

NON-MONOGAMOUS INDIVIDUALS COMPARED TO MONOGAMOUS INDIVIDUALS:
THE DIFFERENCES IN THEIR RELATIONSHIPS, SPECIFICALLY SEXUAL RISK
BEHAVIORS AND LEVEL OF TRUST

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by

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NON-MONOGAMOUS INDIVIDUALS COMPARED TO MONOGAMOUS
INDIVIDUALS: THE DIFFERENCES IN THEIR RELATIONSHIPS, SPECIFICALLY
SEXUAL RISK BEHAVIORS AND LEVEL OF TRUST

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ABSTRACT

The purpose of this study was to investigate the relationship between sexual-risk behaviors and relationship style (i.e., non-monogamous versus monogamous individuals). Data were collected from an adult sample (ages 18 to 76) of 108 monogamous and 128 non-monogamous individuals via an internet survey. Individuals self-identifying as consensually non-monogamous were hypothesized to report engaging in more safer-sex practices/ fewer sexual-risk behavior) than individuals self-identifying as monogamous. The relationship between trust and condom use was also examined. Consistent with the hypothesis, as compared to monogamous individuals, non-monogamous individuals reported more frequent STI screenings and more frequent condom use when having sex with their non-primary partners. However, there were no differences between the two groups' condom use frequency with primary sexual partners. Among the monogamous group only, there was a significant positive relationship between partner distrust as measured by the perceived likelihood of a partner cheating and the frequency of STI screenings.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the College of Arts and Science have examined a thesis titled “Non-Monogamous Individuals Compared to Monogamous Individuals: The Differences in Their Relationships, Specifically Sexual Risk Behaviors and Level of Trust,” presented by Amber M. Hinton-Dampf, candidate for the Master of Arts degree, and certify that in their opinion it is worthy of acceptance.

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DEDICATION

I dedicate this thesis to my grandfather, Ronald Bruce Bounds Sr., who dedicated his life to his family. His value of education and the support and encouragement he gave to me made the completion of this work possible. He is forever missed, never forgotten, and always loved.

CHAPTER 1

OVERVIEW

The relationship between sexual risk behaviors and relationship style was examined by comparing 236 participants (non-monogamous, n=128 and monogamous, n=108) who were recruited through on-line listservs. All participants were 18 years of age or older. The participants completed an on-line questionnaire that included demographic questions, questions about safer-sex practices (primarily condom use, sexually transmitted infections (STI) screening, and cheating behavior), and the Dyadic Trust Scale (Larzelere & Huston, 1980).

The purpose of this quasi-experimental study was to investigate the relationship between sexual-risk behaviors and [relationship style (i.e., non-monogamous versus monogamous individuals)]. It was hypothesized that individuals self-identifying as consensually non-monogamous would report engaging in more safer-sex practices (or fewer sexual-risk behaviors) than individuals self-identifying as monogamous. Further, the relationship between trust and condom use was examined.

Consistent with the hypothesis, there were significant differences found in safer-sex practices among the two groups. Non-monogamous individuals reported using condoms more frequently with other sexual partners and receiving STI screenings more frequently than the monogamous individuals. Interestingly (and contrary to the hypothesis) there were no differences found between non-monogamous and monogamous individuals in frequency of condom use with primary sexual partners. Further, the only relationship between trust and safer-sex practices found was for the monogamous group. There was a significant

positive relationship between the perceived likelihood of a partner cheating and the frequency of STI screenings.

CHAPTER 2

INTRODUCTION

Purpose of the Project

There are more than 25 infectious organisms that are transmitted primarily through sexual activity, referred to as sexually transmitted infections (STIs). They cause harmful and often irreversible damage, such as reproductive health problems (infertility and pregnancy complications), fetal and perinatal health problems, cervical and other cancers, liver disease, pelvic inflammatory disease, and increased risk of contracting HIV/AIDS (U.S. Department of Health and Human Services, 2005). STIs remain one of the greatest health concerns in America. In fact, the United States has the highest STI prevalence in the industrialized world, with an estimated 15.3 million new cases each year (U.S. Department of Health and Human Services, 2005). STIs account for 87% of the top 10 infections most frequently reported to the Centers for Disease Control and Prevention (CDC) from State health departments, and they pose an extreme cost concern. The CDC estimates approximately 19 million new STIs each year, and if non-direct costs are included (i.e., time off from work, sexually transmitted HIV infection, treatment and medications for other illnesses developed due to an impaired immune system, education and prevention, etc.) the estimated cost of STIs to the United States health care system is \$15.9 billion dollars a year (Centers for Disease Control and Prevention, 2008).

Safer sex practices, such as condom use, regular STI screening, abstinence, and non-intercourse acts, can greatly reduce the transmission of sexually transmitted diseases (U.S. Department of Health and Human Services, 2005). On the other hand, sexual risky behavior, including but not limited to, a history of previous sexually transmitted diseases,

anal intercourse, intercourse with an individual at risk, and multiple (10 or more) partners, can significantly increase one's risk of contracting a sexually transmitted disease (U.S. Department of Health and Human Services, 2005). Although much is known about the safer sex practices and incidence of STIs among monogamous individuals, there is very little research on these behaviors among people with committed non-monogamous lifestyles, a group that is growing in visibility and gaining interest from the public health and academic community (Barker, 2005; Barker & Ritchie, 2007; Easton & Hardy, 2009). Thus, this study will focus on safer sex practices of people in monogamous and non-monogamous relationships.

Monogamy and STIs

Research on the perceived risk of STIs has shown that many people in a presumed monogamous relationship not only underestimate their risk of contracting STIs, but often do not engage in safer-sex practices because of this belief, particularly with respect to condom use (Britton et al., 1998; Maticka-Tyndale, 1991; Misovich, Fisher, & Fisher, 1997; Pilkington, Kern, & Indest, 1994; Williams, 2001). There are many reasons used for explaining this phenomenon. First, many monogamous couples focus on controlling unwanted pregnancies rather than on STIs; as such, the use of oral contraception is one of the largest barriers to using condoms in monogamous couples (Maticka-Tyndale, 1991). Monogamous couples fail to consider their own and their partner's prior sexual activity, and unless both individuals have been tested, there is no guarantee that either of them is safe from contracting an STI (Misovich et al., 1997; Pilkington et al., 1994).

Monogamous couples may forego condom use to protect themselves from uncomfortable situations as research suggests they are uncomfortable discussing condom

use with their partner for a multitude of reasons. Asking a committed partner to use a condom and/or undergo STI testing is often believed to imply a lack of trust within the relationship or suggest the possibility that relationship partners have unacceptable sexual histories or that the partner has been unