive Coercion	-0.44	0.15	-2.86	.004			[-0.74, -0.14]
<i>Total Effect</i>							
Past-Year Emotional IPV	-0.30	0.08	-3.90	<.001			[-0.45, -0.15]
Reproductive Coercion	-0.45	0.15	-2.99	.003			[-0.74, -0.15]
<i>Direct Effect</i>							
Past-Year Emotional IPV	-0.29	0.08	-3.70	<.001			[-0.44, -0.14]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					0.0003	0.01	[-0.01, 0.01]
(Mean) Marianismo					-0.001	0.004	[-0.01, 0.01]

Table 19 (continued). Model 8: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Emotional IPV and Condom Negotiation Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
(-1 SD below Mean) Marianismo					-0.002	0.01	[-0.02, 0.01]
<i>Index of Moderated Mediation</i>					0.002	0.01	[-0.01 0.02]

*Note.*  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder; *b* = Unstandardized Coefficients; *SE* = Standard Error; CI = Confidence Interval; *SD* = Standard Deviation. Model summary of the total effect of Past-Year Emotional IPV on Condom Negotiation Efficacy:  $R = 0.29$ ,  $\Delta R^2 = 0.08$ ,  $F(2, 346) = 15.92$ ,  $p < .001$ . Results for the path *c* were calculated controlling for the effects of the covariates in path *b*. Model summary for Past-Month PTSD Symptom Severity:  $R = 0.74$ ,  $\Delta R^2 = 0.54$ ,  $F(9, 309) = 44.95$ ,  $p < .001$ . Model summary for Condom Negotiation Efficacy:  $R = 0.29$ ,  $\Delta R^2 = 0.08$ ,  $F(3, 345) = 10.65$ ,  $p < .001$ .



Table 20. Model 9: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Emotional IPV and Condom Use Behaviors During Past-Month Casual Vaginal Intercourse

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	20.16	2.99	6.75	<.001			[14.16, 26.17]
Past-Year Emotional IPV	13.51	6.03	2.24	.03			[1.37, 25.64]
<i>Outcome: Past-Month Condom Use for Casual Vaginal Sex</i>							
Constant	1.49	0.40	3.73	.001			[0.68, 2.29]
Past-Year Emotional IPV	0.17	0.60	0.29	.78			[-1.04, 1.39]
PTSD Symptom Severity	0.003	0.01	0.19	.85			[-0.03, 0.03]
<i>Total Effect</i>							
Past-Year Emotional IPV	0.21	0.57	0.37	.71			[-0.93, 1.35]
<i>Direct Effect</i>							
Past-Year Emotional IPV	0.17	0.60	0.29	.78			[-1.04, 1.39]
<i>Indirect effects</i>							
PTSD Symptom Severity					0.04	0.21	[-0.40, 0.48]

*Note.*  $n = 49$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Emotional IPV on Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.05$ ,  $\Delta R^2 = 0.003$ ,  $F(1, 47) = 0.14$ ,  $p = .71$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.31$ ,  $\Delta R^2 = 0.10$ ,  $F(1,47) = 5.01$ ,  $p = .03$ . Model summary for Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.06$ ,  $\Delta R^2 = 0.004$ ,  $F(2,46) = 0.09$ ,  $p = .92$ .

Table 21. Model 9: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Emotional IPV and Condom Use Behaviors During Past-Month Casual Vaginal Intercourse

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	21.80	17.95	1.21	.23			[-14.44, 58.05]
Past-Year Emotional IPV	4.69	4.62	1.01	.32			[-4.64, 14.02]
Adverse Life Experiences	8.96	4.25	2.11	.04			[0.37, 17.55]
Lifetime IPV	6.96	4.78	1.46	.15			[-2.70, 16.62]
Depression Severity	1.18	0.43	2.73	.01			[0.31, 2.06]
Abuse in Current Relationship	-3.38	5.24	-0.64	.53			[-13.97, 7.21]
Reproductive Coercion	11.34	6.69	1.70	.10			[-2.17, 24.85]
Global Physical Health Status	-0.49	0.32	-1.54	.13			[-1.14, 0.15]
<i>Outcome: Past-Month Condom Use for Casual Vaginal Sex</i>							
Constant	1.49	0.40	3.73	<.001			[0.68, 2.29]
Past-Year Emotional IPV	0.17	0.60	0.29	.78			[-1.04, 1.39]
PTSD Symptom Severity	0.003	0.01	0.19	.85			[-0.03, 0.03]
<i>Total Effect</i>							
Past-Year Emotional IPV	0.21	0.57	0.37	.71			[-0.93, 1.35]
<i>Direct Effect</i>							
Past-Year Emotional IPV	0.17	0.60	0.29	.78			[-1.04, 1.39]
<i>Indirect effects</i>							
PTSD Symptom Severity					0.01	0.09	[-0.19, 0.19]

Note.  $n = 49$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Emotional IPV on Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.05$ ,  $\Delta R^2 = 0.003$ ,  $F(1, 47) = 0.14$ ,  $p = .71$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.83$ ,  $\Delta R^2 = 0.69$ ,  $F(7, 41) = 12.76$ ,  $p < .001$ . Model summary for Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.06$ ,  $\Delta R^2 = 0.004$ ,  $F(2, 46) = 0.09$ ,  $p = .92$ .

Table 22. Model 10: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Emotional IPV and Female Sexual Functioning

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	16.76	1.04	16.07	<.001			[14.71, 18.81]
Past-Year Emotional IPV	13.55	2.36	5.73	<.001			[8.90, 18.20]
Marianismo Beliefs	-2.24	1.80	-1.24	.22			[-5.79, 1.31]
Past-Year Emotional IPV x Marianismo Beliefs	7.44	3.67	2.03	.04			[0.22, 14.66]
<i>Outcome: Female Sexual Functioning Index</i>							
Constant	29.74	0.41	71.89	<.001			[28.93, 30.56]
Past-Year Emotional IPV	-0.34	0.71	-0.48	.63			[-1.75, 1.06]
PTSD Symptom Severity	-0.08	0.02	-4.95	<.001			[-0.12, -0.05]
<i>Total Effect</i>							
Past-Year Emotional IPV	-1.52	0.70	-2.17	.03			[-2.90, -0.14]
<i>Direct Effect</i>							
Past-Year Emotional IPV	-0.34	0.71	-0.48	.63			[-1.75, 1.06]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-1.48	0.47	[-2.52, -0.64]
(Mean) Marianismo					-1.11	0.37	[-1.94, -0.49]
(-1 SD below Mean) Marianismo					-0.75	0.42	[-1.64, -0.04]
<i>Index of Moderated Mediation</i>							
					-0.61	0.42	[-1.48, 0.15]

Note.  $n = 309$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Emotional IPV on Female Sexual Functioning Index:  $R = 0.12$ ,  $\Delta R^2 = 0.02$ ,  $F(1, 307) = 4.72$ ,  $p = .03$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.35$ ,  $\Delta R^2 = 0.12$ ,  $F(3, 305) = 14.24$ ,  $p < .001$ . Interaction for path  $a$ :  $\Delta R^2 = .01$ ,  $F(1, 305) = 4.11$ ,  $p = .04$ . Model summary for Female Sexual Functioning Index:  $R = 0.30$ ,  $\Delta R^2 = 0.09$ ,  $F(2, 306) = 14.78$ ,  $p < .001$ .

Table 23. Model 10: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Emotional IPV and Female Sexual Functioning

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	0.91	6.60	0.14	.89			[-12.07, 13.90]
Past-Year Emotional IPV	1.80	1.82	0.99	.32			[-1.78, 5.37]
Marianismo Beliefs	1.57	1.27	1.24	.22			[-0.93, 4.07]
Past-Year Emotional IPV x Marianismo Beliefs	-0.47	2.63	-0.18	.86			[-5.65, 4.70]
Adverse Life Experiences	3.18	1.46	2.18	.03			[0.31, 6.04]
Lifetime IPV	7.43	1.52	4.90	<.001			[4.45, 10.41]
Depression Severity	1.73	0.15	11.69	<.001			[1.44, 2.02]
Abuse in Current Relationship	-1.21	2.53	-0.48	.63			[-6.19, 3.77]
Reproductive Coercion	7.79	3.47	2.25	.03			[0.97, 14.62]
Global Physical Health Status	-0.03	0.11	-0.30	.76			[-0.26, 0.19]
<i>Outcome: Female Sexual Functioning Index</i>							
Constant	20.39	2.57	7.93	<.001			[15.33, 25.45]
Past-Year Emotional IPV	0.44	0.73	0.61	.54			[-0.99, 1.88]
PTSD Symptom Severity	-0.03	0.02	-1.29	.20			[-0.08, 0.02]
Lifetime IPV	-0.27	0.64	-0.42	.68			[-1.52, 0.99]
Depression Severity	-0.004	0.07	-0.05	.96			[-0.15, 0.14]
Abuse in Current Relationship	-2.76	0.92	-3.02	.003			[-4.57, -0.96]
Global Physical Health Status	0.18	0.05	3.93	<.001			[0.09, 0.27]
<i>Total Effect</i>							
Past-Year Emotional IPV	0.37	0.73	0.50	.62			[-1.06, 1.80]
Lifetime IPV	-0.49	0.62	-0.79	.43			[-1.70, 0.72]
Depression Severity	-0.06	0.06	-0.93	.36			[-0.17, 0.06]
Abuse in Current Relationship	-2.82	0.92	-3.08	.002			[-4.62, -1.02]
Global Physical Health Status	0.18	0.05	4.02	<.001			[0.09, 0.27]

Table 23 (continued). Model 10: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Emotional IPV and Female Sexual Functioning

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Direct Effect</i>							
Past-Year Sexual IPV	0.44	0.73	0.61	.54			[-0.99, 1.88]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.05	0.10	[-0.29, 0.11]
(Mean) Marianismo					-0.05	0.09	[-0.27, 0.09]
(-1 SD below Mean) Marianismo					-0.06	0.12	[-0.33, 0.14]
<i>Index of Moderated Mediation</i>					-0.01	0.10	[-0.22, 0.23]

*Note.*  $n = 309$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Emotional IPV on Female Sexual Functioning Index:  $R = 0.42$ ,  $\Delta R^2 = 0.17$ ,  $F(5, 303) = 12.74$ ,  $p < .001$ . Results for the path  $c$  were calculated controlling for the effects of the covariates in path  $b$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.77$ ,  $\Delta R^2 = 0.60$ ,  $F(9, 299) = 49.09$ ,  $p < .001$ . Model summary for Female Sexual Functioning Index:  $R = 0.42$ ,  $\Delta R^2 = 0.18$ ,  $F(6, 302) = 10.92$ ,  $p < .001$ .

Table 24. Model 11: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Physical IPV and Condom Use Attitudes

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	18.72	0.93	20.15	<.001			[16.89, 20.54]
Past-Year Physical IPV	5.24	3.22	1.63	.10			[-1.09, 11.57]
Marianismo Beliefs	-1.73	1.65	-1.05	.30			[-4.97, 1.51]
Past-Year Physical IPV x Marianismo Beliefs	13.21	4.98	2.65	.01			[3.41, 23.01]
<i>Outcome: Condom Use Attitudes</i>							
Constant	3.66	0.09	39.52	<.001			[3.48, 3.85]
Past-Year Physical IPV	-0.46	0.21	-2.17	.03			[-0.87, -0.04]
PTSD Symptom Severity	-0.003	0.004	-0.89	.37			[-0.01, 0.004]
<i>Total Effect</i>							
Past-Year Physical IPV	-0.48	0.21	-2.31	.02			[-0.89, -0.07]
<i>Direct Effect</i>							
Past-Year Physical IPV	-0.46	0.21	-2.17	.03			[-0.87, -0.04]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.04	0.05	[-0.15, 0.05]
(Mean) Marianismo					-0.02	0.03	[-0.08, 0.03]
(-1 SD below Mean) Marianismo					0.01	0.03	[-0.04, 0.09]
<i>Index of Moderated Mediation</i>							
					-0.04	0.06	[-0.18, 0.05]

Note.  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Physical IPV on Condom Use Attitudes:  $R = 0.12$ ,  $\Delta R^2 = 0.02$ ,  $F(1, 347) = 5.33$ ,  $p = .02$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.19$ ,  $\Delta R^2 = 0.04$ ,  $F(3, 345) = 4.40$ ,  $p = .01$ . Interaction for path  $a$ :  $\Delta R^2 = 0.02$ ,  $F(1, 345) = 7.03$ ,  $p = .01$ . Model summary for Condom Use Attitudes:  $R = 0.13$ ,  $\Delta R^2 = 0.02$ ,  $F(2, 346) = 3.06$ ,  $p = .05$ .

Table 25. Model 11: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Physical IPV and Condom Use Attitudes

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	7.75	6.25	1.24	.22			[-4.55, 20.05]
Past-Year Physical IPV	-2.07	2.39	-0.86	.39			[-6.77, 2.64]
Marianismo Beliefs	0.69	1.16	0.60	.55			[-1.59, 2.97]
Past-Year Physical IPV x Marianismo Beliefs	5.98	3.61	1.65	.10			[-1.13, 13.09]
Adverse Life Experiences	2.06	1.41	1.47	.14			[-0.70, 4.82]
Lifetime IPV	6.77	1.40	4.85	<.001			[4.03, 9.52]
Depression Severity	1.65	0.14	11.51	<.001			[1.37, 1.93]
Abuse in Current Relationship	0.52	2.33	0.22	.82			[-4.06, 5.11]
Reproductive Coercion	5.01	3.73	1.34	.18			[-2.34, 12.35]
Global Physical Health Status	-0.13	0.11	-1.23	.22			[-0.35, 0.08]
<i>Outcome: Condom Use Attitudes</i>							
Constant	3.66	0.09	39.52	<.001			[3.48, 3.85]
Past-Year Physical IPV	-0.46	0.21	-2.17	.03			[-0.87, -0.04]
PTSD Symptom Severity	-0.003	0.004	-0.89	.37			[-0.01, 0.004]
<i>Total Effect</i>							
Past-Year Physical IPV	-0.48	0.21	-2.31	.02			[-0.89, -0.07]
<i>Direct Effect</i>							
Past-Year Physical IPV	-0.46	0.21	-2.17	.03			[-0.87, -0.04]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.004	0.02	[-0.04, 0.04]
(Mean) Marianismo					0.01	0.01	[-0.02, 0.04]
(-1 SD below Mean) Marianismo					0.02	0.03	[-0.03, 0.08]

Table 25 (continued). Model 11: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Physical IPV and Condom Use Attitudes

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Index of Moderated Mediation</i>					-0.02	0.03	[-0.09, 0.04]

*Note.*  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder; *b* = Unstandardized Coefficients; *SE* = Standard Error; CI = Confidence Interval; *SD* = Standard Deviation. Model summary of the total effect of Past-Year Physical IPV on Condom Use Attitudes:  $R = 0.12$ ,  $\Delta R^2 = 0.02$ ,  $F(1, 347) = 5.33$ ,  $p = .02$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.74$ ,  $\Delta R^2 = 0.55$ ,  $F(9, 339) = 45.53$ ,  $p < .001$ . Model summary for Condom Use Attitudes:  $R = 0.13$ ,  $\Delta R^2 = 0.02$ ,  $F(2, 346) = 3.06$ ,  $p = .05$ .



Table 26. Model 12: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Physical IPV and Condom Use Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	18.72	0.93	20.15	<.001			[16.89, 20.54]
Past-Year Physical IPV	5.24	3.22	1.63	.10			[-1.09, 11.57]
Marianismo Beliefs	-1.73	1.65	-1.05	.30			[-4.97, 1.51]
Past-Year Physical IPV x Marianismo Beliefs	13.21	4.98	2.65	.01			[3.41, 23.01]
<i>Outcome: Condom Use Efficacy Scale</i>							
Constant	2.37	0.05	50.66	<.001			[2.28, 2.46]
Past-Year Physical IPV	-0.10	0.11	-0.94	.35			[-0.31, 0.11]
PTSD Symptom Severity	-0.003	0.002	-1.62	.11			[-0.01, 0.001]
<i>Total Effect</i>							
Past-Year Physical IPV	-0.12	0.11	-1.16	.25			[-0.33, 0.09]
<i>Direct Effect</i>							
Past-Year Physical IPV	-0.10	0.11	-0.94	.35			[-0.31, 0.11]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.004	0.02	[-0.04, 0.04]
(Mean) Marianismo					0.01	0.01	[-0.02, 0.04]
(-1 SD below Mean) Marianismo					0.02	0.03	[-0.03, 0.08]
<i>Index of Moderated Mediation</i>							
					-0.02	0.03	[-0.09, 0.04]

Note.  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Physical IPV on Condom Use Efficacy:  $R = 0.06$ ,  $\Delta R^2 = 0.004$ ,  $F(1, 347) = 1.35$ ,  $p = .25$ . Model summary for PTSD Symptom Severity:  $R = 0.19$ ,  $\Delta R^2 = 0.04$ ,  $F(3, 345) = 4.40$ ,  $p < .01$ . Interaction for path  $a$ :  $\Delta R^2 = 0.02$ ,  $F(1, 345) = 7.03$ ,  $p = .01$ . Model summary for Condom Use Efficacy:  $R = 0.11$ ,  $\Delta R^2 = 0.01$ ,  $F(2, 346) = 1.99$ ,  $p = .14$ .

Table 27. Model 12: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Physical IPV and Condom Use Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	7.75	6.25	1.24	.22			[-4.55, 20.05]
Past-Year Physical IPV	-2.07	2.39	-0.86	.39			[-6.77, 2.64]
Marianismo Beliefs	0.69	1.16	0.60	.55			[-1.59, 2.97]
Past-Year Physical IPV x Marianismo Beliefs	5.98	3.61	1.65	.10			[-1.13, 13.09]
Adverse Life Experiences	2.06	1.41	1.47	.14			[-0.70, 4.82]
Lifetime IPV	6.77	1.40	4.85	<.001			[4.03, 9.52]
Depression Severity	1.65	0.14	11.51	<.001			[1.37, 1.93]
Abuse in Current Relationship	0.52	2.33	0.22	.82			[-4.06, 5.11]
Reproductive Coercion	5.01	3.73	1.34	.18			[-2.34, 12.35]
Global Physical Health Status	-0.13	0.11	-1.23	.22			[-0.35, 0.08]
<i>Outcome: Condom Use Efficacy Scale</i>							
Constant	1.46	0.25	5.89	<.001			[0.97, 1.94]
Past-Year Physical IPV	-0.08	0.10	-0.80	.43			[-0.29, 0.12]
PTSD Symptom Severity	0.001	0.002	0.51	.61			[-0.003, 0.01]
Global Physical Health Status	0.02	0.005	3.76	<.001			[0.01, 0.03]
<i>Total Effect</i>							
Past-Year Physical IPV	-0.08	0.10	-0.76	.45			[-0.28, 0.13]
Global Physical Health Status	0.02	0.004	4.08	<.001			[0.01, 0.02]
<i>Direct Effect</i>							
Past-Year Physical IPV	-0.08	0.10	-0.80	.43			[-0.29, 0.12]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					0.002	0.01	[-0.02, 0.03]
(Mean) Marianismo					-0.002	0.01	[-0.02, 0.01]
(-1 SD below Mean) Marianismo					-0.01	0.01	[-0.04, 0.02]

Table 27 (continued). Model 12: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Physical IPV and Condom Use Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Index of Moderated Mediation</i>					0.01	0.02	[-0.02, 0.05]

*Note.*  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder; *b* = Unstandardized Coefficients; *SE* = Standard Error; CI = Confidence Interval; *SD* = Standard Deviation. Model summary of the total effect of Past-Year Physical IPV on Condom Use Efficacy:  $R = 0.22$ ,  $\Delta R^2 = 0.05$ ,  $F(2, 346) = 9.02$ ,  $p < .001$ . Results for the path *c* were calculated controlling for the effects of the covariates in path *b*. Model summary for Past-Month PTSD Symptom Severity:  $R = 0.74$ ,  $\Delta R^2 = 0.55$ ,  $F(9, 339) = 45.53$ ,  $p < .001$ . Model summary for Condom Use Efficacy:  $R = 0.22$ ,  $\Delta R^2 = 0.05$ ,  $F(3, 345) = 6.08$ ,  $p < .001$ .

Table 28. Model 13: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Physical IPV and Condom Negotiation Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	18.72	0.93	20.15	<.001			[16.89, 20.54]
Past-Year Physical IPV	5.24	3.22	1.63	.10			[-1.09, 11.57]
Marianismo Beliefs	-1.73	1.65	-1.05	.30			[-4.97, 1.51]
Past-Year Physical IPV x Marianismo Beliefs	13.21	4.98	2.65	.01			[3.41, 23.01]
<i>Outcome: Condom Negotiation Efficacy</i>							
Constant	3.49	0.05	76.14	<.001			[3.40, 3.58]
Past-Year Physical IPV	-0.46	0.10	-4.45	<.001			[-0.67, -0.26]
PTSD Symptom Severity	-0.003	0.002	-1.60	.11			[-0.01, 0.001]
<i>Total Effect</i>							
Past-Year Physical IPV	-0.49	0.10	-4.69	<.001			[-0.69, -0.28]
<i>Direct Effect</i>							
Past-Year Physical IPV	-0.46	0.10	-4.45	<.001			[-0.67, -0.26]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.04	0.03	[-0.10, 0.01]
(Mean) Marianismo					-0.02	0.02	[-0.05, 0.01]
(-1 SD below Mean) Marianismo					0.01	0.02	[-0.03, 0.06]
<i>Index of Moderated Mediation</i>							
					-0.04	0.03	[-0.11, 0.01]

Note.  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Physical IPV on Condom Negotiation Efficacy:  $R = 0.24$ ,  $\Delta R^2 = 0.06$ ,  $F(1, 347) = 22.02$ ,  $p < .001$ . Model summary for PTSD Symptom Severity:  $R = 0.19$ ,  $\Delta R^2 = 0.04$ ,  $F(3, 345) = 4.40$ ,  $p = .01$ . Interaction for path  $a$ :  $\Delta R^2 = 0.02$ ,  $F(1, 345) = 7.03$ ,  $p = .01$ . Model summary for Condom Negotiation Efficacy:  $R = 0.26$ ,  $\Delta R^2 = 0.07$ ,  $F(2, 346) = 12.33$ ,  $p < .001$ .

Table 29. Model 13: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Physical IPV and Condom Negotiation Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	7.75	6.25	1.24	.22			[-4.55, 20.05]
Past-Year Physical IPV	-2.07	2.39	-0.86	.39			[-6.77, 2.64]
Marianismo Beliefs	0.69	1.16	0.60	.55			[-1.59, 2.97]
Past-Year Physical IPV x Marianismo Beliefs	5.98	3.61	1.65	.10			[-1.13, 13.09]
Adverse Life Experiences	2.06	1.41	1.47	.14			[-0.70, 4.82]
Lifetime IPV	6.77	1.40	4.85	<.001			[4.03, 9.52]
Depression Severity	1.65	0.14	11.51	<.001			[1.37, 1.93]
Abuse in Current Relationship	0.52	2.33	0.22	.82			[-4.06, 5.11]
Reproductive Coercion	5.01	3.73	1.34	.18			[-2.34, 12.35]
Global Physical Health Status	-0.13	0.11	-1.23	.22			[-0.35, 0.08]
<i>Outcome: Condom Negotiation Efficacy</i>							
Constant	3.49	0.05	76.11	<.001			[3.40, 3.58]
Past-Year Physical IPV	-0.38	0.11	-3.40	<.001			[-0.59, -0.16]
PTSD Symptom Severity	-0.002	0.002	-1.13	.26			[-0.01, 0.002]
Reproductive Coercion	-0.35	0.16	-2.20	.03			[-0.67, -0.04]
<i>Total Effect</i>							
Past-Year Physical IPV	-0.38	0.11	-3.46	.001			[-0.60, -0.17]
Reproductive Coercion	-0.39	0.16	-2.48	.01			[-0.70, -0.08]
<i>Direct Effect</i>							
Past-Year Physical IPV	-0.38	0.11	-3.40	<.001			[-0.59, -0.16]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.003	0.01	[-0.02, 0.02]
(Mean) Marianismo					0.004	0.01	[-0.01, 0.02]
(-1 SD below Mean) Marianismo					0.01	0.01	[-0.01, 0.05]

Table 29 (continued). Model 13: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Physical IPV and Condom Negotiation Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Index of Moderated Mediation</i>					-0.01	0.02	[-0.05, 0.02]

*Note.*  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder; *b* = Unstandardized Coefficients; *SE* = Standard Error; CI = Confidence Interval; *SD* = Standard Deviation. Model summary of the total effect of Past-Year Physical IPV on Condom Negotiation Efficacy:  $R = 0.28$ ,  $\Delta R^2 = 0.08$ ,  $F(2, 346) = 14.23$ ,  $p < .001$ . Results for the path *c* were calculated controlling for the effects of the covariates in path *b*. Model summary for Past-Month PTSD Symptom Severity:  $R = 0.73$ ,  $\Delta R^2 = 0.54$ ,  $F(9, 339) = 45.53$ ,  $p < .001$ . Model summary for Condom Negotiation Efficacy:  $R = 0.28$ ,  $\Delta R^2 = 0.08$ ,  $F(3, 345) = 9.92$ ,  $p < .001$ .

Table 30. Model 14: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Physical IPV and Condom Use Behaviors During Past-Month Casual Vaginal Intercourse

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	20.73	2.87	7.21	<.001			[14.95, 26.51]
Past-Year Physical IPV	14.94	6.70	2.23	.03			[1.46, 28.43]
<i>Outcome: Past-Month Condom Use for Casual Vaginal Sex</i>							
Constant	1.49	0.40	3.77	<.01			[0.70, 2.29]
Past-Year Physical IPV	0.19	0.67	0.28	.78			[-1.16, 1.54]
PTSD Symptom Severity	0.003	0.01	0.20	.85			[-0.03, 0.03]
<i>Total Effect</i>							
Past-Year Physical IPV	0.23	0.63	0.36	.72			[-1.04, 1.50]
<i>Direct Effect</i>							
Past-Year Physical IPV	0.19	0.67	0.28	.78			[-1.16, 1.54]
<i>Indirect effects</i>							
PTSD Symptom Severity					0.04	0.25	[-0.49, 0.57]

*Note.*  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Physical IPV on Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.05$ ,  $\Delta R^2 = 0.003$ ,  $F(1, 47) = 0.13$ ,  $p = .72$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.31$ ,  $\Delta R^2 = 0.10$ ,  $F(1, 47) = 4.97$ ,  $p = .03$ . Model summary for Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.06$ ,  $\Delta R^2 = 0.004$ ,  $F(2, 46) = 0.08$ ,  $p = .92$ .

Table 31. Model 14: Adjusted Mediation Analysis Examining the Relation Between Past-Year Physical IPV and Condom Use Behaviors During Past-Month Casual Vaginal Intercourse

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	18.57	16.99	1.09	.28			[-15.75, 52.89]
Past-Year Physical IPV	5.03	5.15	0.98	.33			[-5.36, 15.43]
Adverse Life Experiences	9.50	4.31	2.21	.03			[0.80, 18.19]
Lifetime IPV	7.51	4.71	1.59	.12			[-2.00, 17.02]
Depression Severity	1.20	0.43	2.82	.01			[0.34, 2.07]
Abuse in Current Relationship	-3.92	5.42	-0.72	.47			[-14.86, 7.02]
Reproductive Coercion	11.23	6.72	1.67	.10			[-2.34, 24.80]
Global Physical Health Status	-0.44	0.30	-1.44	.16			[-1.05, 0.18]
<i>Outcome: Past-Month Condom Use for Casual Vaginal Sex</i>							
Constant	1.49	0.40	3.77	<.001			[0.70, 2.29]
Past-Year Physical IPV	0.19	0.67	0.28	.78			[-1.16, 1.54]
PTSD Symptom Severity	0.003	0.01	0.20	.84			[-0.03, 0.03]
<i>Total Effect</i>							
Past-Year Physical IPV	0.23	0.63	0.36	.72			[-1.04, 1.50]
<i>Direct Effect</i>							
Past-Year Physical IPV	0.19	0.67	0.28	.78			[-1.16, 1.54]
<i>Indirect effects</i>							
PTSD Symptom Severity					0.01	0.11	[-0.27, 0.22]

Note.  $n = 49$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year IPV on Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.05$ ,  $\Delta R^2 = 0.003$ ,  $F(1, 47) = 0.13$ ,  $p = .72$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.83$ ,  $\Delta R^2 = 0.68$ ,  $F(7, 41) = 12.73$ ,  $p < .001$ . Model summary for Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.06$ ,  $\Delta R^2 = 0.004$ ,  $F(2, 46) = 0.08$ ,  $p = .92$ .



Table 32. Model 15: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Physical IPV and Female Sexual Functioning

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	18.58	1.01	18.41	<.001			[16.59, 20.57]
Past-Year Physical IPV	6.98	3.25	2.15	.03			[0.58, 13.37]
Marianismo Beliefs	-2.48	1.76	-1.41	.16			[-5.94, 0.98]
Past-Year Physical IPV x Marianismo Beliefs	16.44	4.42	3.72	<.001			[7.74, 25.15]
<i>Outcome: Female Sexual Functioning</i>							
Constant	29.81	0.41	72.73	<.001			[29.01, 30.62]
Past-Year Physical IPV	-2.17	0.89	-2.45	.02			[-3.91, -0.42]
PTSD Symptom Severity	-0.08	0.02	-4.92	<.001			[-0.11, -0.05]
<i>Total Effect</i>							
Past-Year Physical IPV	-2.98	0.90	-3.30	.001			[-4.76, -1.20]
<i>Direct Effect</i>							
Past-Year Physical IPV	-2.17	0.89	-2.45	.02			[-3.91, -0.42]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-1.31	0.42	[-2.21, -0.54]
(Mean) Marianismo					-0.54	0.34	[-1.29, 0.03]
(-1 SD below Mean) Marianismo					0.22	0.45	[-0.73, 1.10]
<i>Index of Moderated Mediation</i>							
					-1.28	0.47	[-2.26, -0.42]

*Note.*  $n = 309$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Physical IPV on Female Sexual Functioning Index:  $R = 0.19$ ,  $\Delta R^2 = 0.03$ ,  $F(1, 307) = 10.88$ ,  $p = .001$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.28$ ,  $\Delta R^2 = 0.08$ ,  $F(3, 305) = 8.42$ ,  $p < .001$ . Interaction for path  $a$ :  $\Delta R^2 = 0.04$ ,  $F(1, 305) = 13.81$ ,  $p < .001$ . Model summary for Female Sexual Functioning Index:  $R = 0.32$ ,  $\Delta R^2 = 0.10$ ,  $F(2, 306) = 17.93$ ,  $p < .001$ .

Table 33. Model 15: Adjusted Moderated Mediation Analysis of the Relation Between Past-Year Physical IPV and Female Sexual Functioning

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	1.03	6.57	0.16	.88			[-11.89, 13.95]
Past-Year Physical IPV	-1.56	2.37	-0.66	.51			[-6.22, 3.11]
Marianismo Beliefs	0.80	1.19	0.67	.50			[-1.55, 3.15]
Past-Year Physical IPV x Marianismo Beliefs	5.69	3.08	1.85	.07			[-0.37, 11.74]
Adverse Life Experiences	3.14	1.45	2.16	.03			[0.28, 6.00]
Lifetime IPV	8.09	1.47	5.50	<.001			[5.20, 10.98]
Depression Severity	1.72	0.15	11.66	<.001			[1.43, 2.01]
Abuse in Current Relationship	-1.23	2.51	-0.49	.63			[-6.17, 3.72]
Reproductive Coercion	7.29	3.59	2.03	.04			[0.23, 14.34]
Global Physical Health Status	-0.03	0.11	-0.30	.76			[-0.26, 0.19]
<i>Outcome: Female Sexual Functioning Index</i>							
Constant	20.28	2.57	7.91	<.001			[15.24, 25.33]
Past-Year Physical IPV	-1.26	0.92	-1.38	.17			[-3.07, 0.54]
PTSD Symptom Severity	-0.03	0.02	-1.23	.22			[-0.07, 0.02]
Lifetime IPV	-0.03	0.62	-0.04	.97			[-1.25, 1.20]
Depression Severity	0.0000	0.07	-0.0001	.99			[-0.14, 0.14]
Abuse in Current Relationship	-2.25	0.94	-2.39	.02			[-4.10, -0.40]
Global Physical Health Status	0.18	0.05	3.97	<.001			[0.09, 0.27]
<i>Total Effect</i>							
Past-Year Physical IPV	-1.28	0.92	-1.40	.16			[-3.09, 0.52]
Lifetime IPV	-0.25	0.60	-0.42	.67			[-1.43, 0.92]
Depression Severity	-0.05	0.06	-0.84	.40			[-0.17, 0.07]
Abuse in Current Relationship	-2.32	0.94	-2.47	.01			[-4.17, -0.47]
Global Physical Health Status	0.18	0.05	4.05	<.001			[0.09, 0.27]

Table 33 (continued). Model 15: Adjusted Moderated Mediation Analysis of the Relation Between Past-Year Physical IPV and Female Sexual Functioning

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Direct Effect</i>							
Past-Year Physical IPV	-1.26	0.92	-1.38	.17			[-3.07, 0.54]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.05	0.13	[-0.32, 0.21]
(Mean) Marianismo					0.04	0.10	[-0.12, 0.30]
(-1 SD below Mean) Marianismo					0.1	0.17	[-0.12, 0.55]
<i>Index of Moderated Mediation</i>							
					-0.16	0.18	[-0.58, 0.16]

*Note.*  $n = 309$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Physical IPV on Female Sexual Functioning Index:  $R = 0.42$ ,  $\Delta R^2 = 0.18$ ,  $F(5, 303) = 13.16$ ,  $p < .001$ . Results for the path  $c$  were calculated controlling for the effects of the covariates in path  $b$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.77$ ,  $\Delta R^2 = 0.60$ ,  $F(9, 299) = 49.79$ ,  $p < .001$ . Model summary for Female Sexual Functioning Index:  $R = 0.43$ ,  $\Delta R^2 = 0.18$ ,  $F(6, 302) = 11.23$ ,  $p < .001$ .

Table 34. Model 16: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Sexual IPV and Condom Use Attitudes

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	17.22	0.92	18.72	<.001			[15.41, 19.03]
Past-Year Sexual IPV	14.36	2.34	6.14	<.001			[9.76, 18.96]
Marianismo Beliefs	-2.02	1.64	-1.23	.22			[-5.25, 1.21]
Past-Year Sexual IPV x Marianismo Beliefs	11.26	3.74	3.01	.003			[3.90, 18.63]
<i>Outcome: Condom Use Attitudes</i>							
Constant	3.64	0.09	39.20	<.001			[3.46, 3.82]
Past-Year Sexual IPV	0.01	0.18	0.04	.97			[-0.34, 0.35]
PTSD Symptom Severity	-0.004	0.004	-1.13	.26			[-0.01, 0.003]
<i>Total Effect</i>							
Past-Year Sexual IPV	-0.05	0.17	-0.32	.75			[-0.38, 0.28]
<i>Direct Effect</i>							
Past-Year Sexual IPV	0.01	0.18	0.04	.97			[-0.34, 0.35]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.09	0.08	[-0.26, 0.07]
(Mean) Marianismo					-0.06	0.06	[-0.19, 0.05]
(-1 SD below Mean) Marianismo					-0.03	0.04	[-0.12, 0.03]
<i>Index of Moderated Mediation</i>							
					-0.05	0.05	[-0.16, 0.04]

Note.  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Sexual IPV on Condom Use Attitudes:  $R = 0.02$ ,  $\Delta R^2 = 0.0001$ ,  $F(1, 347) = 0.11$ ,  $p = .75$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.35$ ,  $\Delta R^2 = 0.12$ ,  $F(3, 345) = 15.60$ ,  $p < .001$ . Interaction for path  $a$ :  $\Delta R^2 = -0.02$ ,  $F(1, 345) = 9.05$ ,  $p = .003$ . Model summary for Condom Use Attitudes:  $R = 0.06$ ,  $\Delta R^2 = 0.004$ ,  $F(2, 346) = 0.69$ ,  $p = .50$ .

Table 35. Model 16: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Sexual IPV and Condom Use Attitudes

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	8.73	6.30	1.39	.17			[-3.66, 21.12]
Past-Year Sexual IPV	2.91	2.11	1.38	.17			[-1.24, 7.07]
Marianismo Beliefs	0.79	1.21	0.65	.51			[-1.59, 3.17]
Past-Year Sexual IPV x Marianismo Beliefs	2.81	2.91	0.96	.34			[-2.92, 8.54]
Adverse Life Experiences	2.07	1.40	1.48	.14			[-0.69, 4.84]
Lifetime IPV	6.28	1.40	4.49	<.001			[3.53, 9.02]
Depression Severity	1.61	0.15	10.97	<.001			[1.32, 1.90]
Abuse in Current Relationship	-0.89	2.57	-0.35	.73			[-5.94, 4.16]
Reproductive Coercion	4.45	3.67	1.21	.23			[-2.77, 11.66]
Global Physical Health Status	-0.15	0.11	-1.35	.18			[-0.36, 0.07]
<i>Outcome: Condom Use Attitudes</i>							
Constant	3.64	0.09	39.20	<.001			[3.46, 3.82]
Past-Year Sexual IPV	0.01	0.18	0.04	.97			[-0.34, 0.35]
PTSD Symptom Severity	-0.004	0.004	-1.13	.26			[-0.01, 0.003]
<i>Total Effect</i>							
Past-Year Sexual IPV	-0.05	0.17	-0.32	.75			[-0.38, 0.28]
<i>Direct Effect</i>							
Past-Year Sexual IPV	0.01	0.18	0.04	.97			[-0.34, 0.35]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.02	0.03	[-0.08, 0.02]
(Mean) Marianismo					-0.01	0.02	[-0.06, 0.01]
(-1 SD below Mean) Marianismo					-0.01	0.02	[-0.05, 0.02]

Table 35 (continued). Model 16: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Sexual IPV and Condom Use Attitudes

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Index of Moderated Mediation</i>					-0.01	0.02	[-0.06, 0.03]

*Note.*  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Sexual IPV on Condom Use Attitudes:  $R = 0.02$ ,  $\Delta R^2 = 0.0001$ ,  $F(1, 347) = 0.11$ ,  $p = .75$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.74$ ,  $\Delta R^2 = 0.55$ ,  $F(9, 393) = 45.41$ ,  $p < .001$ . Model summary for Condom Use Attitudes:  $R = 0.06$ ,  $\Delta R^2 = 0.004$ ,  $F(2, 346) = 0.69$ ,  $p = .50$ .

Table 36. Model 17: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Sexual IPV and Condom Use Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	17.22	0.92	18.72	<.001			[15.41, 19.03]
Past-Year Sexual IPV	14.36	2.34	6.14	<.001			[9.76, 18.96]
Marianismo Beliefs	-2.02	1.64	-1.23	.22			[-5.25, 1.21]
Past-Year Sexual IPV x Marianismo Beliefs	11.26	3.74	3.01	.003			[3.90, 18.63]
<i>Outcome: Condom Use Efficacy Scale</i>							
Constant	2.37	0.05	50.88	<.001			[2.28, 2.46]
Past-Year Sexual IPV	-0.10	0.09	-1.10	.27			[-0.27, 0.08]
PTSD Symptom Severity	-0.003	0.002	-1.33	.19			[-0.01, 0.001]
<i>Total Effect</i>							
Past-Year Sexual IPV	-0.13	0.08	-1.59	.11			[-0.30, 0.03]
<i>Direct Effect</i>							
Past-Year Sexual IPV	-0.10	0.09	-1.10	.27			[-0.27, 0.08]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.05	0.04	[-0.14, 0.03]
(Mean) Marianismo					-0.04	0.03	[-0.10, 0.02]
(-1 SD below Mean) Marianismo					-0.02	0.02	[-0.07, 0.01]
<i>Index of Moderated Mediation</i>							
					-0.03	0.02	[-0.08, 0.02]

Note.  $N = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Sexual IPV on Condom Use Efficacy:  $R = 0.09$ ,  $\Delta R^2 = 0.01$ ,  $F(1, 347) = 2.54$ ,  $p = .11$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.35$ ,  $\Delta R^2 = 0.12$ ,  $F(3, 345) = 15.60$ ,  $p < .001$ . Interaction for path  $a$ :  $\Delta R^2 = -0.02$ ,  $F(1, 345) = 9.05$ ,  $p = .003$ . Model summary for Condom Use Efficacy Scale:  $R = 0.11$ ,  $\Delta R^2 = 0.01$ ,  $F(2, 346) = 2.15$ ,  $p = .12$ .

Table 37. Model 17: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Sexual IPV and Condom Use Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	8.73	6.30	1.39	.17			[-3.66, 21.12]
Past-Year Sexual IPV	2.91	2.11	1.38	.17			[-1.24, 7.07]
Marianismo Beliefs	0.79	1.21	0.65	.51			[-1.59, 3.17]
Past-Year Sexual IPV x Marianismo Beliefs	2.81	2.91	0.96	.34			[-2.92, 8.54]
Adverse Life Experiences	2.07	1.40	1.48	.14			[-0.69, 4.84]
Lifetime IPV	6.28	1.40	4.49	<.001			[3.53, 9.02]
Depression Severity	1.61	0.15	10.97	<.001			[1.32, 1.90]
Abuse in Current Relationship	-0.89	2.57	-0.35	.73			[-5.94, 4.16]
Reproductive Coercion	4.45	3.67	1.21	.23			[-2.77, 11.66]
Global Physical Health Status	-0.15	0.11	-1.35	.18			[-0.36, 0.07]
<i>Outcome: Condom Use Efficacy Scale</i>							
Constant	1.45	0.25	5.88	<.001			[0.97, 1.94]
Past-Year Sexual IPV	-0.09	0.09	-1.02	.31			[-0.26, 0.08]
PTSD Symptom Severity	0.002	0.002	0.69	.49			[-0.03, 0.01]
Global Physical Health Status	0.02	0.005	3.77	<.001			[0.01, 0.03]
<i>Total Effect</i>							
Past-Year Sexual IPV	-0.07	0.08	-0.87	.39			[-0.24, 0.09]
Global Physical Health Status	0.02	0.004	3.95	<.001			[0.01, 0.02]
<i>Direct Effect</i>							
Past-Year Sexual IPV	-0.09	0.09	-1.02	.31			[-0.26, 0.80]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					0.01	0.01	[-0.02, 0.04]
(Mean) Marianismo					0.004	0.01	[-0.01, 0.03]
(-1 SD below Mean) Marianismo					0.002	0.01	[-0.01, 0.02]



Table 37 (continued). Model 17: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Sexual IPV and Condom Use Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Index of Moderated Mediation</i>					0.004	0.01	[-0.01, 0.03]

*Note.*  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder; *b* = Unstandardized Coefficients; *SE* = Standard Error; CI = Confidence Interval; *SD* = Standard Deviation. Model summary of the total effect of Past-Year Sexual IPV on Condom Use Efficacy:  $R = 0.22$ ,  $\Delta R^2 = 0.05$ ,  $F(2, 346) = 9.11$ ,  $p < .001$ . Results for the path *c* were calculated controlling for the effects of the covariates in path *b*. Model summary for Past-Month PTSD Symptom Severity:  $R = 0.74$ ,  $\Delta R^2 = 0.55$ ,  $F(9, 339) = 45.41$ ,  $p < .001$ . Model summary for Condom Use Efficacy:  $R = 0.23$ ,  $\Delta R^2 = 0.05$ ,  $F(3, 345) = 6.22$ ,  $p < .001$ .

Table 38. Model 18: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Sexual IPV and Condom Negotiation Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	17.22	0.92	18.72	<.001			[15.41, 19.03]
Past-Year Sexual IPV	14.36	2.34	6.14	<.001			[9.76, 18.96]
Marianismo Beliefs	-2.02	1.64	-1.23	.22			[-5.25, 1.21]
Past-Year Sexual IPV x Marianismo Beliefs	11.26	3.74	3.01	.003			[3.90, 18.63]
<i>Outcome: Condom Negotiation Efficacy</i>							
Constant	3.48	0.05	74.74	<.001			[3.39, 3.57]
Past-Year Sexual IPV	-0.22	0.09	-2.54	.01			[-0.40, -0.05]
PTSD Symptom Severity	-0.002	0.002	-1.26	.21			[-0.01, 0.001]
<i>Total Effect</i>							
Past-Year Sexual IPV	-0.26	0.08	-3.08	.002			[-0.42, -0.09]
<i>Direct Effect</i>							
Past-Year Sexual IPV	-0.22	0.09	-2.54	.01			[-0.40, -0.05]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.05	0.05	[-0.14, 0.04]
(Mean) Marianismo					-0.04	0.03	[-0.10, 0.03]
(-1 SD below Mean) Marianismo					-0.02	0.02	[-0.07, 0.02]
<i>Index of Moderated Mediation</i>							
					-0.03	0.03	[-0.09, 0.02]

Note.  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Sexual IPV on Condom Negotiation Efficacy:  $R = 0.16$ ,  $\Delta R^2 = 0.03$ ,  $F(1, 347) = 9.47$ ,  $p = .002$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.35$ ,  $\Delta R^2 = 0.12$ ,  $F(3, 345) = 15.60$ ,  $p < .001$ . Interaction for path  $a$ :  $\Delta R^2 = 0.02$ ,  $F(1, 345) = 9.05$ ,  $p = .003$ . Model summary for Condom Negotiation Efficacy:  $R = 0.18$ ,  $\Delta R^2 = 0.03$ ,  $F(2, 346) = 5.54$ ,  $p = .004$ .

Table 39. Model 18: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Sexual IPV and Condom Negotiation Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	8.73	6.30	1.39	.17			[-3.66, 21.12]
Past-Year Sexual IPV	2.91	2.11	1.38	.17			[-1.24, 7.07]
Marianismo Beliefs	0.79	1.21	0.65	.51			[-1.59, 3.17]
Past-Year Sexual IPV x Marianismo Beliefs	2.81	2.91	0.96	.34			[-2.92, 8.54]
Adverse Life Experiences	2.07	1.40	1.48	.14			[-0.69, 4.84]
Lifetime IPV	6.28	1.40	4.49	<.001			[3.53, 9.02]
Depression Severity	1.61	0.15	10.97	<.001			[1.32, 1.90]
Abuse in Current Relationship	-0.89	2.57	-0.35	.73			[-5.94, 4.16]
Reproductive Coercion	4.45	3.67	1.21	.23			[-2.77, 11.66]
Global Physical Health Status	-0.15	0.11	-1.35	.18			[-0.36, 0.07]
<i>Outcome: Condom Negotiation Efficacy</i>							
Constant	3.47	0.05	75.37	<.001			[3.38, 3.56]
Past-Year Sexual IPV	-0.16	0.09	-1.73	.08			[-0.33, 0.02]
PTSD Symptom Severity	-0.002	0.002	-0.79	.43			[-0.01, 0.002]
Reproductive Coercion	-0.48	0.16	-3.07	.002			[-0.79, -0.17]
<i>Total Effect</i>							
Past-Year Sexual IPV	-0.17	0.09	-2.01	.05			[-0.35, -0.003]
Reproductive Coercion	-0.50	0.16	-3.23	.001			[-0.80, -0.20]
<i>Direct Effect</i>							
Past-Year Sexual IPV	-0.16	0.09	-1.73	.08			[-0.33, 0.02]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.01	0.01	[-0.03, 0.02]
(Mean) Marianismo					-0.04	0.01	[-0.03, 0.01]
(-1 SD below Mean) Marianismo					-0.002	0.01	[-0.02, 0.01]

Table 39 (continued). Model 18: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Sexual IPV and Condom Negotiation Efficacy

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Index of Moderated Mediation</i>					-0.004	0.01	[-0.03, 0.02]

*Note.*  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder; *b* = Unstandardized Coefficients; *SE* = Standard Error; CI = Confidence Interval; *SD* = Standard Deviation. Model summary of the total effect of Past-Year Sexual IPV on Condom Negotiation Efficacy:  $R = 0.24$ ,  $\Delta R^2 = 0.06$ ,  $F(2, 346) = 10.07$ ,  $p < .001$ . Results for the path *c* were calculated controlling for the effects of the covariates in path *b*. Model summary for Past-Month PTSD Symptom Severity:  $R = 0.74$ ,  $\Delta R^2 = 0.55$ ,  $F(9, 339) = 45.41$ ,  $p < .001$ . Model summary for Condom Negotiation Efficacy:  $R = 0.24$ ,  $\Delta R^2 = 0.06$ ,  $F(3, 345) = 6.91$ ,  $p < .001$ .

Table 40. Model 19: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Sexual IPV and Condom Use Behaviors During Past-Month Casual Vaginal Intercourse

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	18.57	2.94	6.32	<.001			[12.66, 24.49]
Past-Year Sexual IPV	17.14	5.50	3.12	.003			[6.08, 28.21]
<i>Outcome: Past-Month Condom Use for Casual Vaginal Sex</i>							
Constant	1.49	0.40	3.76	<.001			[0.69, 2.29]
Past-Year Sexual IPV	0.13	0.60	0.21	.84			[-1.08, 1.33]
PTSD Symptom Severity	0.003	0.01	0.18	.86			[-0.03, 0.03]
<i>Total Effect</i>							
Past-Year Sexual IPV	0.17	0.54	0.32	.75			[-0.92, 1.26]
<i>Direct Effect</i>							
Past-Year Sexual IPV	0.13	0.60	0.21	.84			[-1.08, 1.33]
<i>Indirect effects</i>							
PTSD Symptom Severity					0.05	0.27	[-0.58, 0.53]

*Note.*  $n = 349$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Sexual IPV on Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.05$ ,  $\Delta R^2 = 0.002$ ,  $F(1, 47) = 0.10$ ,  $p = .75$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.41$ ,  $\Delta R^2 = 0.17$ ,  $F(1, 47) = 9.71$ ,  $p = .003$ . Model summary for Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.05$ ,  $\Delta R^2 = 0.003$ ,  $F(2, 46) = 0.07$ ,  $p = .94$

Table 41. Model 19: Adjusted Mediation Analysis Examining the Relation Between Past-Year Sexual IPV and Condom Use Behaviors During Past-Month Casual Vaginal Intercourse

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	20.42	15.77	1.29	.20			[-11.42, 52.26]
Past-Year Sexual IPV	10.43	4.24	2.46	.02			[1.87, 18.99]
Adverse Life Experiences	9.73	4.03	2.41	.02			[1.59, 17.88]
Lifetime IPV	5.64	4.53	1.24	.22			[-3.51, 14.78]
Depression Severity	1.19	0.39	3.05	.004			[0.40, 1.97]
Abuse in Current Relationship	-7.04	5.22	-1.35	.18			[-17.57, 3.50]
Reproductive Coercion	9.91	6.33	1.56	.13			[-2.89, 22.70]
Global Physical Health Status	-0.47	0.28	-1.69	.10			[-1.04, 0.09]
<i>Outcome: Past-Month Condom Use for Casual Vaginal Sex</i>							
Constant	1.49	0.40	3.76	<.001			[0.69, 2.29]
Past-Year Sexual IPV	0.13	0.60	0.21	.84			[-1.08, 1.33]
PTSD Symptom Severity	0.003	0.01	0.18	.85			[-0.03, 0.03]
<i>Total Effect</i>							
Past-Year Sexual IPV	0.17	0.54	0.32	.75			[-0.92, 1.26]
<i>Direct Effect</i>							
Past-Year Sexual IPV	0.13	0.60	0.21	.84			[-1.08, 1.33]
<i>Indirect effects</i>							
PTSD Symptom Severity					0.03	0.18	[-0.37, 0.38]

Note.  $n = 49$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Sexual IPV on Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.05$ ,  $\Delta R^2 = 0.002$ ,  $F(1, 47) = 0.10$ ,  $p = .75$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.85$ ,  $\Delta R^2 = 0.72$ ,  $F(7, 41) = 14.98$ ,  $p < .001$ . Model summary for Past-Month Condom Use for Casual Vaginal Sex:  $R = 0.05$ ,  $\Delta R^2 = 0.003$ ,  $F(2, 46) = 0.07$ ,  $p = .94$ .

Table 42. Model 20: Unadjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Sexual IPV and Female Sexual Functioning

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	17.30	0.99	17.53	<.001			[15.36, 19.24]
Past-Year Sexual IPV	17.64	2.69	6.57	<.001			[12.36, 22.93]
Marianismo Beliefs	-1.07	1.69	-0.63	.53			[-4.39, 2.26]
Past-Year Sexual IPV x Marianismo Beliefs	9.32	4.09	2.28	.02			[1.27, 17.38]
<i>Outcome: Female Sexual Functioning Index</i>							
Constant	29.71	0.40	74.75	<.001			[28.93, 30.49]
Past-Year Sexual IPV	-3.95	0.82	-4.83	<.001			[-5.56, -2.34]
PTSD Symptom Severity	-0.06	0.02	-3.51	<.001			[-0.09, -0.03]
<i>Total Effect</i>							
Past-Year Sexual IPV	-4.98	0.78	-6.40	<.001			[-6.51, -3.45]
<i>Direct Effect</i>							
Past-Year Sexual IPV	-3.95	0.82	-4.83	<.001			[-5.56, -2.34]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-1.32	0.46	[-2.29, -0.49]
(Mean) Marianismo					-1.00	0.37	[-1.83, -0.37]
(-1 SD below Mean) Marianismo					-0.69	0.36	[-1.51, -0.14]
<i>Index of Moderated Mediation</i>							
					-0.53	0.30	[-1.17, -0.002]

Note.  $n = 309$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Sexual IPV on Female Sexual Functioning Index:  $R = 0.34$ ,  $\Delta R^2 = 0.12$ ,  $F(1, 307) = 40.98$ ,  $p < .001$ . Model summary for PTSD Symptom Severity:  $R = 0.38$ ,  $\Delta R^2 = 0.14$ ,  $F(3, 305) = 16.99$ ,  $p < .001$ . Interaction for path  $a$ :  $\Delta R^2 = 0.01$ ,  $F(1, 305) = 5.19$ ,  $p = .02$ . Model summary for Female Sexual Functioning Index:  $R = 0.39$ ,  $\Delta R^2 = 0.15$ ,  $F(2, 306) = 27.42$ ,  $p < .001$ .

Table 43. Model 20: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Sexual IPV and Female Sexual Functioning

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Outcome: PTSD Symptom Severity</i>							
Constant	1.77	6.58	0.27	.79			[-11.17, 14.71]
Past-Year Sexual IPV	4.98	2.39	2.08	.04			[0.27, 9.69]
Marianismo Beliefs	1.80	1.19	1.51	.13			[-0.54, 4.14]
Past-Year Sexual IPV x Marianismo Beliefs	-0.60	3.14	-0.19	.85			[-6.77, 5.58]
Adverse Life Experiences	3.10	1.45	2.14	.03			[0.26, 5.95]
Lifetime IPV	7.43	1.46	5.10	<.001			[4.56, 10.29]
Depression Severity	1.70	0.15	11.50	<.001			[1.41, 2.00]
Abuse in Current Relationship	-3.53	2.73	-1.29	.20			[-8.91, 1.85]
Reproductive Coercion	7.08	3.79	1.87	.06			[-0.38, 14.53]
Global Physical Health Status	-0.05	0.11	-0.42	.67			[-0.27, 0.18]
<i>Outcome: Female Sexual Functioning Index</i>							
Constant	19.76	2.52	7.83	<.001			[14.79, 24.72]
Past-Year Sexual IPV	-3.49	0.95	-3.68	<.001			[-5.36, -1.62]
PTSD Symptom Severity	-0.02	0.02	-0.72	.47			[-0.06, 0.03]
Lifetime IPV	0.05	0.61	0.09	.93			[-1.14, 1.25]
Depression Severity	0.01	0.07	0.14	.89			[-0.13, 0.15]
Abuse in Current Relationship	-0.65	1.03	-0.63	.53			[-2.69, 1.38]
Global Physical Health Status	0.19	0.04	4.20	<.001			[0.10, 0.27]
<i>Total Effect</i>							
Past-Year Sexual IPV	-3.59	0.94	-3.83	<.001			[-5.43, -1.75]
Lifetime IPV	-0.07	0.58	-0.12	.90			[-1.22, 1.08]
Depression Severity	-0.02	0.06	-0.31	.76			[-0.13, 0.10]
Abuse in Current Relationship	-0.64	1.03	-0.62	.54			[-2.67, 1.39]
Global Physical Health Status	0.19	0.04	4.27	<.001			[0.10, 0.28]

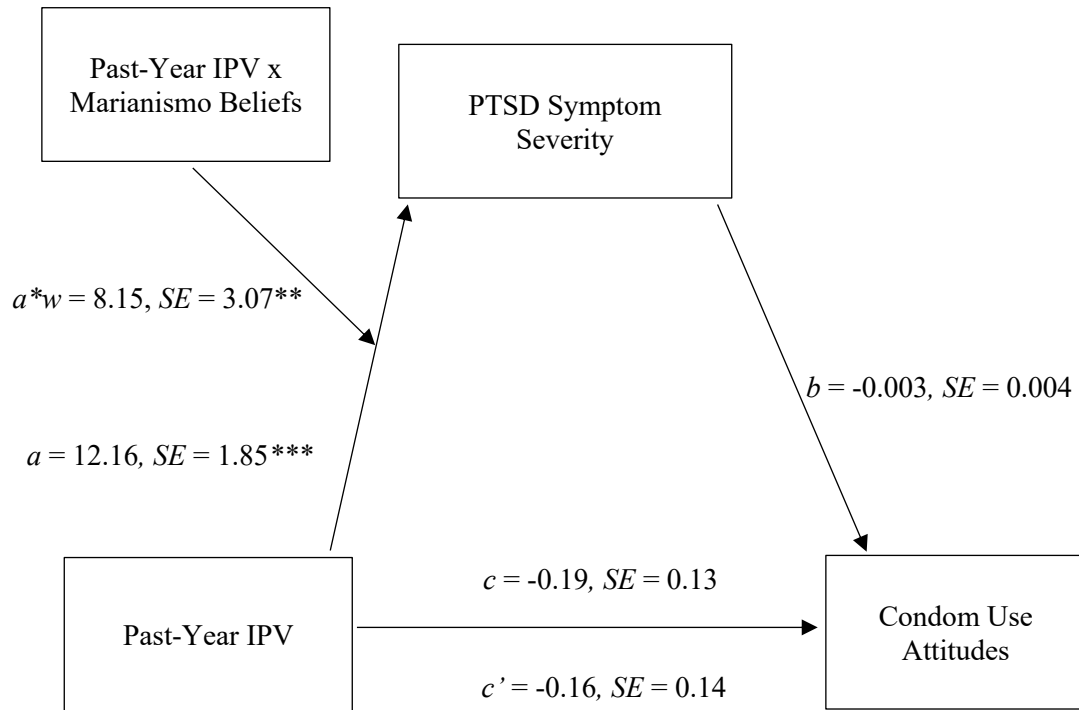


Table 43 (continued). Model 20: Adjusted Moderated Mediation Analysis Examining the Relation Between Past-Year Sexual IPV and Female Sexual Functioning

	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	Bootstrapped <i>B</i>	Bootstrapped <i>SE</i>	95% CI
<i>Direct Effect</i>							
Past-Year Sexual IPV	-3.49	0.95	-3.68	<.001			[-5.36, -1.62]
<i>Indirect effects</i>							
(+1 SD above Mean) Marianismo					-0.08	0.14	[-0.37, 0.18]
(Mean) Marianismo					-0.08	0.14	[-0.39, 0.17]
(-1 SD below Mean) Marianismo					-0.09	0.17	[-0.51, 0.19]
<i>Index of Moderated Mediation</i>							
					0.01	0.12	[-0.16, 0.35]

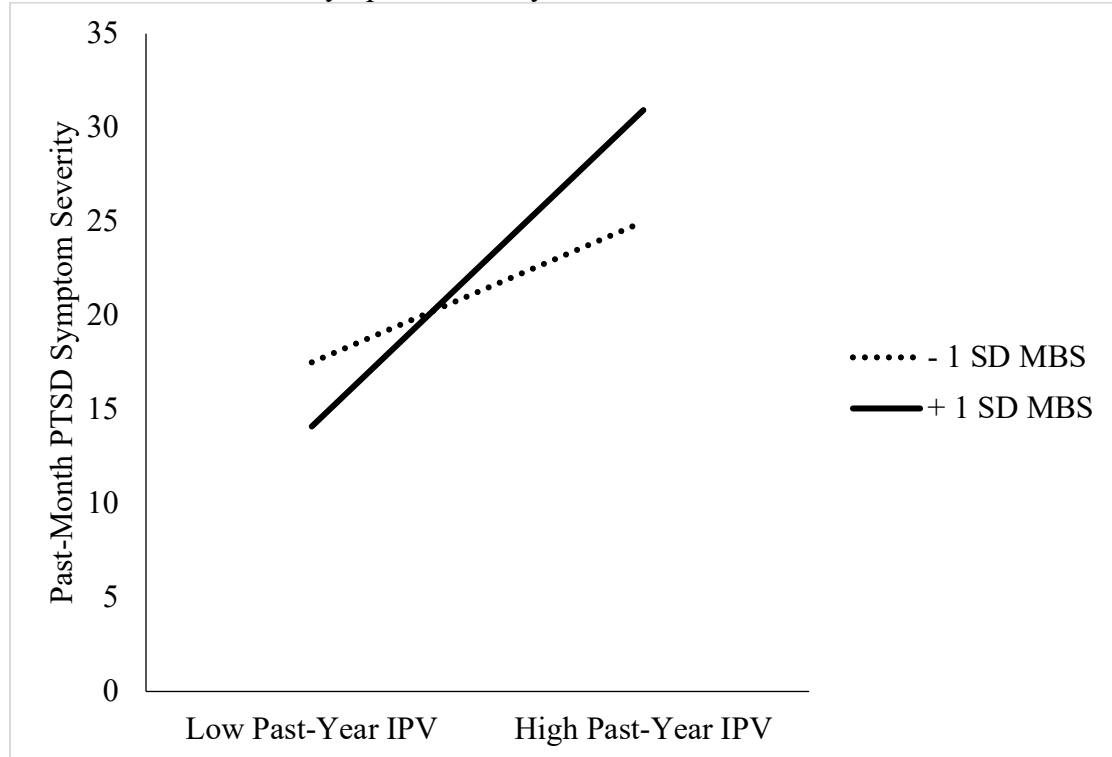
*Note.*  $n = 309$ ; IPV = Intimate Partner Violence; PTSD = Posttraumatic Stress Disorder;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error; CI = Confidence Interval;  $SD$  = Standard Deviation. Model summary of the total effect of Past-Year Sexual IPV on Female Sexual Functioning Index:  $R = 0.46$ ,  $\Delta R^2 = 0.21$ ,  $F(5, 303) = 16.23$ ,  $p < .001$ . Results for the path  $c$  were calculated controlling for the effects of the covariates in path  $b$ . Model summary for Past-Month PTSD Symptom Severity:  $R = 0.78$ ,  $\Delta R^2 = 0.60$ ,  $F(9, 299) = 50.05$ ,  $p < .001$ . Model summary for Female Sexual Functioning Index:  $R = 0.46$ ,  $\Delta R^2 = 0.21$ ,  $F(6, 302) = 13.59$ ,  $p < .001$ .

Figure 1. The Relation Between Past-Year IPV and Condom Use Attitudes Mediated by Past-Month PTSD Symptom Severity and Moderated by Marianismo Beliefs



Note.  $n = 349$ ;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error.  $*p < .05$ ;  $**p < .01$ ;  $***p < .001$ . Interaction for path  $a$ :  $\Delta R^2 = .02, F(1, 345) = 7.04, p = .01$ . Index of Moderated Mediation:  $b = -0.02, Boot SE = 0.04, Bootstrap 95\% CI [-0.10, 0.04]$ .

Figure 2. Moderating role of Marianismo Beliefs on the relation between Past-Year IPV and Past-Month PTSD Symptom Severity in the Condom Use Outcomes Models



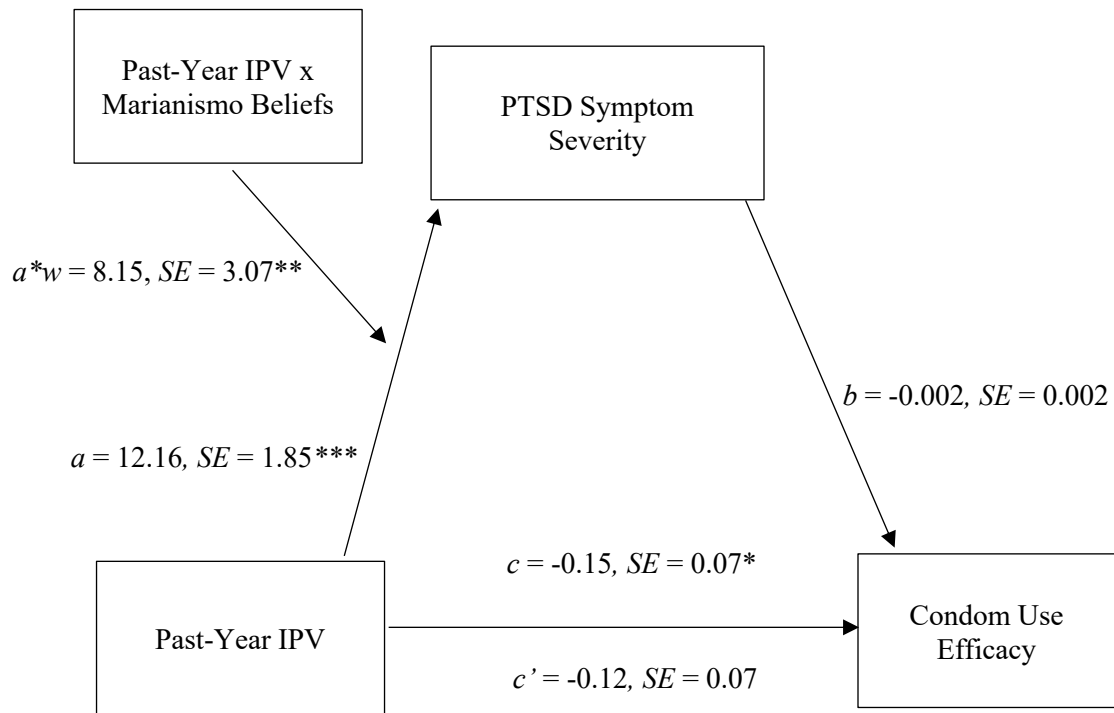
Note.  $n = 349$ ; IPV = Intimate Partner Violence; MBS = Marianismo Beliefs; PTSD = Posttraumatic Stress Disorder.

Conditional Effects of Past-Year IPV on Past-Month PTSD Symptom Severity at High and Low Levels of Marianismo Beliefs:

(+ 1 *SD* above the mean of MBS),  $b = 16.83$ ,  $SE = 2.53$ ,  $p < .001$ , 95% CI [11.86, 21.80]

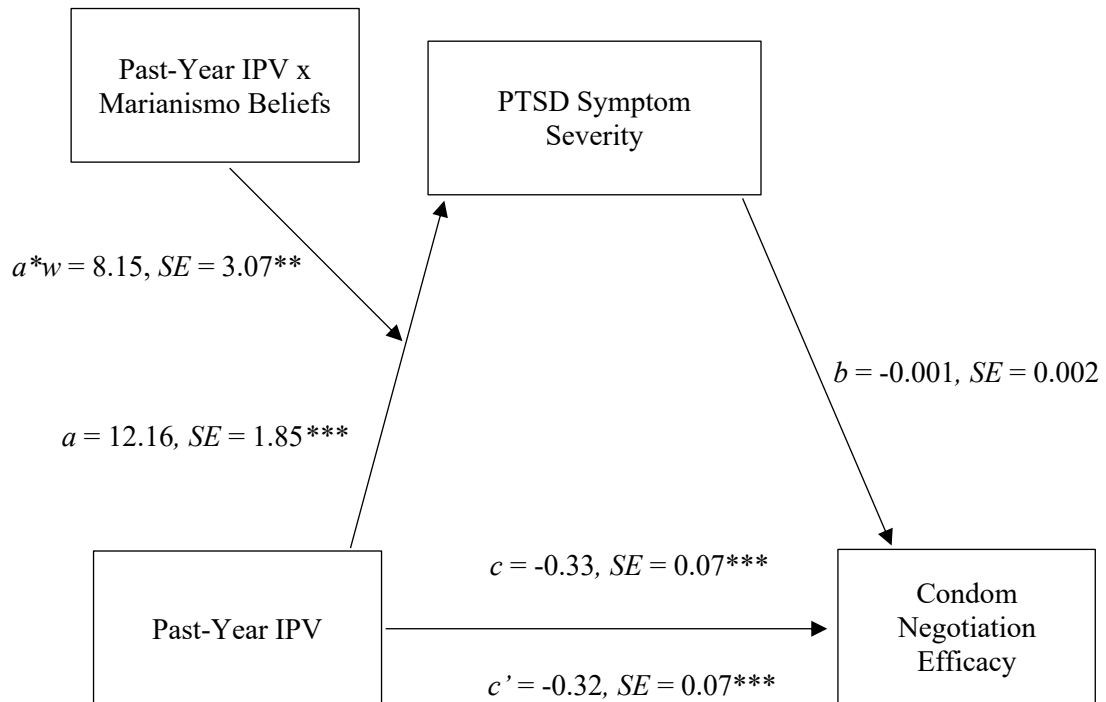
(- 1 *SD* below the mean of MBS),  $b = 7.48$ ,  $SE = 2.58$ ,  $p < .001$ , 95% CI [2.41, 12.55]

Figure 3. Moderated Mediation Model of the Relation Between Past-Year IPV and Condom Use Efficacy Mediated by Past-Month PTSD Symptom Severity and Moderated by Marianismo



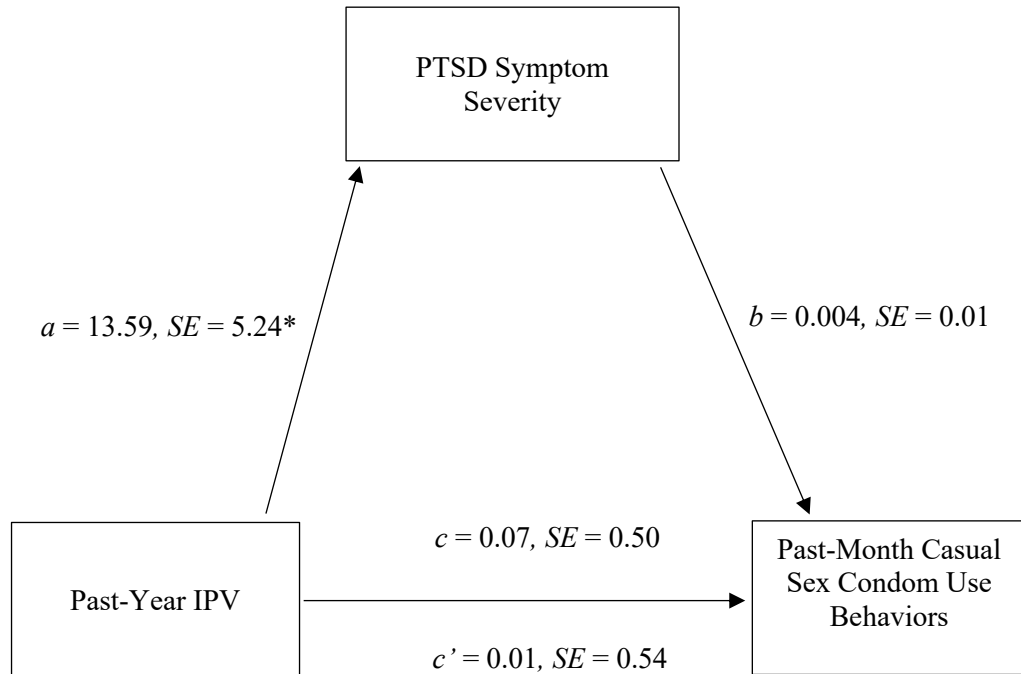
Note.  $n = 349$ ;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error.  $*p < .05$ ;  $**p < .01$ ;  $***p < .001$ . Interaction for path  $a$ :  $\Delta R^2 = .02, F(1, 345) = 7.04, p = .01$ . Index of Moderated Mediation:  $b = -0.02, Boot SE = 0.02, Bootstrap 95\% CI [-0.05, 0.02]$ .

Figure 4. Moderated Mediation Model of the Relation Between Past-Year IPV and Condom Negotiation Efficacy Mediated by Past-Month PTSD Symptom Severity and Moderated by Marianismo Beliefs



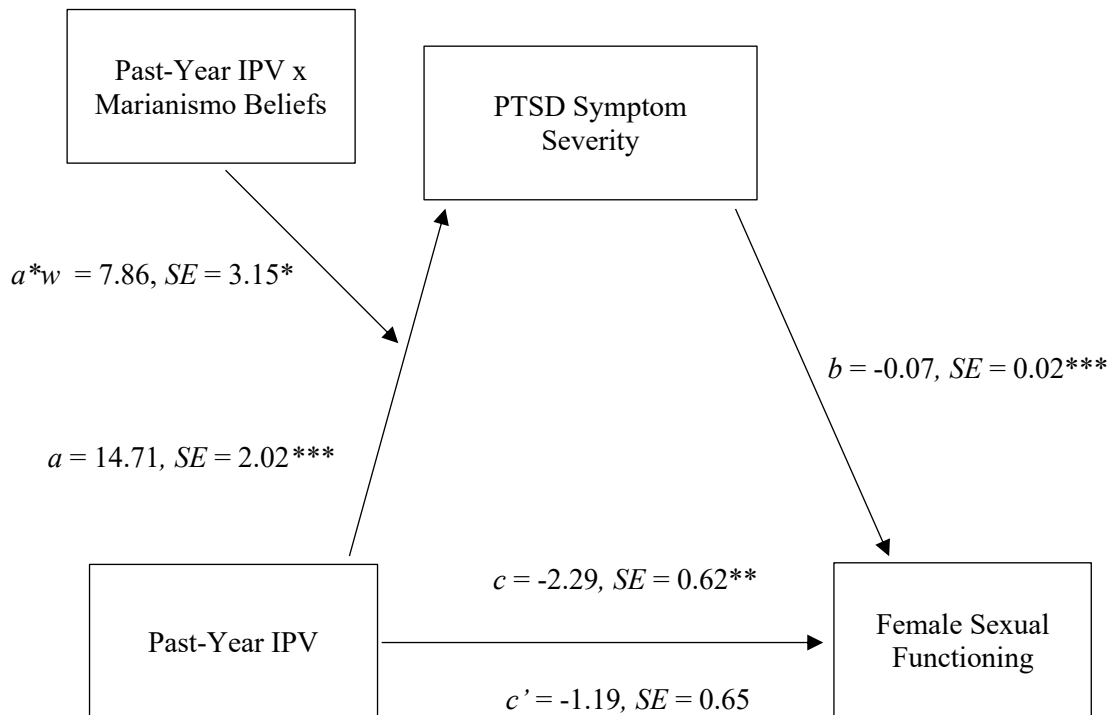
Note.  $n = 349$ ;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error.  $*p < .05$ ;  $**p < .01$ ;  $***p < .001$ . Interaction for path  $a$ :  $\Delta R^2 = 0.02, F(1, 345) = 7.04, p = .01$ . Index of Moderated Mediation:  $b = -0.01, Boot SE = 0.02, Bootstrap 95\% CI [-0.05, 0.03]$ .

Figure 5. Mediation Model of the Relation Between Past-Year IPV and Past-Month Condom Use Behaviors During Past-Month Casual Vaginal Intercourse Mediated by Past-Month PTSD Symptom Severity



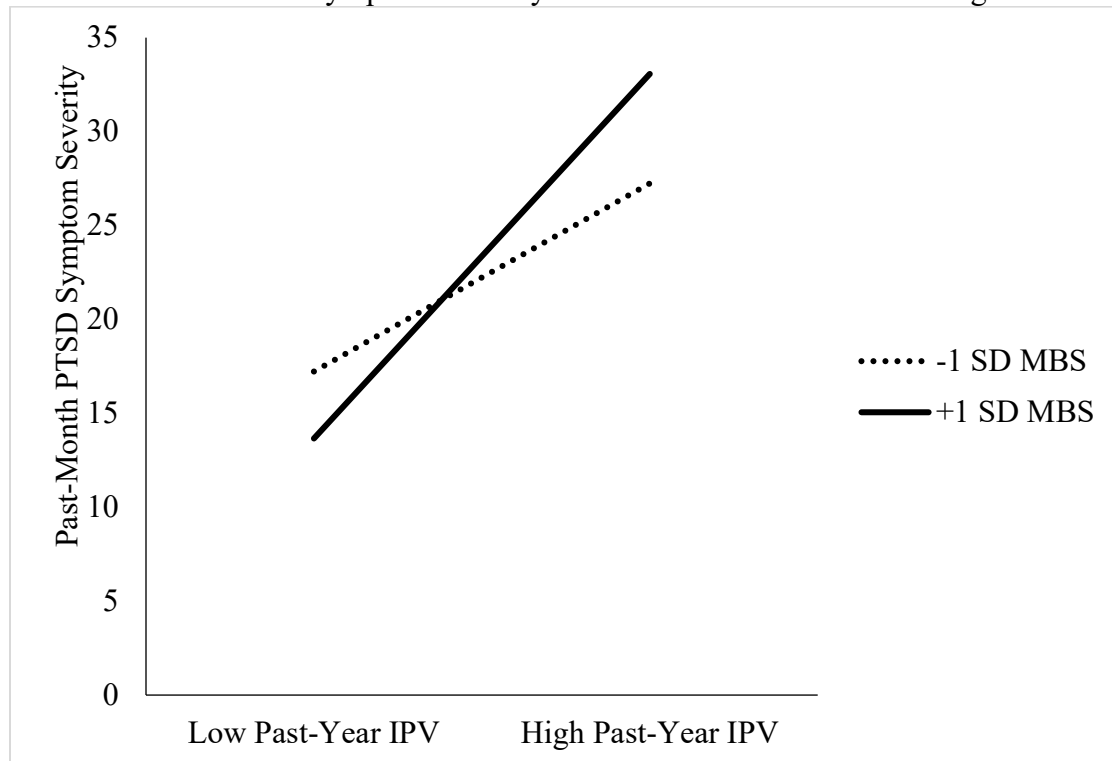
Note.  $n = 49$ ;  $b$  = Unstandardized Coefficients;  $SE$  = Standard Error.  $*p < .05$ ;  $**p < .01$ ;  $***p < .001$ .

Figure 6. Moderated Mediation Model of the Relation Between Past-Year IPV and Female Sexual Functioning Mediated by Past-Month PTSD Symptom Severity and Moderated by Marianismo Beliefs



Note.  $n = 309$ ;  $b =$  Unstandardized Coefficients;  $SE =$  Standard Error.  $*p < .05$ ;  $**p < .01$ ;  $***p < .001$ . Interaction for path  $a$ :  $\Delta R^2 = 0.02, F(1,305) = 6.22, p = .01$ . Index of Moderated Mediation:  $b = -0.57, Boot SE = 0.31, Bootstrap 95\% CI [-1.25, -0.03]$ .

Figure 7. Moderating Role of Marianismo Beliefs on the Relation Between Past-Year IPV and Past-Month PTSD Symptom Severity in the Female Sexual Functioning Model



Note.  $n = 309$ ; IPV = Intimate Partner Violence; MBS = Marianismo Beliefs; PTSD = Posttraumatic Stress Disorder.

Conditional Effects of Past-Year IPV on Past-Month PTSD Symptom Severity at High and Low Levels of Marianismo Beliefs:

(+ 1 *SD* above the mean of MBS),  $b = 19.41$ ,  $SE = 2.67$ ,  $p < .001$ , 95% CI [14.15, 24.67]

(- 1 *SD* below the mean of MBS),  $b = 10.01$ ,  $SE = 2.85$ ,  $p < .001$ , 95% CI [4.41, 15.62]



## CHAPTER 4. DISCUSSION

Latina women living in the U.S. report relatively high rates of IPV (Smith et al., 2017). Many women who experience IPV, including Latinas, go on to develop PTSD (Bonomi et al., 2009; Caetano & Cunradi, 2003). Both IPV and PTSD have been linked to poorer sexual health outcomes and increased sexual risk behaviors in samples of women broadly and Latinas (Coker, 2007; Kelly, 2010; Stockman et al., 2015; Teitelman et al., 2008; Wu et al., 2003). Moreover, traditional gender role expectations that exist within the Hispanic/Latinx community may put Latina women at-risk for IPV exposure and also affect their sexual health outcomes (Agoff et al., 2007; Klevens, 2007; Moreno, 2007; Perilla et al., 2012). Although IPV and PTSD have both been found to be associated with subsequent poorer condom use and increased sexual functioning problems, this study was the first to examine the impact of traditional gender role expectations (i.e., marianismo beliefs) on the associations between a) IPV and PTSD symptoms, and b) PTSD symptoms and both condom use outcomes and sexual functioning in a sample of young adult Latina women who were recently in an intimate relationship.

### 4.1 IPV

The prevalence of IPV was high in this study, specifically 14.6% endorsed experiencing past-year sexual IPV (44.1% lifetime), and 9.1% indicated experiencing past-year physical IPV (29.8% lifetime). This is contrasted with national epidemiological estimates, which have found that approximately 8.8% of U.S. Hispanic/Latina women experience stalking, physical and/or sexual IPV in the past year (34.4% lifetime; Smith et al., 2017). It is notable that these estimates do not account for psychological/emotional

abuse, which was the most prevalent form of IPV reported in the current sample (20.4% past-year; 51.2% lifetime). The rates of emotional IPV in our sample were consistent with rates documented in previous service seeking samples (Bonomi et al., 2009; Hazen & Soriano, 2007). When considering the elevated rates of IPV in this sample, it is important to highlight the national averages reflect the experiences of overall Latina adult women while the present study examined exposure to IPV in a young adult Latina sample, whom are at most risk for experiencing IPV (Lutgendorf, 2019). According to national epidemiological estimates, almost half of women who reported experiencing stalking, physical and/or sexual IPV in their lifetime indicated their first exposure to IPV occurred between the ages of 18-24 years (45.2%; Leemis et al., 2022). The present study's findings demonstrate the important need to assess for IPV in Latina women, especially among young adult Latinas.

Consistent with findings of previous studies in samples of Latina and non-Latina women, both past-year and lifetime IPV were associated with a range of deleterious outcomes in the current study, including greater exposure to adverse childhood experiences (Barrios et al., 2015; McMahon et al., 2015; Ouellet-Morin et al., 2015; Richards et al., 2017), active IPV in the current intimate relationship (Cavanaugh et al., 2014; Sabina et al., 2015), higher reports of reproductive coercion by an intimate partner in the previous three-months (Grace & Andersen, 2018; Grace et al., 2022), more severe symptoms of PTSD and depression (Kelly, 2010; Bacchus et al., 2018; Reyes et al., 2023; Stockman et al., 2015; White et al., 2023) and poorer general physical health (Bacchus et al., 2018; Stockman et al., 2015). Lifetime IPV was also positively related to current use of SSRI medication (Comeau & Davies, 2012).

In line with the established literature of women broadly (Coker, 2007; Hullfish et al., 2009; Sierra et al., 2021; Stockman et al., 2015), past-year and lifetime IPV were both also negatively correlated with sexual functioning. Moreover, each of the three individual types of past-year IPV significantly predicted poorer sexual functioning. However, solely the relation with past-year sexual IPV remained significant after controlling for the covariates of lifetime IPV, depression severity, IPV in the current relationship, and global physical health status. These findings suggest that while experiencing lifetime or past-year IPV (both overall and the three individual types) may negatively affect sexual functioning, recent sexual IPV may be especially detrimental to sexual functioning, above and beyond a number of other factors that are known to influence women's sexual functioning.

Associations between IPV and condom use outcomes measured in the present study differed by the type of IPV that was being examined. The most robust and consistent associations were found between IPV and condom negotiation efficacy, which evaluated participants' ability to negotiate use of condoms with their primary sex partner across a variety of scenarios (DiClemente & Wingood, 1995). Indeed, both lifetime and all forms of past-year IPV negatively correlated with condom use negotiation efficacy. Moreover, overall past-year IPV and each of the three individual forms of past-year IPV predicted lower condom negotiation efficacy even after controlling for exposure to reproductive coercion by an intimate partner in the previous three-months. This robust finding underscores the importance of considering how exposure to IPV may interfere with Latinas' ability to negotiate condom use with their partners. These findings are in line with prior studies of Latina and non-Latina women alike, wherein women with IPV

histories report lower condom negotiation efficacy (Bergman & Stockman, 2015; Peasant et al., 2017; Peasant et al., 2018; Raj et al., 2004; Swan & O'Connell, 2012). Across previous studies, women with IPV histories have reported experiencing actual or threatened violence from their abusive partners for suggesting condom use, which in turn, negatively affects their willingness to negotiate condom use with their partners (Bergmann & Stockman, 2015). Additionally, women with IPV histories perceive having less command over their sexual decision making in comparison with their partners (El-Bassel et al., 2000; O'Leary & Jemmott, 1995). Thus, it is pivotal to address the impact of IPV on Latinas condom negotiation efficacy as this could help increase women's sense of autonomy during sexual activity (Bergmann & Stockman, 2015) and increase their condom use behaviors (Holland & French, 2013). Moreover, addressing inconsistent condom use among Latinas with IPV histories could help reduce their risk for several negative sexual health outcomes, including unintended pregnancies and STIs or HIV (Bergmann & Stockman, 2015; East et al., 2010).

In contrast with condom negotiation efficacy, only past-year IPV (and specifically emotional IPV) was associated with lower condom use efficacy in the present study, but these relations became non-significant after controlling for overall global physical health. Condom use efficacy differs from condom negotiation efficacy because it focuses instead on measuring a person's ability to properly use a male condom with a primary sex partner (DiClemente & Wingood, 1995). Unsurprisingly, women who indicate being able to engage in healthy discourse with their partners have been found to report greater condom use self-efficacy (Sterk et al., 2003). Likewise, Latina women demonstrate greater safe sex self-efficacy when they can implement direct power tactics (i.e., requesting,

negotiating, or rationalizing their needs to a partner) in their sexual encounters with male intimate partners in relationships that do not involve IPV (Bowleg et al. 2000). In contrast, women with recent IPV exposure report lower self-efficacy to engage in safe sex behaviors (Porter & Mittal, 2020), which, when compared to the findings of the previous two studies, highlights how the presence of partnered violence can diminish women's safe sex self-efficacy. Unexpectedly, neither sexual nor physical past-year IPV significantly predicted condom use self-efficacy, which does not support findings from previous research (Swan & O'Connell, 2012). However, consistent with previous studies, exposure to any past-year IPV was negatively related to participants' perception of their ability to properly use a condom with their partner (i.e., condom use efficacy) in the present study, and this appeared to be driven by the experience of emotional IPV. Emotional IPV is the most prevalent form of IPV women broadly are exposed to (Black et al., 2010), and can involve exposure to a variety of behaviors used to control the victims, including name calling, threats, manipulation, and coercion (Thompson et al., 2006). Additionally, some women report lower self-esteem and loss of identity after being exposed to emotional IPV (Childress, 2003; Lammers et al., 2005; Matheson et al., 2015), which may interfere with their sense of confidence in being able to properly use condoms with their partners. Of note, the significant relation between emotional IPV and condom use efficacy became non-significant after controlling for global physical health. This finding is interesting given that one prior study found greater physical health status was associated with inconsistent condom use in a sample of men and women receiving HIV-care in Uganda (Wagner et al., 2011). Therefore, it would be important for future

studies to further explore how perceived physical and mental health are associated with self-efficacy and actual practice of condom use behaviors.

Solely past-year physical IPV significantly predicted negative attitudes toward condom use. It is possible the other types of IPV did not predict condom use attitudes in the present study because the measure of condom attitudes assessed general cognitions and reactions towards condom use and did not evaluate how a partner's preferences or behaviors influenced women's attitudes towards condoms. It is plausible women with IPV histories may have positive views of condoms and recognize the importance of using them (e.g., to protect from STIs, prevent unwanted pregnancies, etc.), but the threat of or actual violent repercussions from their partner(s) may negatively affect their attitudes towards condom use (Coker, 2007; El-Bassel et al., 2005; Suarez-Al-Adam et al., 2000). It is pivotal to acknowledge condom use attitudes captures a person's global views of condoms, and while individuals may have positive views about condoms, they still may not feel safe to negotiate or use condoms with their partners. Thus, if interventions focus solely on improving the condom use attitudes of survivors of IPV, this may likely not result in increased condom use behavior if the threat (or fear) of IPV re-victimization by an intimate partner is not addressed. Therefore, future interventions should consider developing programs that focus on improving condom use outcomes in both partners and teach participants how to increase condom utilization in relationships where one or both partners have a history of IPV exposure.

Though IPV has been repeatedly linked to increased engagement in sexual risk behaviors, which includes unprotected sexual activity, in samples of Latina and non-Latina women with IPV histories (Cavanaugh et al., 2010; Grace et al., 2020; Raj et al.,

2004; Wu et al., 2003), neither lifetime IPV, any past-year IPV, nor the three individual types of IPV (i.e., emotional, physical, or sexual) predicted condom use behaviors during casual vaginal sexual intercourse in the present study. It is likely the non-significant associations with condom use behaviors were due to the relatively low incidence of past-month casual vaginal intercourse in the present study ( $n = 49$ ), and as such, future studies should consider recruiting a larger sample of participants who report recent engagement in inconsistent condom use with casual partners.

#### 4.2 PTSD Symptoms

Consistent with the findings of previous studies in samples of women broadly with trauma exposure (Cosgrove et al., 2002; DiMauro et al., 2018; Kelley & Gidycz, 2019; Schnurr et al., 2009; Letourneau et al., 1996), this study was the first to demonstrate that past-month PTSD symptoms were linked to worsened sexual functioning in a sample of Latina women when accounting for past-year IPV (any, emotional, physical, or sexual). Moreover, past-month PTSD symptom severity significantly mediated the negative relation between past-year IPV (any, sexual, physical, and emotional) and sexual functioning. This was in line with hypotheses and findings from prior studies that consistently support a model wherein associations between trauma, including experiences of IPV, and sexual functioning problems are mediated by PTSD symptoms (Blais et al., 2018; Gewirtz-Meydan & Lahav, 2020; Kelley & Gidycz, 2017; Schnurr et al., 2009). However, the significant association between past-month PTSD symptoms and sexual functioning in the present study became non-significant in the adjusted models after accounting for the effects of past-year IPV, lifetime IPV, depression severity, IPV in the current relationship, and overall physical health status.

The covariates of IPV in the current relationship and global physical health status were significant in the models examining any, emotional, and physical past-year IPV, and solely global physical health status was significant in the sexual past-year IPV model. The IPV in the current relationship and past-year and lifetime IPV constructs were all derived from the same measure. It is possible the covariance between the three constructs reduced the significance of the effect of PTSD symptoms in the submodel. Forthcoming studies may consider exploring the differences in sexual functioning problems between lifetime IPV versus past-year IPV to determine if one type of abuse affects sexual functioning more or if they equally have an effect. Future studies may consider examining depression as a mediator for sexual functioning, which has also been associated with sexual functioning problems (Frohlich & Meston, 2002; Phillips & Slaughter, 2000). It may be important for future studies to continue exploring how physical health status affects the sexual functioning of Latina women with IPV histories, as various medical conditions and medications have been found to impact women's sexual functioning (Clayton & Ramamurthy, 2008). Moreover, prior studies have documented women with IPV histories experience more physical and mental health illnesses than their non-abused counterparts (Bonomi, Andersen, Reid, et al., 2009; Clemente-Teixeira et al., 2022). Future studies may consider collecting information regarding women's medical history and current use of medication to evaluate how these may be affecting Latinas' sexual functioning. A previous review by Yehuda and colleagues (2015) suggested one of the reasons PTSD and sexual dysfunction co-occur so frequently is because both trigger similar physiological responses in the body and after a traumatic event, the mind can have difficulty distinguishing what the responses mean.



More specifically, the physiological arousal response in healthy sexual functioning may have positive interpretations, such as excitement or arousal, and in contrast, the physiological arousal response in PTSD may trigger feelings of fear or danger. Following exposure to trauma, an individual with PTSD may confound the physiological response in sexual functioning, such that a state sexual pleasure may feel like a state of danger, though no actual threat is present (Yehuda et al., 2015). This linkage between PTSD and sexual functioning is critically relevant in the context of IPV, which is a type of trauma that involves actual or threatened emotional, physical, and/or sexual violence by an abusive partner(s), and thus, it is understandable why women with IPV histories, including Latinas, may experience subsequent sexual functioning problems following exposure to IPV. Consequently, clinical providers who are treating Latina women with IPV histories should consider assessing for both PTSD symptoms and sexual functioning problems. Though no clinical treatment has been developed to specifically address comorbid PTSD and sexual dysfunction, a growing number of studies have documented improvement in sexual functioning problems in samples of individuals with PTSD receiving evidence-based PTSD treatment protocols, such as Cognitive Processing Therapy and Prolonged Exposure (see Badour et al., 2020; Schnurr et al., 2009; Wells et al., 2019).

Across various samples, including women broadly and Latina women with IPV histories, PTSD symptoms have been associated with increased engagement in sexual risk behaviors (including inconsistent condom use; Cavanaugh et al., 2010; El-Bassel et al., 2011; Mota et al., 2019), lower condom negotiation efficacy (Chipman et al., 2011; Peasant et al. 2017; Peasant et al. 2018), and lower self-perceived control of sexual

behaviors (Munroe et al., 2010). Yet, despite the evidence linking PTSD symptoms to various negative condom use outcomes in previous studies, similar patterns were not fully observed in the present study. Specifically, past-month PTSD symptoms severity was negatively correlated with condom negotiation efficacy, though this association was weak and no longer significant once accounting for the experience of past-year IPV. PTSD symptoms did not significantly correlate with any of the other three condom use outcomes measured in this study.

There are some possible explanations for why the associations between PTSD symptoms and condom use outcomes were non-significant. To the best of our knowledge, the present study was the first to examine the relations between PTSD symptoms and condom use attitudes and condom use self-efficacy among women. One previous study found a non-significant association between PTSD symptoms and condom use self-efficacy in a sample of men with a history of childhood sexual abuse who have sex with men (Goshe, 2018). Further studies should consider exploring whether condom use attitudes and use self-efficacy are relevant constructs for PTSD, or if solely condom negotiation and use behaviors should be examined. PTSD may not affect general attitudes toward condom use or one's confidence in their ability to effectively use condoms, but it may negatively impact women's confidence in their ability to navigate these conversations with their partner due to worry about potentially violent consequences for suggesting partners use condoms (Chipman et al., 2011; El-Bassell et al., 2011). Additionally, following exposure to trauma and subsequent development of PTSD, individuals may experience problems in their intimate relationships, including greater difficulties in their ability to communicate with their partners (McFarlane & Bookless,

2001), which can in turn hinder condom use negotiation among women with IPV histories. Second, a relatively small portion of the sample endorsed engaging in past-month condom risk behaviors during vaginal sex with casual partners, which likely diminished the opportunity for significant associations with PTSD symptoms to be detected. Many of the previous studies that have examined sexual risk behaviors in samples of women with IPV histories have specifically recruited participants who were sexually active and/or reported recent sexual risk behaviors (Alexander et al., 2016; Mittal et al., 2012; Moreno et al., 2011; Randolph et al., 2011), while the present study did not require participants to engage in either recent sexual activity or sexual risk behaviors to participate. Hence, future studies should consider recruiting participants who report engaging in recent sexual risk behaviors. It is also important to acknowledge capturing condom use behaviors is complex, and condom use behaviors may not represent risk in the same manner when examining behaviors across different types of partners (i.e., casual vs. established partners) and sexual activity (i.e., anal vs. oral vs. vaginal sex; Noar et al., 2006). Future studies should also consider evaluating behaviors by the type of sexual activity in casual versus established partners. Established relationships are not necessarily free of risk because partners may be engaging in sexual activity with concurrent partners without their primary partner being aware (Kershaw et al., 2012). Future studies should consider conducting dyadic research with couples, which could allow researchers to gather a more accurate representation of the young adult Latina's sexual health risk.

### 4.3 Marianismo Beliefs

The finding that marianismo beliefs moderated the association between IPV and PTSD symptoms in the majority of the unadjusted models arguably the most unique contribution the present study provides to the literature. However, it is worth noting that when factors that overlap with PTSD symptoms were controlled for, marianismo no longer moderated this association (e.g., lifetime IPV, depression symptoms, reproductive coercion, abuse in a current relationship). It is likely the interactions no longer survived once the covariates were adjusted because of the number of covariates included in the pathways and the overlap amongst some of the variables. For example, IPV was measured using the items from the BRFSS and the lifetime IPV construct was developed based on the responses to the past-year IPV items—even though a substantial portion of the sample reported either lifetime IPV but no past-year IPV, or reported no history of IPV. Thus, controlling for lifetime IPV likely reduced the effect of past-year IPV. The abuse in the current relationship and the reproductive coercion variables also measured forms of IPV. Similarly, there is an overlap in the mood symptoms of depression and PTSD, which may have also reduced the possibility of finding a significant interaction. Given the number of covariates, it is likely the model was underpowered to find a significant interaction and should be reexamined in a larger sample.

There are some potential reasons why marianismo beliefs were associated with a stronger association between past-year IPV and PTSD symptom severity. Potentially, strong adherence to traditional Latinx gender roles (including marianismo beliefs) may put Latina women at risk for the development of PTSD following exposure to IPV because these beliefs may foster and normalize the occurrence of IPV towards Latina women due to the gender power imbalances that exist within this community (Agoff et

al., 2007; Perilla et al., 2012). Strong adherence to marianismo beliefs may also contribute to the emergence and maintenance of PTSD symptoms following exposure to IPV because marianismo beliefs encourage Latinas to be a beacon of strength and support for her family and be responsible for keeping her family united, which may lead some women to be more likely to experience self-blame for and/or be more likely to remain in a relationship where IPV is present (Pokharel et al., 2020). Marianismo also encourages Latinas to be submissive and adherent to the gender power differentials (Castillo et al., 2010). Moreover, there is significant pressure for Latinas to remain married to their first partner, even if the partner becomes abusive (Kulkarni, 2007), which may negatively impact how quickly Latinas leave an abusive relationship (Edelson et al., 2007; Moreno, 2007; Nolega, 2012). Further, marianismo beliefs may also discourage Latinas from disclosing personal issues to others in order to maintain peace within her relationships and not bring shame to her family (Castillo et al., 2010), which in the context of IPV, may deter Latinas from both reporting the abuse and seeking help to cope with the IPV (Moya et al., 2014; Mayorga, 2012). Rivera (2008) theorized marianismo beliefs may contribute to the development and continuation of PTSD symptoms following sexual trauma due to the strict restrictions marianismo places on Latinas' sexuality and sexual behavior, which emphasizes chastity, purity, and honor. Individuals who experience sexual trauma may be stigmatized by those around them following the trauma, which in turn may increase feelings of shame, leaving Latinas susceptible to developing PTSD and negatively affecting their willingness to seek treatment for their trauma (Rivera, 2008). As such, the stern restrictions traditional Latinx gender role beliefs (including marianismo) place on Latinas may foster the emergence and continuation of PTSD

symptoms because it pressures Latinas to remain in abusive relationships where they can be revictimized and discourages them from seeking help following IPV.

Though, to the best of our knowledge, no prior study has explored the moderating role of marianismo beliefs on the relation between IPV and past-month PTSD symptom severity, the results of the present study are intriguing given the mixed findings of the effects of marianismo beliefs on the mental health outcomes of Latinas in previous studies. In some studies, higher adherence to marianismo beliefs broadly (Piña-Watson et al., 2013) and specific marianismo domains (i.e., subordinate to others, self-silencing to maintain harmony, and family pillar domains; Cano et al., 2020; Dillon et al., 2019; Nuñez et al., 2016) were associated with worsened mental health outcomes in Latina samples. In contrast, higher accordancy to the spiritual pillar, and virtuous and chaste marianismo beliefs domains were associated with better mental health outcomes in two different studies of Latina immigrant women living in the U.S. (Cano et al., 2020; Dillon et al., 2019). Da Silva and colleagues (2018) found that the strength of the relation between IPV and psychological distress was stronger in recently immigrated Latina women who endorsed lower accordancy with marianismo beliefs, and they hypothesized that potentially women who endorsed higher marianismo beliefs may have become accustomed to partnered violence, and as a result, may not experience as much psychological distress to the violence as women who endorsed lower marianismo beliefs.

It is important to acknowledge there are some key differences between the present study and the aforementioned studies. First, the present study evaluated overall marianismo beliefs as a construct and most of the studies examined the effect of the individual domains of marianismo beliefs (Cano et al., 2020; Da Silva et al. 2018; Dillon

et al., 2019; Nuñez et al., 2016). Researchers consider marianismo beliefs to be a multidimensional construct (Castillo et al., 2010), and as such, it may be beneficial to examine the effects of the individual marianismo domains as this could provide further information about the aspects of marianismo beliefs that may be protective versus risk factors for subsequent mental health difficulties following IPV. Thus, future studies may benefit from examining the effect of both overall and the individual domains of marianismo beliefs in the relation between past-year IPV and past-month PTSD symptom severity. Additionally, several of the prior studies examined the relation between marianismo beliefs and mental health outcomes in samples of immigrant/recently immigrated Latina women (Cano et al., 2020; Da Silva et al., 2018; Dillon et al., 2019), while our sample was primarily U.S.-born, which could have also produced differences in the results. It has been documented immigrant Latinas begin to endorse more egalitarian views as they become more acculturated to living in the U.S. (Villalba et al., 2018). Some studies have found that more acculturated Latinas experience worsened mental health outcomes in comparison to less acculturated Latinas, including more severe depression (Espalata et al., 2019; Lorenzo-Blanco et al., 2011; Shatel et al., 2008). Examining solely the influence of marianismo beliefs on the relationship between past-year IPV and PTSD symptom severity may not be providing a comprehensive understanding of the nature of the relation. Therefore, it may also be important for future studies to consider how acculturation and place of birth (U.S.-born versus foreign-born) in conjunction with marianismo beliefs may be affecting the relation between past-year IPV and past-month PTSD symptom severity. The design of the present study did not allow us to examine this level of richness in the associations, as it is likely a much larger sample and a more

complex statistical model is needed to examine this relation. Future studies should also consider recruiting larger cohorts of immigrant Latinas in order to be able to make comparisons between the experiences of U.S.-born versus foreign-born Latinas.

Notably, in the present study, marianismo beliefs were also positively correlated with both reproductive coercion by an intimate partner in the previous three-months and IPV in the current relationship, and negatively correlated with condom use attitudes and condom negotiation efficacy, albeit all but the correlation with reproductive coercion were in the weak range. Interestingly, although it was anticipated marianismo beliefs would moderate the relations between IPV and sexual functioning as well as between PTSD symptoms and sexual functioning, neither moderation was significant. Future studies could benefit from examining how relationship satisfaction and sexual communication in conjunction with IPV and marianismo beliefs may be affecting Latina's sexual functioning. In studies of samples of women experiencing sexual pain, women who reported greater relationship satisfaction and ability to communicate their sexual needs to their partner reported better sexual functioning (Pazmany et al., 2015; Rancourt et al., 2016). It is possible IPV and marianismo beliefs may affect Latina's willingness to disclose her sexual needs and her overall relationship satisfaction. Potentially, women high in marianismo may have better sexual functioning as long as they feel comfortable to communicate and are satisfied with their partner. Future studies could benefit from collecting additional data on the quality of Latinas relationships to evaluate how their relationship satisfaction impacts their sexual functioning.

It is possible that associations between IPV and sexual functioning, and between PTSD symptom severity and sexual functioning demonstrate robust relations, regardless



of levels of marianismo. The physical injuries Latinas may experience as a result of IPV, that can happen during exposure to physical or sexual IPV, may negatively impact several aspects of women's sexual functioning, including sexual desire, pleasure, satisfaction, and either generate or worsen chronic pelvic pain (Stockman et al., 2015). Additionally, following IPV, women may experience negative psychological consequences, such as the development of PTSD, which may also lead to the emergence of sexual functioning problems (Yehuda et al., 2015). As such, due to both the physical and psychological consequences of partnered violence, IPV may be the more robust predictor of sexual functioning problems in Latinas, regardless of how much a Latina may endorse marianismo beliefs. It is similarly possible that PTSD symptoms are the strongest predictor of sexual functioning problems, and when a woman develops more severe PTSD symptoms following exposure to IPV, their sexual functioning problems will emerge regardless of the level of marianismo beliefs. However, given that only a limited number of studies have examined the sexual functioning of Latinas, future studies should continue exploring the effect of marianismo beliefs on the sexual functioning of Latinas, particularly after exposure to IPV and the development of PTSD symptoms, to further understand the nature of the relationship.

Although it was anticipated marianismo beliefs would also moderate the relations between IPV and the condom use outcomes (i.e., condom use attitudes, condom use efficacy, condom negotiation efficacy, condom use behaviors) as well as the relations between PTSD symptoms and the condom use outcomes, neither moderation emerged as significant. According to marianismo beliefs, Latinas should behave in a manner that is virtuous, subservient, and non-sexual, specifically by expressing little to no awareness

about sex and being acquiescent during sexual encounters, such that men are primarily making decisions regarding condom use (Castillo et al., 2010; Gomez & Marin, 1993; Moreno, 2007). Several studies have documented women with IPV histories, including Latinas, report concerns about violent consequences from intimate partners for suggesting condom use, resulting in women deterring from attempting to negotiate and use condoms during sexual activity (Bergmann & Stockman, 2015; Coker, 2007; El-Bassel et al., 2005; Suarez-Al-Adam et al., 2000). Future studies may consider evaluating the role of relationship power on the condom use outcomes of Latinas with recent IPV histories. Prior research suggests low relationship power is associated with inconsistent condom use in samples of Latinas with and without IPV histories (Raj et al., 2004; Ragsdale et al., 2009). It may be helpful to understand how marianismo beliefs and IPV may be influencing Latinas' sense of power in their relationship during sexual activity because forthcoming interventions could focus on increasing Latinas' sense of relationship power to improve their condom use outcomes. It may also be important for future studies to consider the effects of other constructs in conjunction with marianismo beliefs on the condom use outcomes of Latinas with IPV histories, such as religiosity. Marianismo beliefs are heavily influenced by the Christian faith, as Latina women are expected to emulate the Virgin Mary by being virtuous, devoted to their family, and self-sacrificing (Castillo et al., 2010), which may inadvertently affect Latinas' willingness to leave abusive relationships because of the pressure Latinas face to keep their families together. Additionally, the Catholic faith has had a longstanding stance against the use of contraception (including condom use) because it prevents procreation and interferes with God's will (Tentler, 2019). Thus, it may be important to look at how religious beliefs

may be influencing the condom use outcomes of Latinas with IPV histories. It is possible marianismo does moderate the relations between IPV and condom use outcomes as well as between PTSD symptoms and condom use outcomes, but our models were not adequately powered to find these effects. Therefore, future studies should consider examining these relations in larger samples to be adequately powered to find clinically meaningful effects within these complex moderated mediation models. Future studies may also consider using a mix-methods research study design to examine the sexual behaviors of Latina women. This method would allow researchers to obtain richer qualitative and quantitative data regarding the condom use outcomes of Latina women who've experienced recent IPV in their intimate relationships. Qualitative interviews may allow researchers to gain further understanding on the specific factors influencing the condom use attitudes, condom use efficacy, condom negotiation efficacy and condom use behaviors of Latinas following exposure to IPV.

Finally, it is critical to acknowledge similar patterns of poor condom use outcomes and sexual functioning following exposure to trauma (including IPV) are observed in non-Latina women, but traditional gender role expectations are not typically identified as possible reasons why these relations occur in non-Latina White women, although traditional gender role beliefs exist in White communities as well (Juarez & Kerl, 2003; López & Chesney-Lind, 2014; Navarro, 2002). Scholars have argued that the tendency to use marianismo to conceptualize the experiences of Latinas is problematic and too reductionistic because it perpetuates the idea that Latina women are a monolith and leaves this group of women of color susceptible to stereotyping (Amaro & Russo, 1987; Juarez & Kerl, 2003; López & Chesney-Lind, 2014; Navarro, 2002). Specifically,

the Latina sexuality model repeatedly utilized in the literature dichotomizes Latinas as either traditional and sexually stifled or acculturated and sexually free. Scholars, such as Juarez and Kerl (2003) and López and Chesney-Lind (2014), have argued against dichotomizing Latinas' sexuality in this manner because it perpetuates a false narrative that traditional Latinas have negative sexual experiences and acculturated Latinas have positive sexual experiences. Further, as has been highlighted by the findings previously discussed, marianismo beliefs do not consistently manifest in the maladaptive manner that researchers tend to argue, and in fact, some scholars have also explained there are adaptive aspects of marianismo (Aquino et al., 2002; Navarro, 2002; Comas-Diaz, 1998). For instance, studies have found women and teens living in Mexico have more positive sexual experiences than Mexican-American women and teens living in the U.S., which is inconsistent with the dichotomized model (Baird, 1993; Salgado de Snyder et al., 2000). Rather than identifying the impact of traditional gender role expectations on the sexual functioning and condom use behaviors as being a Latina-specific experience, we must instead consider that trauma and subsequently PTSD symptoms negatively affect the sexual health outcomes and behaviors of all women, and gender power differentials may further strengthen the relationship across many racial and ethnic groups, not just Latina/Hispanic women in particular. We must also highlight that our study did find a significant interaction between past-year IPV and marianismo beliefs on past-month PTSD symptom severity, and the relation was strongest at higher levels of marianismo beliefs, which does support the dichotomized model. However, it may be important for future studies to continue exploring these associations with other culturally relevant beliefs and factors, such as acculturation and religiosity, to be able to more accurately

contextualize the sexual health functioning and behaviors of Latina women following exposure to IPV.

#### 4.4 Clinical Implications

There are several important takeaways from the present study to consider with regard to both assessment and intervention aimed at Latina women. First, IPV is a highly prevalent and concerning public health issue among Latina women, which can have adverse consequences on their financial and physical and mental well-being (Black, 2011; Dutton et al., 2006; Reyes et al., 2023). Almost 2 out of 3 participants in the present study indicated having a lifetime history of IPV, and thus, providers should consider implementing an assessment of IPV in their standard protocol of care as well as have information about IPV resources easily accessible within their clinical settings. Second, findings from the present study also provide important suggestions for how the field should address the mental health and sexual health adverse consequences in Latinas with IPV histories. Thus far, the field has focused predominantly on examining the sexual risk behaviors of Latina women, with very limited work devoted to understanding their sexual functioning (Lewis, 2004; Meana et al., 2013). The sexual functioning findings in the present study were consistent with those found in studies of women broadly, which suggests that sexual functioning is an issue of concern in Latina women. It is important for providers to both assess and address sexual functioning problems in Latina women, and among Latinas who've experienced IPV, it is also critical to assess and consider the effect of PTSD symptoms and marianismo beliefs on their sexual functioning. Findings from previous studies of adults broadly suggest that sexual functioning problems are associated with an array of negative life outcomes, including more problems in intimate

relationships and lower overall quality of life (Fallis et al., 2016; Flynn et al., 2017; Laumann et al., 1999). Additionally, sexual functioning problems are often unaddressed in adults because both clinical providers and patients alike report feeling uncomfortable discussing sexual issues. Some providers also indicate not having the proper training to assess and provide treatment recommendations for sexual functioning problems to their patients (Bachmann, 2006; Kingsberg et al., 2019). The restrictions marianismo beliefs impose on Latinas' ability to express their sexuality may also affect their willingness to disclose and seek treatment for their sexual functioning problems (Caplan & Whittemore, 2013; Castillo et al., 2010; Gomez & Marin, 1993; Moreno, 2007). When addressing sexual functioning problems in Latina patients with IPV histories, clinicians may also consider how marianismo beliefs may be affecting Latina's sexual health clinical presentations. Some scholars have discussed ways of addressing the conflicting views between Hispanic/Latinx cultural values and sexuality in a culturally sensitive manner when delivering sex-focused psychotherapy treatment to Latina patients (see Hussain et al., 2015). It is important to note that providers should also directly ask their Latina patients how their cultural values may be influencing, if at all, their presenting sexual health concerns before assuming that is the case.

#### 4.5 Limitations and Future Directions

There are several limitations in the present study that should be acknowledged. First, the data analyzed in the present online study was cross-sectional, retrospective self-report in nature. To address the limitations that may arise with this type of study design, we made special considerations in the measurement selection paying close attention to the time periods being evaluated in each measure in order to increase the likelihood the

outcomes of interest occurred concurrently or after exposure to IPV. For this reason, IPV was measured in the past-year, the condom attitudes/cognitions outcomes were measured in general, and PTSD symptoms, sexual functioning, and condom use behaviors were measured in the past-month. Though it is possible there may have been an overlap in the timing of the constructs for some participants, the careful consideration in the measurement selection likely reduced this occurrence in the overall sample, which in turn helped our ability to draw conclusions from the data, a relevant strength of the study. In contrast, the study design did not allow us to determine if there were any temporal or causal relations amongst the variables of interests examined in the study analyses. For example, sexual functioning problems could have possibly occurred before the woman's exposure to IPV and worsened after it happened, or the sexual functioning problems could have developed after exposure to IPV. Similarly, negative condom use beliefs/attitudes and inconsistent condom use behaviors may have developed or worsened after exposure to IPV. Given that a majority of women experience their first exposure to IPV before the age of 25 (Leemis et al., 2022), future studies could consider using longitudinal design to explore the sexual and reproductive health outcomes in late adolescence/early adulthood and evaluate how these outcomes change over the course of their lives after exposure to IPV and the development of PTSD symptoms.

Several researchers have highlighted the limitations of the currently available IPV assessment measures, and some of the concerns that have been identified include some measures are inadvertently producing false positives/false negatives profiles due to the way in which items in the measures are worded and scored, and also several issues with the psychometric properties of the available measures have been uncovered. Moreover,

there is not a universal consensus regarding the types of behaviors that may constitute as partnered violence, and as a result, measures vary in the types of IPV behaviors/experiences they assess (Hamby, 2014; Hamby, 2016a; Hamby, 2016b; Jouriles & Kamata, 2016). The IPV items from the BRFSS Study were selected for the present study because the items have been used in a longitudinal CDC study, were available in both English and Spanish, assessed three main types of IPV (i.e., emotional, physical, sexual) in a brief series of items, and previous studies have used the BRFSS items to assess IPV in Latina samples (Bonomi et al., 2009; Da Silva et al., 2018). All the available IPV measures have their own strengths and shortcomings. Future studies may consider using other IPV measures or using more than one measure to assess for exposure to IPV.

The PROMIS Global Health Scale v1.2 (Hays et al., 2009) was used to assess general physical health status in the present study. In the current study, data from participants who completed this measure in English demonstrated adequate psychometric properties; however, the reliability of the data those who completed the measure in Spanish was considered poor. This measure was previously translated by the PROMIS workgroup. Several measures in the present study were previously validated in Spanish, and members of the present study also translated some of the measures that were administered. There is great need to continue validating and adapting measures to other languages in order to increase the inclusion of non-English participants in research studies, which can in turn increase the generalizability of findings.

The present study examined the impact of marianismo beliefs on the mental health and sexual health outcomes and behaviors of young adult Latinas with IPV



exposure. Additional cultural values may be relevant to both the mental health and sexual health outcomes of young adult Latina women with IPV histories, including *acculturation* (e.g., process in which individuals espouse the customs, beliefs, and standards of the new culture they are residing in; Abraído-Lanza et al., 2006), *familismo* (e.g., strong allegiance and commitment to one's family, putting family's needs over one's own; Piña-Watson et al., 2019; Rojas et al., 2016), and *religiosity* (e.g., belief, expression, or practice of a religious faith(s); Campesino & Schwartz, 2006) as these constructs have been previously associated with risk for exposure to IPV, mental health outcomes, and condom risk behaviors (Diaz & Niño, 2019; Lara et al., 2005; Moreno & Cademil, 2003; Sabina et al., 2014; Smith, 2015; Weidel et al., 2008; Bagwell-Gray et al., 2021). Forthcoming studies may consider examining the impact of these constructs on the condom use and sexual functioning outcomes of young adult Latinas with IPV histories.

Various efforts were implemented to recruit a diverse, sample of English- and Spanish-speaking Latinas, which allowed us to recruit participants from across the country, a relative strength of the study. Study flyers were distributed to organizations across the country that focused on serving the Latinx/Hispanic community and individuals experiencing IPV/domestic violence. It is plausible that the rates of IPV in the present study may have been inflated because we targeted IPV/domestic violence organizations. Despite our best efforts, participants recruited in the present study were primarily English speaking, U.S.-born, and completed at least some college. Moreover, a small number of participants elected to complete the survey in Spanish ( $n = 13$ ), which may be because English fluency is fairly common in this young adult Latinx/Hispanic demographic (Pew Research Center, 2016). The most common regions of origin reported

by participants were Mexico, South America, Central America, and Puerto Rico, and these trends reflect the patterns observed in the U.S. Census. As a result, study findings may not generalize to all Latinas living in the U.S., and continued efforts should be made to recruit diverse samples.

There are several additional future directions that could be drawn from the present study to continue advancing the Latina sexual health literature. The condom use behaviors models in the present study were likely underpowered, and as a result, we were unable to draw conclusions due to the non-significant findings that emerged. Previous research has examined sexual risk behaviors in a variety of manners because capturing condom use risk behaviors is challenging given the many factors that can influence condom use (Noar et al., 2006). Women's condom utilization can change over the course of their lifespan for variety of reasons, including due to being in long-term, monogamous relationships, concurrent use of other forms of contraception, perceived negative effect of condoms on the quality of sex, and a desire to conceive, among others (Daniels & Abma, 2020; Kavanaugh et al., 2021; Polis & Jones, 2018; Tyler et al., 2014). To address the limitations of condom use assessment, Noar and colleagues (2006) developed some guidelines to improve condom use measurement based on their review of previous studies. Specifically, they suggested researchers distinguish between condom use behaviors with casual versus established partners, limit the assessment period to at-most the previous three-months to reduce recall error, use a frequency response style over a dichotomous response style because it provides richer data, and avoid using only a single-item to assess condom use behaviors. In the present study, a single item was used to measure the frequency of condom use behaviors with casual partners, and because the

item focused solely on the previous month it likely reduced the prevalence of this behavior in the sample. Future studies should consider assessing the behaviors for longer periods (three-month maximum) to increase the likelihood the behavior is endorsed as well as examine condom use behaviors with both casual and established partners. Researchers could also consider recruiting participants who report actively engaging in sexual risk behaviors to increase the likelihood of participants reporting engaging in condom misuse. Ensuing studies may also consider collecting data regarding specific reasons why young adult Latina women may misuse or dislike using condoms as well as assess how their partner's responses, particularly in the context of IPV, may affect their condom use, which could provide a more comprehensive understanding of the condom use outcomes of Latinas with IPV histories. Additionally, subsequent studies may also consider evaluating the impact of IPV on other forms of contraception use to be able to draw more thorough conclusions of the effects of partner violence on the reproductive health and behaviors of young adult Latinas.

Lastly, the present study was focused on the experiences of Latina women in general due to sample size limitations in the subgroups. Previous studies have found differences in engagement in sexual risk behaviors (Edwards et al., 2011; Moreno & El-Bassell, 2007; Schwartz et al., 2012) as well as mental health outcomes (Cervantes et al., 2019; Estrada-Martínez et al., 2019; Flórez et al., 2021) by Latinx/Hispanic subgroups. Future studies may consider evaluating the mental health and sexual health outcomes of Latinas with IPV histories by Latinx/Hispanic subgroups to determine if any differences emerge across the groups. This information could allow researchers to further tailor

future sexual health intervention/prevention programs differently for specific Latina subgroups.

#### 4.6 Conclusions

In spite of the aforementioned limitations of the present study, it is critical to acknowledge the novelty and advancement the findings of the present study provide to the currently limited literature on the sexual health, functioning and behaviors of young adult Latinas living in the U.S., particularly among those who have experienced recent partner violence. The high prevalence of lifetime and past-year IPV as well as the high reports of sexual functioning problems in this sample highlight the important need to screen for IPV exposure and sexual functioning problems in Latina women within clinical settings. Findings from the present study provide initial evidence for a nuanced model of the condom use cognitions and behaviors, and sexual functioning of Latinas living in the U.S. that acknowledges the impact of IPV, PTSD symptoms, and cultural beliefs regarding gender roles. Further, findings from the present study support the need to continue exploring and refining our understanding of the experiences of Latina women in the U.S., while also being cautious of not stereotyping or overgeneralizing when attempting to explain their experiences. As findings from this study highlight, it is crucial for future interventions to consider the complexities in the experiences of this heterogeneous group when developing future interventions aimed at addressing the sexual health, functioning and behaviors of young adult Latinas with IPV histories.

## References

- Abraído-Lanza, A. F., Armbrister, A. N., Flórez, K. R., & Aguirre, A. N. (2006). Toward a theory-driven model of acculturation in public health research. *American Journal of Public Health, 96*(8), 1342-1346.
- Agoff, C., Herrera, C., & Castro, R. (2007). The weakness of family ties and their perpetuating effects on gender violence: A qualitative study in Mexico. *Violence Against Women, 13*(11), 1206-1220.
- Alexander, K. A., Volpe, E. M., Abboud, S., & Campbell, J. C. (2016). Reproductive coercion, sexual risk behaviours and mental health symptoms among young low-income behaviourally bisexual women: Implications for nursing practice. *Journal of Clinical Nursing, 25*(23-24), 3533-3544.
- Alvarez, R. A., Vasquez, E., Mayorga, C. C., Feaster, D. J., & Mitrani, V. B. (2006). Increasing minority research participation through community organization outreach. *Western Journal of Nursing Research, 28*(5), 541-560.
- Amaro, H., & Russo, N. F. (1987). Hispanic women and mental health: An overview of contemporary issues in research and practice. *Psychology of Women Quarterly, 11*(4), 393-407.
- American Cancer Society. (2017). *Cancer Facts & Figures for Hispanics/Latinos 2012-2014*. American Cancer Society.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*. (5th edition). American Psychiatric Publishing.
- Aquino, M. P., Machado, D. L., & Rodríguez, J. (Eds.). (2002). *A reader in Latina feminist theology: Religion and justice*. University of Texas Press.
- Azziz-Baumgartner, E., McKeown, L., Melvin, P., Dang, Q., & Reed, J. (2011). Rates of femicide in women of different races, ethnicities, and places of birth: Massachusetts, 1993-2007. *Journal of Interpersonal Violence, 26*(5), 1077-1090.
- Bacchus, L. J., Ranganathan, M., Watts, C., & Devries, K. (2018). Recent intimate partner violence against women and health: a systematic review and meta-analysis of cohort studies. *BMJ open, 8*(7), e019995.
- Bachmann, G. (2006). Female sexuality and sexual dysfunction: Are we stuck on the learning curve? *The Journal of Sexual Medicine, 3*(4), 639-645.
- Badour, C. L., Cox, K. S., Goodnight, J. R., Flores, J., Tuerk, P. W., & Rauch, S. A. (2020). Sexual desire among veterans receiving prolonged exposure therapy for

PTSD: Does successful PTSD treatment also yield improvements in sexual desire? *Psychiatry*, 83(1), 70-83.

- Bagwell-Gray, M. E., Thaller, J., Messing, J. T., & Durfee, A. (2021). Women's reproductive coercion and pregnancy avoidance: associations with homicide risk, sexual violence, and religious abuse. *Violence Against Women*, 27(12-13), 2294-2312.
- Baird, T. L. (1993). Mexican adolescent sexuality: Attitudes, knowledge, and sources of information. *Hispanic Journal of Behavioral Sciences*, 15(3), 402-417.
- Banducci, A. N., Hoffman, E. M., Lejuez, C. W., & Koenen, K. C. (2014). The impact of childhood abuse on inpatient substance users: Specific links with risky sex, aggression, and emotion dysregulation. *Child Abuse & Neglect*, 38(5), 928-938.
- Barrios, Y. V., Gelaye, B., Zhong, Q., Nicolaidis, C., Rondon, M. B., Garcia, P. J., ... & Williams, M. A. (2015). Association of childhood physical and sexual abuse with intimate partner violence, poor general health and depressive symptoms among pregnant women. *PloS one*, 10(1), e0116609.
- Basile, K. C., Smith, S. G., Liu, Y., Miller, E., & Kresnow, M. J. (2021). Prevalence of intimate partner reproductive coercion in the United States: racial and ethnic differences. *Journal of Interpersonal Violence*, 36(21-22), NP12324-NP12341.
- Basson, R. (2000). The female sexual response: A different model. *Journal of Sex & Marital Therapy*, 26(1), 51-65.
- Basson, R., Brotto, L. A., Laan, E., Redmond, G., & Utian, W. H. (2005). Women's Sexual Dysfunctions: Assessment and Management of Women's Sexual Dysfunctions: Problematic Desire and Arousal. *The Journal of Sexual Medicine*, 2(3), 291-300.
- Basson, R., & Gilks, T. (2018). Women's sexual dysfunction associated with psychiatric disorders and their treatment. *Women's Health*, 14, 1745506518762664.
- Bauer, H. M., Gibson, P., Hernandez, M., Kent, C., Klausner, J., & Bolan, G. (2002). Intimate partner violence and high-risk sexual behaviors among female patients with sexually transmitted diseases. *Sexually Transmitted Diseases*, 29(7), 411-416.
- Benjamini, Y., & Hochberg, Y. (1995). Controlling the false discovery rate: A practical and powerful approach to multiple testing. *Journal of the Royal Statistical Society: Series B (Methodological)*, 57(1), 289-300.

- Benjamini, Y., & Hochberg, Y. (2000). On the adaptive control of the false discovery rate in multiple testing with independent statistics. *Journal of Educational and Behavioral Statistics, 25*(1), 60-83.
- Ben-Zur, H., & Zeidner, M. (2009). Threat to life and risk-taking behaviors: A review of empirical findings and explanatory models. *Personality and Social Psychology Review, 13*(2), 109-128.
- Bergmann, J. N., & Stockman, J. K. (2015). How does intimate partner violence affect condom and oral contraceptive use in the United States?: A systematic review of the literature. *Contraception, 91*(6), 438-455.
- Bigras, N., Godbout, N., Hébert, M., & Sabourin, S. (2017). Cumulative Adverse Childhood Experiences and Sexual Satisfaction in Sex Therapy Patients: What Role for Symptom Complexity? *The Journal of Sexual Medicine, 14*(3), 444–454.
- Black, M. C. (2011). Intimate partner violence and adverse health consequences: implications for clinicians. *American Journal of Lifestyle Medicine, 5*(5), 428-439.
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Blais, R. K., Geiser, C., & Cruz, R. A. (2018). Specific PTSD symptom clusters mediate the association of military sexual trauma severity and sexual function and satisfaction in female service members/veterans. *Journal of Affective Disorders, 238*, 680-688.
- Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., & Domino, J. L. (2015). The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5): Development and initial psychometric evaluation. *Journal of Traumatic Stress, 28*(6), 489-498.
- Bonomi, A. E., Anderson, M. L., Cannon, E. A., Slesnick, N., & Rodriguez, M. A. (2009). Intimate partner violence in Latina and non-Latina women. *American Journal of Preventive Medicine, 36*(1), 43-48.
- Bonomi, A. E., Anderson, M. L., Reid, R. J., Rivara, F. P., Carrell, D., & Thompson, R. S. (2009). Medical and psychosocial diagnoses in women with a history of intimate partner violence. *Archives of Internal Medicine, 169*(18), 1692-1697.
- Bonomi, A. E., Thompson, R. S., Anderson, M., Reid, R. J., Carrell, D., Dimer, J. A., & Rivara, F. P. (2006). Intimate partner violence and women's physical, mental, and social functioning. *American Journal of Preventive Medicine, 30*(6), 458-466.

- Bowleg, L., Belgrave, F. Z., & Reisen, C. A. (2000). Gender roles, power strategies, and precautionary sexual self-efficacy: Implications for Black and Latina women's HIV/AIDS protective behaviors. *Sex Roles, 42*, 613-635.
- Brady, K. T., Back, S. E., & Coffey, S. F. (2004). Substance abuse and posttraumatic stress disorder. *Current Directions in Psychological Science, 13*(5), 206-209.
- Caetano, R., & Cunradi, C. (2003). Intimate partner violence and depression among Whites, Blacks, and Hispanics. *Annals of Epidemiology, 13*(10), 661-665.
- Cain, V. S., Johannes, C. B., Avis, N. E., Mohr, B., Schocken, M., Skurnick, J., & Ory, M. (2003). Sexual functioning and practices in a multi-ethnic study of midlife women: Baseline results from SWAN. *Journal of Sex Research, 40*(3), 266-276.
- Campeano, M., & Schwartz, G. E. (2006). Spirituality among Latinas/os: implications of culture in conceptualization and measurement. *Advances in Nursing Science, 29*(1), 69-81.
- Cano, M. Á., Rojas, P., Ramírez-Ortiz, D., Sánchez, M., & De La Rosa, M. (2020). Depression and gender roles among Hispanic immigrant women: Examining associations of gender egalitarianism, marianismo, and self-silencing. *Journal of Health Care for the Poor and Underserved, 31*(2), 713-723.
- Caplan, S., & Whittemore, R. (2013). Barriers to treatment engagement for depression among Latinas. *Issues in Mental Health Nursing, 34*(6), 412-424.
- Castillo, L. G., & Cano, M. A. (2008). Mexican American psychology: Theory and clinical application. In C. Negy (Ed.), *Cross-cultural psychotherapy: Toward a critical understanding of diverse clients* (2nd edition) (pp. 85-102). Bent Tree Press.
- Castillo, L. G., González, P., Merz, E. L., Nuñez, A., Castañeda, S. F., Buelna, C., ... & Gallo, L. C. (2021). Factorial invariance of the Marianismo Beliefs Scale among Latinos in the Hispanic Community Health Study/Study of Latinos Sociocultural Ancillary Study. *Journal of Clinical Psychology, 77*(1), 312-328.
- Castillo, L. G., Perez, F. V., Castillo, R., & Ghosheh, M. R. (2010). Construction and initial validation of the Marianismo Beliefs Scale. *Counselling Psychology Quarterly, 23*(2), 163-175.
- Cavanaugh, C. E., Hansen, N. B., & Sullivan, T. P. (2010). HIV sexual risk behavior among low-income women experiencing intimate partner violence: The role of posttraumatic stress disorder. *AIDS and Behavior, 14*(2), 318-327.



- Cavanaugh, C. E., Messing, J. T., Amanor-Boadu, Y., O'Sullivan, C. S., Webster, D., & Campbell, J. (2014). Intimate partner sexual violence: A comparison of foreign-versus US-born physically abused Latinas. *Journal of Urban Health, 91*, 122-135.
- Centers for Disease Control and Prevention. (2005). *Behavioral Risk Factor Surveillance System Survey Questionnaire*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention. (2020, October). *HIV and Hispanics/Latinos*. U.S. Department of Health and Human Services.  
<https://www.cdc.gov/hiv/pdf/group/raciaethnic/hispaniclatinos/cdc-hiv-latinos.pdf>
- Centers for Disease Control and Prevention. (2019). *Sexually Transmitted Disease Surveillance 2018*. U.S. Department of Health and Human Services.
- Cervantes, R. C., Gattamorta, K. A., & Berger-Cardoso, J. (2019). Examining difference in immigration stress, acculturation stress and mental health outcomes in six Hispanic/Latino nativity and regional groups. *Journal of Immigrant and Minority Health, 21*, 14-20.
- Cha, E. S., Kim, K. H., & Erlen, J. A. (2007). Translation of scales in cross-cultural research: Issues and techniques. *Journal of Advanced Nursing, 58*(4), 386-395.
- Childress, S. (2013). A meta-summary of qualitative findings on the lived experience among culturally diverse domestic violence survivors. *Issues in Mental Health Nursing, 34*(9), 693-705.
- Chipman, K. J., Palmieri, P. A., & Hobfoll, S. E. (2011). The impact of posttraumatic stress disorder symptoms on women's safer sex negotiation: Influence of ethnicity. *Psychological trauma: Theory, Research, Practice, and Policy, 3*(4), 342-348.
- Christie, K. M., Meyerowitz, B. E., & Maly, R. C. (2010). Depression and sexual adjustment following breast cancer in low-income Hispanic and non-Hispanic White women. *Psycho-Oncology, 19*(10), 1069-1077.
- Clayton, A., & Ramamurthy, S. (2008). The impact of physical illness on sexual dysfunction. *Sexual Dysfunction, 29*, 70-88.
- Clemente-Teixeira, M., Magalhães, T., Barrocas, J., Dinis-Oliveira, R. J., & Taveira-Gomes, T. (2022). Health Outcomes in Women Victims of Intimate Partner Violence: A 20-Year Real-World Study. *International Journal of Environmental Research and Public Health, 19*(24), 17035.  
<https://doi.org/10.3390/ijerph192417035>

- Coker, A. L. (2007). Does physical intimate partner violence affect sexual health? A systematic review. *Trauma, Violence, & Abuse, 8*(2), 149-177.
- Comas-Diaz, L. (1988). Mainland Puerto Rican women a sociocultural approach. *Journal of Community Psychology, 16*(1), 21-31.
- Comeau, J., & Davies, L. (2012). Patterns of depressive symptoms and antidepressant use among women survivors of intimate partner violence. *Social Psychiatry and Psychiatric Epidemiology, 47*, 1527-1537.
- Contractor, A. A., Weiss, N. H., Dranger, P., Ruggero, C., & Armour, C. (2017). PTSD's risky behavior criterion: Relation with DSM-5 PTSD symptom clusters and psychopathology. *Psychiatry Research, 252*, 215-222.
- Cosgrove, D. J., Gordon, Z., Bernie, J. E., Hami, S., Montoya, D., Stein, M. B., & Monga, M. (2002). Sexual dysfunction in combat veterans with post-traumatic stress disorder. *Urology, 60*(5), 881-884.
- Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse Childhood Experiences: Expanding the Concept of Adversity. *American Journal of Preventive Medicine, 49*(3), 354–361.
- Daniels, K., & Abma, J. C. (2020). Current contraceptive status among women aged 15-49: United States, 2017-2019. NCHS Data Brief, no 388. *National Center for Health Statistics*.
- Da Silva, N., Verdejo, T. R., Dillon, F. R., Ertl, M. M., & De La Rosa, M. (2018). Marianismo beliefs, intimate partner violence, and psychological distress among recently immigrated, young adult Latinas. *Journal of Interpersonal Violence, 1*-23.
- Diaz, C. J., & Niño, M. (2019). Familism and the Hispanic health advantage: The role of immigrant status. *Journal of Health and Social Behavior, 60*(3), 274-290.
- DiClemente, R. J., & Wingood, G. M. (1995). A randomized controlled trial of an HIV sexual risk—reduction intervention for young African-American women. *Journal of the American Medical Association, 274*(16), 1271-1276.
- Dillon, F. R., Ertl, M. M., Verile, M., Siraj, N., Babino, R., & De La Rosa, M. (2019). A social ecological study of psychological distress among recently immigrated, Latina young adults. *Journal of Latinx Psychology, 7*(1), 39-58.
- Dillon, G., Hussain, R., Loxton, D., & Rahman, S. (2013). Mental and Physical Health and Intimate Partner Violence against Women: A Review of the Literature. *International Journal of Family Medicine, 2013*, 1-15.

- DiMauro, J., Renshaw, K. D., & Blais, R. K. (2018). Sexual vs. Non-sexual trauma, sexual satisfaction and function, and mental health in female veterans. *Journal of Trauma & Dissociation, 19*(4), 403-416.
- Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. *Pediatrics, 111*(3), 564-572.
- Dutton, M. A., Green, B. L., Kaltman, S. I., Roesch, D. M., Zeffiro, T. A., & Krause, E. D. (2006). Intimate partner violence, PTSD, and adverse health outcomes. *Journal of Interpersonal Violence, 21*(7), 955-968.
- East, L., Jackson, D., O'Brien, L., & Peters, K. (2011). Condom negotiation: experiences of sexually active young women. *Journal of Advanced Nursing, 67*(1), 77-85.
- Edelson, M. G., Hokoda, A., & Ramos-Lira, L. (2007). Differences in effects of domestic violence between Latina and Non-Latina women. *Journal of Family Violence, 22*(1), 1-10.
- Edwards, L. M., Haglund, K., Fehring, R. J., & Pruszynski, J. (2011). Religiosity and sexual risk behaviors among Latina adolescents: trends from 1995 to 2008. *Journal of Women's Health, 20*(6), 871-877.
- El-Bassel, N., Gilbert, L., Rajah, V., Foleno, A., and Frye, V. (2000). Fear and violence: Raising the HIV stakes. *AIDS Education and Prevention, 12*, 154-170.
- El-Bassel, N., Gilbert, L., Vinocur, D., Chang, M., & Wu, E. (2011). Posttraumatic stress disorder and HIV risk among poor, inner-city women receiving care in an emergency department. *American Journal of Public Health, 101*(1), 120-127.
- El-Bassel, N., Gilbert, L., Wu, E., Go, H., & Hill, J. (2005). HIV and intimate partner violence among methadone-maintained women in New York City. *Social Science & Medicine, 61*(1), 171-183.
- Espeleta, H. C., Beasley, L., Bohora, S., Ridings, L. E., & Silovsky, J. F. (2019). Depression in Latina mothers: Examining the roles of acculturation, enculturation, social support, and family resources. *Cultural Diversity and Ethnic Minority Psychology, 25*(4), 527-538.
- Estrada-Martínez, L. M., Lee, H., & Shapiro, E. (2019). Trajectories of depressive symptoms from adolescence to adulthood among multiple Latino subgroups. *Journal of Latinx Psychology, 7*(4), 322-338.

- Fallis, E. E., Rehman, U. S., Woody, E. Z., & Purdon, C. (2016). The longitudinal association of relationship satisfaction and sexual satisfaction in long-term relationships. *Journal of Family Psychology, 30*(7), 822–831.
- Fedovskiy, K., Higgins, S., & Paranjape, A. (2008). Intimate partner violence: how does it impact major depressive disorder and post traumatic stress disorder among immigrant Latinas? *Journal of Immigrant and Minority Health, 10*, 45-51.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245-258.
- Field, C. A., & Caetano, R. (2003). Longitudinal model predicting partner violence among white, black, and Hispanic couples in the United States. *Alcoholism: Clinical and Experimental Research, 27*(9), 1451-1458.
- Fielder, R. (2013). Sexual Functioning. In M. D. Gellman & J. R. Turner (Eds.), *Encyclopedia of Behavioral Medicine*. Springer.
- Finer, L. B., Lindberg, L. D., & Desai, S. (2018). A prospective measure of unintended pregnancy in the United States. *Contraception, 98*(6), 522-527.
- Flórez, K. R., Abbu, K. A. C., Hossain, F., Wills, A., & Breslau, J. (2021). A meta-analysis of mental health among Latino adults: elucidating disparities from differences. *medRxiv*, 2021-06.
- Flynn, K. E., Lin, L., & Weinfurt, K. P. (2017). Sexual function and satisfaction among heterosexual and sexual minority US adults: A cross-sectional survey. *PloS one, 12*(4), 1-7.
- Frewen, P., Zhu, J., & Lanius, R. (2019). Lifetime traumatic stressors and adverse childhood experiences uniquely predict concurrent PTSD, complex PTSD, and dissociative subtype of PTSD symptoms whereas recent adult non-traumatic stressors do not: results from an online survey study. *European Journal of Psychotraumatology, 10*(1), 1606625-1606625.
- Fritz, M. S., & MacKinnon, D. P. (2007). Required sample size to detect the mediated effect. *Psychological Science, 18*(3), 233-239.
- Frohlich, P., & Meston, C. (2002). Sexual functioning and self-reported depressive symptoms among college women. *Journal of Sex Research, 39*(4), 321-325.

- Garcés-Palacio, I. C., Altarac, M., & Scarinci, I. C. (2008). Contraceptive knowledge and use among low-income Hispanic immigrant women and non-Hispanic women. *Contraception, 77*(4), 270-275.
- Gewirtz-Meydan, A., & Lahav, Y. (2020). Sexual dysfunction and distress among childhood sexual abuse survivors: The role of post-traumatic stress disorder. *The Journal of Sexual Medicine, 17*(11), 2267-2278.
- Gomez, C. A., & Marin, B. V. (1993). Can women demand condom use? Gender and power in safer sex. In meeting of the Ninth International Conference on AIDS, Berlin, Germany.
- Gonzalez, F. R., Benuto, L. T., & Casas, J. B. (2020). Prevalence of interpersonal violence among Latinas: A systematic review. *Trauma, Violence, & Abuse, 21*(5), 977-990.
- González-Guarda, R. M., Peragallo, N., Urrutia, M. T., Vasquez, E. P., & Mitrani, V. B. (2008). HIV risks, substance abuse, and intimate partner violence among Hispanic women and their intimate partners. *Journal of the Association of Nurses in AIDS Care, 19*(4), 252-266.
- Goshe, B. M. (2018). *A Symptom Cluster Approach to Psychiatric Disorders Among Men Who Have Sex with Men and Have Experiences of Childhood Sexual Abuse: Impact on Sexual Health Knowledge and Sexual Risk Taking Behavior* (Doctoral dissertation). <https://digitalcommons.lib.uconn.edu/dissertations/2266>
- Grace, K. T., & Anderson, J. C. (2018). Reproductive coercion: a systematic review. *Trauma, Violence, & Abuse, 19*(4), 371-390.
- Grace, K. T., Decker, M. R., Alexander, K. A., Campbell, J., Miller, E., Perrin, N., & Glass, N. (2022). Reproductive coercion, intimate partner violence, and unintended pregnancy among Latina women. *Journal of Interpersonal Violence, 37*(3-4), 1604-1636.
- Grace, K. T., Perrin, N. A., Clough, A., Miller, E., & Glass, N. E. (2020). Correlates of reproductive Coercion among college women in abusive relationships. *Journal of Midwifery & Women's Health, 65*(5), 717-718.
- Green, B. L., & Kimberling, R. (2004). Trauma, posttraumatic-stress disorder, and health status. In P. P. Schnurr & B. L. Green (Eds.), *Trauma and health: Physical health consequences of exposure to extreme stress* (pp. 13-42). American Psychological Association.
- Hall, K. S., Steinberg, J. R., Cwiak, C. A., Allen, R. H., & Marcus, S. M. (2015). Contraception and mental health: a commentary on the evidence and principles for practice. *American Journal of Obstetrics and Gynecology, 212*(6), 740-746.

- Hamby, S. (2016). Advancing survey science for intimate partner violence: The Partner Victimization Scale and other innovations. *Psychology of Violence, 6*(2), 352–359.
- Hamby, S. (2014). Intimate partner and sexual violence research: Scientific progress, scientific challenges, and gender. *Trauma, Violence, & Abuse, 15*(3), 149-158.
- Hamby, S. (2016). Self-report measures that do not produce gender parity in intimate partner violence: A multi-study investigation. *Psychology of Violence, 6*(2), 323-335.
- Hayes, A. F. (2013). *Methodology in the social sciences. Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford Press.
- Hays, R. D., Bjorner, J. B., Revicki, D. A., Spritzer, K. L., & Cella, D. (2009). Development of physical and mental health summary scores from the patient-reported outcomes measurement information system (PROMIS) global items. *Quality of life Research, 18*, 873-880.
- Hazen, A. L., & Soriano, F. I. (2007). Experiences with intimate partner violence among Latina women. *Violence Against Women, 13*(6), 562-582.
- Hess, K. L., Javanbakht, M., Brown, J. M., Weiss, R. E., Hsu, P., & Gorbach, P. M. (2012). Intimate partner violence and sexually transmitted infections among young adult women. *Sexually Transmitted Diseases, 39*(5), 366-378.
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., ... & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health, 2*(8), e356-e366.
- French, S. E., & Holland, K. J. (2013). Condom negotiation strategies as a mediator of the relationship between self-efficacy and condom use. *Journal of Sex Research, 50*(1), 48-59.
- Hood, K. B., & Shook, N. J. (2013). Conceptualizing women's attitudes toward condom use with the tripartite model. *Women & Health, 53*(4), 349-368.
- Huang, F. Y., Chung, H., Kroenke, K., Delucchi, K. L., & Spitzer, R. L. (2006). Using the patient health questionnaire-9 to measure depression among racially and ethnically diverse primary care patients. *Journal of General Internal Medicine, 21*(6), 547-552.

- Huang, F. Y., Chung, H., Kroenke, K., & Spitzer, R. L. (2006). Racial and ethnic differences in the relationship between depression severity and functional status. *Psychiatric Services, 57*(4), 498-503.
- Hullfish, K. L., Pastore, L. M., Mormon, A. J., Wernecke, Y., Bovbjerg, V. E., & Clayton, A. H. (2009). Sexual functioning of Latino women seeking outpatient gynecologic care. *The Journal of Sexual Medicine, 6*(1), 61-69.
- Hussain, K. M., Leija, S. G., Lewis, F., & Sanchez, B. (2015). Unveiling sexual identity in the face of marianismo. *Journal of Feminist Family Therapy, 27*(2), 72-92.
- Jina, R., & Thomas, L. S. (2013). Health consequences of sexual violence against women. *Best Practice & Research Clinical Obstetrics & Gynaecology, 27*(1), 15-26.
- Jones, R. K., Darroch, J. E., & Henshaw, S. K. (2002). Contraceptive use among US women having abortions in 2000-2001. *Perspectives on Sexual and Reproductive Health, 29*(4), 294-303.
- Jouriles, E. N., & Kamata, A. (2016). Advancing measurement of intimate partner violence. *Psychology of Violence, 6*(2), 347-351.
- Juárez, A. M., & Kerl, S. B. (2003). What is the right (white) way to be sexual? Reconceptualizing Latina sexuality. *Aztlán: A Journal of Chicano Studies, 28*(1), 5-37.
- Kaltman, S., Green, B. L., Mete, M., Shara, N., & Miranda, J. (2010). Trauma, Depression, and Comorbid PTSD/Depression in a Community Sample of Latina Immigrants. *Psychological Trauma: Theory, Research, Practice and Policy, 2*(1), 31-39.
- Kaplan, H. S. (1974). Retarded ejaculation. In H. S. Kaplan HS (Eds.). *The new sex therapy: Active Treatment of Sexual Dysfunctions* (pp. 316-338). Brunner/Mazel.
- Katz, J., Poleshuck, E. L., Beach, B., & Olin, R. (2017). Reproductive coercion by male sexual partners: Associations with partner violence and college women's sexual health. *Journal of Interpersonal Violence, 32*(21), 3301-3320.
- Kavanaugh, M. L., Pliskin, E., & Jerman, J. (2021). Use of concurrent multiple methods of contraception in the United States, 2008 to 2015. *Contraception: X, 3*, 100060.
- Keller, A., McGarvey, E. L., & Clayton, A. H. (2006). Reliability and construct validity of the Changes in Sexual Functioning Questionnaire short-form (CSFQ-14). *Journal of Sex & Marital Therapy, 32*(1), 43-52.

- Kelley, E. L., & Gidycz, C. A. (2017). Mediators of the relationship between sexual assault and sexual functioning difficulties among college women. *Psychology of Violence, 7*(4), 574-582.
- Kelley, E. L., & Gidycz, C. A. (2019). Posttraumatic stress and sexual functioning difficulties in college women with a history of sexual assault victimization. *Psychology of Violence, 9*(1), 98–107.
- Kelly, U. (2010). Intimate partner violence, physical health, posttraumatic stress disorder, depression, and quality of life in Latinas. *Western Journal of Emergency Medicine, 11*(3), 247-251.
- Kenya, S., Lebron, C. N., Li, H., Alonzo, Y., Reyes, E., & Carrasquillo, O. (2014). Sexual dysfunction among Latino men and women with poorly controlled diabetes. *Journal of Health Disparities Research and Practice, 7*(1), 53-64.
- Kershaw, T., Arnold, A., Gordon, D., Magriples, U., & Niccolai, L. (2012). In the heart or in the head: relationship and cognitive influences on sexual risk among young couples. *AIDS and Behavior, 16*, 1522-1531.
- Kingsberg, S. A., Schaffir, J., Faught, B. M., Pinkerton, J. V., Parish, S. J., Iglesia, C. B., Gudeman, J., Krop, J., & Simon, J. A. (2019). Female Sexual Health: Barriers to Optimal Outcomes and a Roadmap for Improved Patient-Clinician Communications. *Journal of Women's Health (2002), 28*(4), 432–443.  
<https://doi.org/10.1089/jwh.2018.7352>
- Klevens, J. (2007). An overview of intimate partner violence among Latinos. *Violence Against Women, 13*(2), 111-122.
- Kolaja, C. A., Schuyler, A. C., Armenta, R. F., Orman, J. A., Stander, V. A., & LeardMann, C. A. (2021). Sexual health difficulties among service women: the influence of posttraumatic stress disorder. *Journal of Affective Disorders, 292*, 678-686.
- Kovac, S. H., Klapow, J. C., Kroenke, K., Spitzer, R. L., & Williams, J. B. (2003). Differing symptoms of abused versus nonabused women in obstetric-gynecology settings. *American Journal of Obstetrics and Gynecology, 188*(3), 707-713.
- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*(9), 606-613.
- Krogstad, J. M., & Noe-Bustamante, L. (2020, September 10). *Key facts about U.S. Latinos for National Hispanic Heritage Month*. Pew Research Center.  
<https://www.pewresearch.org/fact-tank/2020/09/10/key-facts-about-u-s-latinos-for-national-hispanic-heritage-month/>.



- Kulkarni, S. (2007). Romance narrative, feminine ideals, and developmental detours for young mothers. *Affilia*, 22(1), 9-22.
- LaBrie, J., Earleywine, M., Schiffman, J., Pedersen, E., & Marriot, C. (2005). Effects of alcohol, expectancies, and partner type on condom use in college males: Event-level analyses. *The Journal of Sex Research*, 42(3), 259-266.
- Lammers, M., Ritchie, J., & Robertson, N. (2005). Women's experience of emotional abuse in intimate relationships: A qualitative study. *Journal of Emotional Abuse*, 5(1), 29-64.
- Lara, M., Gamboa, C., Kahramanian, M. I., Morales, L. S., & Bautista, D. E. (2005). Acculturation and Latino health in the United States: a review of the literature and its sociopolitical context. *Annual Review of Public Health*, 26, 367–397.
- Laumann, E. O., Paik, A., & Rosen, R. C. (1999). Sexual dysfunction in the United States: prevalence and predictors. *Journal of American Medical Association*, 281(6), 537-544.
- Leemis R.W., Friar N., Khatiwada S., Chen M.S., Kresnow M., Smith S.G., Caslin, S., & Basile, K.C. (2022). The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Leiner, D. J. (2019, December). Too fast, too straight, too weird: Non-reactive indicators for meaningless data in internet surveys. In *Survey Research Methods* (Vol. 13, No. 3, pp. 229-248).
- Letourneau, E. J., Resnick, H. S., Kilpatrick, D. G., Saunders, B. E., & Best, C. L. (1996). Comorbidity of sexual problems and posttraumatic stress disorder in female crime victims. *Behavior Therapy*, 27(3), 321-336.
- Lewis, L. J. (2004). Examining sexual health discourses in a racial/ethnic context. *Archives of Sexual Behavior*, 33(3), 223-234.
- Li, Y., Herbell, K., Bloom, T., Sharps, P., & Bullock, L. F. (2020). Adverse childhood experiences and mental health among women experiencing intimate partner violence. *Issues in Mental Health Nursing*, 41(9), 785-791.
- López, V., & Chesney-Lind, M. (2014). Latina girls speak out: Stereotypes, gender and relationship dynamics. *Latino Studies*, 12, 527-549.
- Lorenz, T., Rullo, J., & Faubion, S. (2016, September). Antidepressant-induced female sexual dysfunction. In *Mayo Clinic Proceedings* (Vol. 91, No. 9, pp. 1280-1286). Elsevier.

- Lorenzo-Blanco, E. I., Unger, J. B., Ritt-Olson, A., Soto, D., & Baezconde-Garbanati, L. (2011). Acculturation, gender, depression, and cigarette smoking among US Hispanic youth: The mediating role of perceived discrimination. *Journal of Youth and Adolescence, 40*, 1519-1533.
- Lutgendorf, M. A. (2019). Intimate partner violence and women's health. *Obstetrics & Gynecology, 134*(3), 470-480.
- MacKinnon, D. P., Lockwood, C. M., Hoffman, J. M., West, S. G., & Sheets, V. (2002). A comparison of methods to test mediation and other intervening variable effects. *Psychological methods, 7*(1), 83-118.
- Marshall-Berenz, E. C., Vujanovic, A. A., & MacPherson, L. (2011). Impulsivity and alcohol use coping motives in a trauma-exposed sample: The mediating role of distress tolerance. *Personality and Individual Differences, 50*(5), 588-592.
- Masters, W. H., & Johnson, V. E. (1966). *Human Sexual Response*. Boston, MA: Little, Brown, and Company.
- Matheson, F. I., Daoud, N., Hamilton-Wright, S., Borenstein, H., Pedersen, C., & O'Campo, P. (2015). Where did she go? The transformation of self-esteem, self-identity, and mental well-being among women who have experienced intimate partner violence. *Women's Health Issues, 25*(5), 561-569.
- Mayorga, M. N. (2012). Risk and protective factors for physical and emotional intimate partner violence against women in a community of Lima, Peru. *Journal of Interpersonal Violence, 27*(18), 3644-3659.
- McCauley, H. L., Silverman, J. G., Jones, K. A., Tancredi, D. J., Decker, M. R., McCormick, M. C., ... & Miller, E. (2017). Psychometric properties and refinement of the reproductive coercion scale. *Contraception, 95*(3), 292-298.
- McDermott, M. A., & Palchanes, K. (1992). A process for translating and testing a quantitative measure for cross-cultural nursing research. *The Journal of the New York State Nurses' Association, 23*(4), 12-15.
- McFarlane, A. C., & Bookless, C. (2001). The effect of PTSD on interpersonal relationships: Issues for emergency service workers. *Sexual and Relationship Therapy, 16*(3), 261-267.
- McMahon, K., Hoertel, N., Wall, M. M., Okuda, M., Limosin, F., & Blanco, C. (2015). Childhood maltreatment and risk of intimate partner violence: A national study. *Journal of Psychiatric Research, 69*, 42-49.

- Meana, M., Oliver, T. L., & Jones, S. C. (2013). Assessing sexual dysfunction in Hispanic clients. In L. T. Benuto (Eds.), *Guide to psychological assessment with Hispanics* (pp. 183-199). Springer.
- Merz, E. L., Malcarne, V. L., Roesch, S. C., Riley, N., & Sadler, G. R. (2011). A multigroup confirmatory factor analysis of the Patient Health Questionnaire-9 among English-and Spanish-speaking Latinas. *Cultural Diversity and Ethnic Minority Psychology, 17*(3), 309-316.
- Meston, C. M., Freihart, B. K., Handy, A. B., Kilimnik, C. D., & Rosen, R. C. (2020). Scoring and interpretation of the FSFI: what can be learned from 20 years of use?. *The Journal of Sexual Medicine, 17*(1), 17-25.
- Miles, J. N., Marshall, G. N., & Schell, T. L. (2008). Spanish and English versions of the PTSD Checklist–Civilian version (PCL-C): Testing for differential item functioning. *Journal of Traumatic Stress, 21*(4), 369-376.
- Mittal, M., Senn, T. E., & Carey, M. P. (2013). Fear of violent consequences and condom use among women attending an STD clinic. *Women & Health, 53*(8), 795-807.
- Mittal, M., Senn, T. E., & Carey, M. P. (2012). Intimate partner violence and condom use among women: does the information-motivation-behavioral skills model explain sexual risk behavior? *AIDS and Behavior, 16*(4), 1011–1019.
- Moore de Peralta, A., Holaday, B., & Hadoto, I. M. (2017). Cues to cervical cancer screening among US Hispanic women. *Hispanic Health Care International, 15*(1), 5-12.
- Moreno, C. L. (2007). The relationship between culture, gender, structural factors, abuse, trauma, and HIV/AIDS for Latinas. *Qualitative Health Research, 17*(3), 340-352.
- Moreno, C. L., & El-Bassel, N. (2007). Dominican and Puerto Rican women in partnerships and their sexual risk behaviors. *Hispanic Journal of Behavioral Sciences, 29*(3), 336-348.
- Moreno, C. L., Morrill, A. C., & El-Bassel, N. (2011). Sexual risk factors for HIV and violence among Puerto Rican women in New York City. *Health & Social Work, 36*(2), 87-97.
- Moreno, O., & Cardemil, E. (2013). Religiosity and mental health services: An exploratory study of help seeking among Latinos. *Journal of Latina/o Psychology, 1*(1), 53-67.
- Mosher, W. D., & Jones, J. (2010). Use of contraception in the United States: 1982-2008. *Vital and health statistics. Series 23, Data from the National Survey of Family Growth, (29)*, 1-44.

- Mota, N. P., Turner, S., Taillieu, T., Garcés, I., Magid, K., Sethi, J., ... & Afifi, T. O. (2019). Trauma exposure, DSM-5 post-traumatic stress disorder, and sexual risk outcomes. *American Journal of Preventive Medicine, 56*(2), 215-223.
- Moya, E. M., Chávez-Baray, S., & Martinez, O. (2014). Intimate partner violence and sexual health: Voices and images of Latina immigrant survivors in southwestern United States. *Health Promotion Practice, 15*(6), 881-893.
- Muñoz, E. A., Shorey, R. C., & Temple, J. R. (2023). Reproductive coercion victimization and associated mental health outcomes among female-identifying young adults. *Journal of Trauma & Dissociation, 1-17*.
- Munroe, C. D., Kibler, J. L., Ma, M., Dollar, K. M., & Coleman, M. (2010). The relationship between posttraumatic stress symptoms and sexual risk: Examining potential mechanisms. *Psychological Trauma: Theory, Research, Practice, and Policy, 2*(1), 49-53.
- Murphy, A., Steele, M., Dube, S. R., Bate, J., Bonuck, K., Meissner, P., ... & Steele, H. (2014). Adverse childhood experiences (ACEs) questionnaire and adult attachment interview (AAI): Implications for parent child relationships. *Child Abuse & Neglect, 38*(2), 224-233.
- Navarro, M. (2002). Against marianismo. In *Gender's place: Feminist anthropologies of Latin America* (pp. 257-272). New York: Palgrave Macmillan US.
- Noar, S. M., Cole, C., & Carlyle, K. (2006). Condom use measurement in 56 studies of sexual risk behavior: Review and recommendations. *Archives of Sexual Behavior, 35*(3), 327-345.
- Nóblega Mayorga, M. (2012). Características de los agresores en la violencia hacia la pareja. *Liberabit, 18*(1), 59-68.
- Núñez, A., González, P., Talavera, G. A., Sanchez-Johnsen, L., Roesch, S. C., Davis, S. M., ... & Gallo, L. C. (2016). Machismo, marianismo, and negative cognitive-emotional factors: findings from the hispanic community health study/study of Latinos sociocultural ancillary study. *Journal of Latina/o Psychology, 4*(4), 202-217.
- O'Leary, A., & Jemmott, L. S. (1995). General issues in the prevention of AIDS in women. In A. O'Leary & L. S. Jemmott (Eds.), *Women at risk: Issues in the primary prevention of AIDS* (pp. 1-13). Springer.
- Orchowski, L. M., Gobin, R. L., & Zlotnick, C. (2018). Correlates of condom use among community college women: The role of victimization, substance use, and mental health symptoms. *American Journal of Sexuality Education, 13*(2), 170-189.

- Ouellet-Morin, I., Fisher, H. L., York-Smith, M., Fincham-Campbell, S., Moffitt, T. E., & Arseneault, L. (2015). Intimate partner violence and new-onset depression: A longitudinal study of women's childhood and adult histories of abuse. *Depression and Anxiety, 32*(5), 316-324.
- Pazmany, E., Bergeron, S., Verhaeghe, J., Van Oudenhove, L., & Enzlin, P. (2015). Dyadic sexual communication in pre-menopausal women with self-reported dyspareunia and their partners: Associations with sexual function, sexual distress and dyadic adjustment. *The Journal of Sexual Medicine, 12*(2), 516-528.
- Peasant, C., Sullivan, T. P., Ritchwood, T. D., Parra, G. R., Weiss, N. H., Meyer, J. P., & Murphy, J. G. (2018). Words can hurt: The effects of physical and psychological partner violence on condom negotiation and condom use among young women. *Women & Health, 58*(5), 483-497.
- Peasant, C., Sullivan, T. P., Weiss, N. H., Martinez, I., & Meyer, J. P. (2017). Beyond the syndemic: condom negotiation and use among women experiencing partner violence. *AIDS care, 29*(4), 516-523.
- Perilla, J. L., Serrata, J. V., Weinberg, J., & Lippy, C. A. (2012). Integrating women's voices and theory: A comprehensive domestic violence intervention for Latinas. *Women & Therapy, 35*, 93-105.
- Perrin, A., & Anderson, M. (2019, April 10). *Share of U.S. adults using social media, including Facebook, is mostly unchanged since 2018*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2019/04/10/share-of-u-s-adults-using-social-media-including-facebook-is-mostly-unchanged-since-2018/>
- Phillips Jr, R. L., & Slaughter, J. R. (2000). Depression and sexual desire. *American Family Physician, 62*(4), 782-786.
- Piña-Watson, B., Castillo, L. G., Ojeda, L., & Rodriguez, K. M. (2013). Parent conflict as a mediator between marianismo beliefs and depressive symptoms for Mexican American college women. *Journal of American College Health, 61*(8), 491-496.
- Piña-Watson, B., Gonzalez, I. M., & Manzo, G. (2019). Mexican-descent adolescent resilience through familismo in the context of intergeneration acculturation conflict on depressive symptoms. *Translational Issues in Psychological Science, 5*(4), 326-334.
- Polis, C. B., & Jones, R. K. (2018). Multiple contraceptive method use and prevalence of fertility awareness based method use in the United States, 2013–2015. *Contraception, 98*(3), 188-192.

- Pokharel, B., Hegadoren, K., & Papatthanassoglou, E. (2020). Factors influencing silencing of women who experience intimate partner violence: An integrative review. *Aggression and Violent Behavior, 52*, 101422.
- Porter, S. C., & Mittal, M. (2022). Safer Sex Self-Efficacy Among Women with Experiences of Intimate Partner Violence. *Journal of Interpersonal Violence, 37*(3-4), NP1253-NP1274.
- Ragsdale, K., Gore-Felton, C., Koopman, C., & Seal, D. W. (2009). Relationship power, acculturation, and sexual risk behavior among low-income Latinas of Mexican or Puerto Rican ethnicity. *Sexuality Research & Social Policy, 6*, 56-69.
- Raj, A., Silverman, J. G., & Amaro, H. (2004). Abused women report greater male partner risk and gender-based risk for HIV: Findings from a community-based study with Hispanic women. *AIDS Care, 16*(4), 519-529.
- Rancourt, K. M., Rosen, N. O., Bergeron, S., & Nealis, L. J. (2016). Talking about sex when sex is painful: Dyadic sexual communication is associated with women's pain, and couples' sexual and psychological outcomes in provoked vestibulodynia. *Archives of Sexual Behavior, 45*, 1933-1944.
- Randolph, M. E., Gamble, H. L., & Buscemi, J. (2011). The influence of trauma history and relationship power on Latinas' sexual risk for HIV/STIs. *International Journal of Sexual Health, 23*(2), 111-119.
- Reyes, M. E., Simpson, L., Sullivan, T. P., Contractor, A. A., & Weiss, N. H. (2023). Intimate partner violence and mental health outcomes among Hispanic women in the United States: A scoping review. *Trauma, Violence, & Abuse, 24*(2), 809-827.
- Richards, T. N., Tillyer, M. S., & Wright, E. M. (2017). Intimate partner violence and the overlap of perpetration and victimization: Considering the influence of physical, sexual, and emotional abuse in childhood. *Child Abuse & Neglect, 67*, 240-248.
- Rincón-Hernández, A. I., Parra-Carrillo, W. C., Álvarez-Muelas, A., Peñuela-Trujillo, C., Rosero, F., Espitia de la Hoz, F., ... & Vallejo-Medina, P. (2020). Temporal stability and clinical validation of the Spanish version of the female sexual function inventory (FSFI). *Women & Health, 1-10*.
- Rivera, S. (2008). Culturally-modified trauma-focused treatment for Hispanic children: Preliminary findings. *Dissertation Abstracts International, 68*(10), 6993B (UMI No. 3287436).
- Rodriguez, M. A., Heilemann, M. V., Fielder, E., Ang, A., Nevarez, F., & Mangione, C. M. (2008). Intimate partner violence, depression, and PTSD among pregnant Latina women. *The Annals of Family Medicine, 6*(1), 44-52.

- Rojas, P., Huang, H., Li, T., Ravelo, G. J., Sanchez, M., Dawson, C., ... & De La Rosa, M. (2016). Sociocultural determinants of risky sexual behaviors among adult Latinas: a longitudinal study of a community-based sample. *International Journal of Environmental Research and Public Health*, *13*(11), 1164-1185.
- Rojas, S. M., Grzywacz, J. G., Zapata Roblyer, M. I., Crain, R., & Cervantes, R. C. (2016). Stressors among Hispanic adults from immigrant families in the United States: Familismo as a context for ambivalence. *Cultural Diversity and Ethnic Minority Psychology*, *22*(3), 408–416.
- Rosen, C., Brown, J., Heiman, S., Leiblum, C., Meston, R., Shabsigh, D. Ferguson, R. D'Agostino, R. (2000). The Female Sexual Function Index (FSFI): a multidimensional self-report instrument for the assessment of female sexual function. *Journal of Sex & Marital Therapy*, *26*(2), 191-208.
- Rosen, R. C., Lane, R. M., & Menza, M. (1999). Effects of SSRIs on sexual function: a critical review. *Journal of Clinical Psychopharmacology*, *19*(1), 67-85.
- Sabina, C., Cuevas, C. A., & Lannen, E. (2014). The likelihood of Latino women to seek help in response to interpersonal victimization: An examination of individual, interpersonal and sociocultural influences. *Psychosocial Intervention*, *23*(2), 95-103.
- Sabina, C., Cuevas, C. A., & Zadnik, E. (2015). Intimate partner violence among Latino women: Rates and cultural correlates. *Journal of Family Violence*, *30*(1), 35-47.
- Snyder, V. N. S. D., Acevedo, A., Díaz-Pérez, M. D. J., & Saldívar-Garduño. (2000). Understanding the sexuality of Mexican-born women and their risk for HIV/AIDS. *Psychology of Women Quarterly*, *24*(1), 100-109.
- Sangi-Haghpeykar, H., Ali, N., Posner, S., & Poindexter, A. N. (2006). Disparities in contraceptive knowledge, attitude and use between Hispanic and non-Hispanic whites. *Contraception*, *74*(2), 125-132.
- Schnurr, P. P., & Green, B. L. (Eds.). (2004). *Trauma and health: Physical health consequences of exposure to extreme stress*. American Psychological Association. <https://doi.org/10.1037/10723-000>
- Schnurr, P. P., Lunney, C. A., Forshay, E., Thurston, V. L., Chow, B. K., Resick, P. A., & Foa, E. B. (2009). Sexual function outcomes in women treated for posttraumatic stress disorder. *Journal of Women's Health*, *18*(10), 1549-1557.
- Schwartz, S. J., Unger, J. B., Des Rosiers, S. E., Huang, S., Baezconde-Garbanati, L., Lorenzo-Blanco, E. I., ... & Szapocznik, J. (2012). Substance use and sexual behavior among recent Hispanic immigrant adolescents: Effects of parent–

adolescent differential acculturation and communication. *Drug and Alcohol Dependence*, 125, S26-S34.

- Shattell, M. M., Smith, K. M., Quinlan-Colwell, A., & Villalba, J. A. (2008). Factors contributing to depression in Latinas of Mexican origin residing in the United States: Implications for nurses. *Journal of the American Psychiatric Nurses Association*, 14(3), 193-204.
- Sierra, J. C., Arcos-Romero, A. I., Álvarez-Muelas, A., & Cervilla, O. (2021). The impact of intimate partner violence on sexual attitudes, sexual assertiveness, and sexual functioning in men and women. *International Journal of Environmental Research and Public Health*, 18(2), 594.
- Smith, S. J. (2015). Risky sexual behavior among young adult Latinas: Are acculturation and religiosity protective?. *The Journal of Sex Research*, 52(1), 43-54.
- Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., & Chen, J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Spitzer, R. L., Kroenke, K., Williams, J. B., Patient Health Questionnaire Primary Care Study Group, & Patient Health Questionnaire Primary Care Study Group. (1999). Validation and utility of a self-report version of PRIME-MD: The PHQ primary care study. *Journal of American Medical Association*, 282(18), 1737-1744.
- Sterk, C. E., Klein, H., & Elifson, K. W. (2003). Perceived condom use self-efficacy among at-risk women. *AIDS and Behavior*, 7, 175-182.
- Stockman, J. K., Hayashi, H., & Campbell, J. C. (2015). Intimate partner violence and its health impact on ethnic minority women. *Journal of Women's Health*, 24(1), 62-79.
- Suarez-Al-Adam, M., Raffaelli, M., & O'Leary, A. (2000). Influence of abuse and partner hypermasculinity on the sexual behavior of Latinas. *AIDS Education and Prevention*, 12(3), 263-274.
- Sundaram, A., Vaughan, B., Kost, K., Bankole, A., Finer, L., Singh, S., & Trussell, J. (2017). Contraceptive failure in the United States: estimates from the 2006–2010 National Survey of Family Growth. *Perspectives on Sexual and Reproductive Health*, 49(1), 7-16.



- Swan, H., & O'Connell, D. J. (2012). The impact of intimate partner violence on women's condom negotiation efficacy. *Journal of Interpersonal Violence, 27*(4), 775-792.
- Teitelman, A. M., Ratcliffe, S. J., Morales-Aleman, M. M., & Sullivan, C. M. (2008). Sexual relationship power, intimate partner violence, and condom use among minority urban girls. *Journal of Interpersonal Violence, 23*(12), 1694-1712.
- Tentler, L. W. (2019). *Catholics and contraception: An American history*. Cornell University Press.
- Thompson, R. S., Bonomi, A. E., Anderson, M., Reid, R. J., Dimer, J. A., Carrell, D., & Rivara, F. P. (2006). Intimate partner violence: Prevalence, types, and chronicity in adult women. *American Journal of Preventive Medicine, 30*(6), 447-457.
- Tyler, C. P., Whiteman, M. K., Kraft, J. M., Zapata, L. B., Hillis, S. D., Curtis, K. M., ... & Marchbanks, P. A. (2014). Dual use of condoms with other contraceptive methods among adolescents and young women in the United States. *Journal of Adolescent Health, 54*(2), 169-175.
- U.S. Census Bureau. (2020, August 21). *Hispanic Heritage Month 2018*. U.S. Census Bureau. <https://www.census.gov/newsroom/facts-for-features/2018/hispanic-heritage-month.html>
- Vallejo-Medina, P., Pérez-Durán, C., & Saavedra-Roa, A. (2018). Translation, adaptation, and preliminary validation of the female sexual function index into Spanish (Colombia). *Archives of Sexual Behavior, 47*(3), 797-810.
- Villalba, K., Ramirez-Ortiz, D., Dévieux, J. G., Attonito, J., & Rojas, P. (2018). Gender-role attitudes among immigrant Latinas: Empowering women. *World Medical & Health Policy, 10*(4), 401-414.
- Wade Jr, R., Cronholm, P. F., Fein, J. A., Forke, C. M., Davis, M. B., Harkins-Schwarz, M., ... & Bair-Merritt, M. H. (2016). Household and community-level adverse childhood experiences and adult health outcomes in a diverse urban population. *Child Abuse & Neglect, 52*, 135-145.
- Wagner, G. J., Holloway, I., Ghosh-Dastidar, B., Kityo, C., & Mugenyi, P. (2011). Understanding the influence of depression on self-efficacy, work status and condom use among HIV clients in Uganda. *Journal of Psychosomatic Research, 70*(5), 440-448.
- Wallace, D. C., & Bartlett, R. (2013). Recruitment and retention of African American and Hispanic girls and women in research. *Public Health Nursing, 30*(2), 159-166.

- Walsh, K., Latzman, N. E., & Latzman, R. D. (2014). Pathway from child sexual and physical abuse to risky sex among emerging adults: The role of trauma-related intrusions and alcohol problems. *Journal of Adolescent Health, 54*(4), 442-448.
- Warshaw, C., & Brashler, P. (2009). Mental health treatment for survivors of intimate partner violence. *Intimate partner violence: A Health-Based Perspective, 335-387*.
- Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD checklist for DSM-5 (PCL-5). *Scale available from the National Center for PTSD at [www.ptsd.va.gov](http://www.ptsd.va.gov), 10*.
- Weidel, J. J., Provencio-Vasquez, E., Watson, S. D., & Gonzalez-Guarda, R. (2008). Cultural considerations for intimate partner violence and HIV risk in Hispanics. *Journal of the Association of Nurses in AIDS Care, 19*(4), 247-251.
- Weiss, N. H., Walsh, K., DiLillo, D. D., Messman-Moore, T. L., & Gratz, K. L. (2019). A longitudinal examination of posttraumatic stress disorder symptoms and risky sexual behavior: Evaluating emotion dysregulation dimensions as mediators. *Archives of Sexual Behavior, 48*(3), 975-986.
- Wells, S. Y., Glassman, L. H., Talkovsky, A. M., Chatfield, M. A., Sohn, M. J., Morland, L. A., & Mackintosh, M. A. (2019). Examining changes in sexual functioning after cognitive processing therapy in a sample of women trauma survivors. *Women's Health Issues, 29*(1), 72-79.
- White, S. J., Sin, J., Sweeney, A., Salisbury, T., Wahlich, C., Montesinos Guevara, C. M., ... & Mantovani, N. (2023). Global prevalence and mental health outcomes of intimate partner violence among women: a systematic review and meta-analysis. *Trauma, Violence, & Abuse, 15248380231155529*.
- Woods, S. J., Hall, R. J., Campbell, J. C., & Angott, D. M. (2008). Physical health and posttraumatic stress disorder symptoms in women experiencing intimate partner violence. *Journal of Midwifery & Women's Health, 53*(6), 538-546.
- Wu, E., El-Bassel, N., Witte, S. S., Gilbert, L., & Chang, M. (2003). Intimate partner violence and HIV risk among urban minority women in primary health care settings. *AIDS and Behavior, 7*(3), 291-301.
- Yehuda, R., Lehrner, A., & Rosenbaum, T. Y. (2015). PTSD and sexual dysfunction in men and women. *The Journal of Sexual Medicine, 12*(5), 1107-1119.
- Zhang, C., & Conrad, F. G. (2014). Speeding in web surveys: The tendency to answer very fast and its association with straightlining. *Survey Research Methods, 8*, 127-135.

Vita

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**EDUCATION**

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- August 2016 – Present      Doctor of Philosophy, Clinical Psychology  
University of Kentucky, Lexington, KY  
APA- and PCSAS-Accredited Clinical Psychology PhD Program  
Advisor: Christal Badour, PhD  
Dissertation: *The Condom Use Outcomes and Sexual Functioning of Young Adult Latinas: The Roles of Intimate Partner Violence (IPV), Posttraumatic Stress Disorder (PTSD), and Marianismo Beliefs*  
Chair: Christal Badour, PhD  
Internship: South Texas Veterans Health Care System, Trauma Emphasis Track
- May 2019                      Master of Science, Psychology  
University of Kentucky, Lexington, KY  
Thesis: *Posttraumatic Stress and Risky Sex in Trauma-Exposed College Students: The Role of Personality Dispositions Toward Impulsive Behavior*  
Chair: Christal Badour, PhD
- June 2013                     Bachelor of Arts, Psychology  
DePaul University, Chicago, IL  
Honors: Cum Laude and Honors Psychology  
Honors Thesis: *Disclosure and Social Acknowledgment in Latinos Living in Oxford Homes*  
Chairs: Leonard Jason, PhD and Julia DiGangi, PhD

**RESEARCH EXPERIENCE**

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- August 2020 – Present      Dissertation Study, Department of Psychology  
University of Kentucky, Lexington, KY  
Stress, Trauma, and Recovery Research Collaborative  
Supervisor: Christal Badour, PhD  
Project: Understanding the Sexual Health and Intimate Relationships of Young Adult Latinas
- August 2016 – Present      Graduate Research Assistant, Department of Psychology  
University of Kentucky, Lexington, KY  
Stress, Trauma, and Recovery Research Collaborative  
Supervisor: Christal Badour, PhD
- June 2013 – July 2016      Project Coordinator, Department of Psychological Science  
Case Western Reserve University, Cleveland, OH  
PTSD Treatment and Research Program  
Supervisor: Norah Feeny, PhD

Project: Optimizing Treatment for PTSD (OPT): PE vs. PE plus Sertraline (R01 MH066348)

- March 2010 – June 2013 Undergraduate Research Assistant, Department of Psychology  
DePaul University, Chicago, IL  
Chicago Healthy Teens, Families, and Schools Laboratory  
Supervisor: Jocelyn Smith Carter, PhD
- October 2010 – June 2013 Undergraduate Research Assistant, Department of Psychology  
DePaul University, Chicago, IL  
Stress and Coping Project  
Supervisor: Kathryn Grant, PhD
- October 2010 – June 2013 Undergraduate Research Assistant, Department of Psychology  
DePaul University, Chicago, IL  
Latino Oxford House Research Laboratory  
Director: Leonard Jason, PhD  
Project Supervisor: Julia DiGangi, PhD
- Summer 2011 Undergraduate Research Fellow, Minority Health International  
Research Training Funded by the National Center on Minority  
Health and Health Disparities  
University of Southern California, Los Angeles, CA  
Benemérita Universidad Autónoma de Puebla, Puebla, MX  
Latino Mental Health Program  
Supervisors: Steven Lopez, PhD, and Maria del Carmen Lara-  
Muñoz, M.D
- Summer 2010 Undergraduate Research Fellow, Summer Research  
Opportunities Program Funded by the Committee on Intuitional  
Cooperation  
University of Illinois at Chicago, Chicago, IL  
Wiley Eyetracking and Cognition Laboratory  
Supervisors: Jennifer Wiley, PhD, and Patrick Cushen, MA
- Dec. 2009 – Oct. 2010 Undergraduate Research Assistant, Department of Psychology  
DePaul University, Chicago, IL  
First-Year Students' Adjustment to College Project  
Supervisors: Luciano Berardi, PhD

## **CLINICAL EXPERIENCE**

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- July 2022 – June 2023 South Texas Veterans Health Care System  
Clinical Psychology Internship, San Antonio, Texas  
Trauma Emphasis Track
- August 2021 – June 2022 UK Healthcare's Eastern State Hospital  
Psychology Graduate Student Trainee, Lexington, KY  
Supervisors: Rebecca Asher, PsyD, Teri Maynard, PsyD, Sean  
Reilley, PhD, John Scanish, PsyD

February 2021 – May 2022	A Patient-Centered Approach Toward Treating PTSD and Substance Abuse in Patients Receiving Medication-Assisted Treatment (MAT) Clinical Trial, STARRC Lab Study Therapist, Lexington, KY Supervisor: Christal L. Badour, PhD
July 2019 – May 2022	UK Healthcare’s Clinica Amiga Graduate Student Therapist, Lexington, KY Supervisors: Mary Beth McGavran, PhD, Janeth Ceballos Osorio, MD
September 2020 – July 2021	Survivors of Torture Recovery Center, Lexington, KY Graduate Student Therapist, UofL Torture Recovery Center Supervisor: Mary Beth McGavran, PhD
July 2020 – July 2021	Dialectical Behavior Therapy Practicum, The Harris Center Individual Therapist and Intake Assessor, Lexington, KY Supervisor: Shannon Sauer-Zavala, PhD
August 2017 – July 2021	The Harris Psychological Services Center Graduate Student Therapist, Lexington, KY Supervisors: Mary Beth McGavran, PhD , Heather Risk, PsyD
August 2019 – March 2020	PTSD Treatment Clinic, Lexington VA Hospital Graduate Student Therapist, Lexington, KY Supervisor: Emily Bullock, PhD
July 2018 – June 2019	The Harris Psychological Services Center Assessment, Therapy and Referral Coordinator, Lexington, KY Supervisor: David Susman, PhD
August 2018	UK’s Shoulder-To-Shoulder Global Brigade Education Abroad Graduate Student Therapist, Santo Domingo, Ecuador Supervisor: Mary Beth McGavran
August 2017 – May 2018	Graduate Practicum Student, University of Kentucky Counseling Center University of Kentucky, Lexington, KY Supervisors: Federico Aldarondo, PhD, Britini Black, PhD
January 2017 – May 2017	Personality Assessment Practicum, Department of Psychology University of Kentucky, Lexington, KY Supervisor: David T. Berry, PhD
August 2016 – December 2016	Intelligence Assessment Practicum, Department of Psychology University of Kentucky, Lexington, KY Supervisor: Gregory T. Smith, PhD

## **FELLOWSHIP AND GRANT FUNDING**

- 2021 – 2023 Disparities Researchers Equalizing Access for Minorities (DREAM) Scholars  
University of Kentucky Center for Clinical and Translation Science, College of  
Nursing, Center for Health Equity Transformation  
Total research support: \$5,000
- 2022 Jesse G. Harris Dissertation Award  
University of Kentucky's Department of Psychology  
Total research support: \$1,600
- 2022 Graduate Student Fellowship  
University of Kentucky's Center for Equality and Social Justice (CESJ)  
Total research support: \$5,000
- 2021 – 2022 Science Directorate Dissertation Research Award  
American Psychological Association  
Total research support: \$1,000
- 2020 – 2021 Georgia Davis Powers Graduate Fellowship  
University of Kentucky's Office for Policy Studies on Violence Against Women
- 2016 – 2019 Lyman T. Johnson Diversity Fellowship  
University of Kentucky
- 2018 Ford Foundation Predoctoral Fellowship *Honorable Mention* Status  
*Source:* The National Academies of Sciences, Engineering, and Medicine  
*Mentor:* Christal L. Badour, PhD
- 2009 – 2013 Ronald E. McNair Postbaccalaureate Achievement Program,  
DePaul University
- 2012 - 2013 Undergraduate Research Assistant Program Grant  
DePaul University, Department of Psychology  
Total research support: \$2,700
- Summer 2012 McNair Summer Research Opportunities Program  
DePaul University  
Total research support: \$2,000
- Summer 2011 Latino Mental Health Program, Undergraduate Fellow  
University of Southern California  
Benemérita Universidad Autónoma de Puebla  
National Center on Minority Health and Health Disparities Minority Health  
International Research Training (T37 MD00340)  
Total research support: \$7,790
- 2010 – 2011 Doctoral-Undergraduate Opportunities for Research Scholarship  
DePaul University, Department of Psychology  
Total research support: \$750

- Summer 2010 Summer Research Opportunities Program  
University of Illinois at Chicago, Committee on Institutional Cooperation  
Total research support: \$3,600
- 2009 – 2010 Center for Access and Attainment Research Training  
DePaul University, Center for Access and Attainment  
Total research support: \$2,500

### **AWARDS AND ACADEMIC SCHOLARSHIPS**

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- 2021 Rachel Steffens Memorial Award, University of Kentucky's Department of Psychology
- 2020 Ashley and Ruth Mixson Psychology Award, University of Kentucky's Department of Psychology
- 2018 Student Professional Diversity Development Award, University of Kentucky's Center for Graduate and Professional Diversity Initiatives
- 2017 Multicultural Student Professional Development Award, The Kentucky Psychological Association
- 2017 New Horizons Scholarship, University of Kentucky
- 2013 Honors Psychology, DePaul University
- 2013 Center for Intercultural Programs Scholarship, DePaul University
- 2009 – 2013 Mazza Foundation Scholarship, DePaul University
- 2009 – 2013 Dean's List College of Science and Health, DePaul University
- 2008 – 2010 Americorps Midwest Campus Compact Citizen-Scholar Education Fellowship  
DePaul University, Fellow and Mentor

### **PUBLICATIONS**

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1. Saraiya, T. C., Lopez-Castro, T., Jones, A. C., Hood, C. O., **Flores, J.**, & Badour, C. L. (Under Review). Posttraumatic Shame Predicts Daily Non-Medical Prescription Opioid Use and Motives for Use Among Individuals with Clinical and Subclinical PTSD.
2. McCann, J. P., Adams, A. M., Tipsword, J. M., Semcho, S. A., **Flores, J.**, Hood, C. O., & Badour, C. L. (Under Review). Daily associations between PTSD symptoms and motives for non-medical prescription opioid use.
3. Badour, C. L., **Flores, J.**, Hood, C. O., Jones, A. C., Brake, C. A., Tipsword, J. M., & Penn, C. J. (In press). Proximal associations among PTSD symptoms, prescription opioid use, and Co-Use of Other Substances: Results from a Daily Monitoring Study. *Psychological Trauma Theory Research Practice and Policy*.

4. Tipsword, J. M., McCann, J., **Flores, J.**, Brake, C. A., & Badour, C. L. (In press). Main and interactive effects of negative posttraumatic cognitions and disgust sensitivity in predicting daily experiences of sexual trauma-related mental contamination. *Traumatology*.
5. **Flores, J.**, Brake C. A., Hood, C. O., & Badour, C. L. (2022). Posttraumatic stress and risky sex in trauma-exposed college students: The role of personality dispositions toward impulsive behavior. *Journal of American College Health*, 70(6), 1711-1723.
6. Tipsword, J. M., Brown-Iannuzzi, J. L., Jones, A. C., **Flores, J.**, & Badour, C. L. (2022). Avoidance coping partially accounts for the relationship between trauma-related shame and PTSD symptoms following interpersonal trauma. *Violence Against Women*, 28, 107-125.
7. Badour, C. L., Cox, K. S., Goodnight, J. R. M., **Flores, J.**, Tuerk, P. W., & Rauch, S. A. (2020). Sexual desire among veteran receiving prolonged exposure therapy for PTSD: Does successful PTSD treatment also yield improvements in sexual desire? *Psychiatry*, 83(1), 70-83.
8. Hood, C. O., Jones, A. C., **Flores, J.**, Badour, C. L., & Feldner, M. T. (2020). Distress tolerance interacts with peritraumatic emotions to predict posttraumatic stress symptoms following sexual victimization. *Traumatology*, 26(4), 396.
9. Sonnier, H., Brake, C. A., **Flores, J.**, & Badour, C. L. (2019). Posttraumatic stress and hazardous alcohol use in trauma-exposed young adults: Indirect effects of self-disgust. *Substance Use & Misuse*, 54, 1051-1059.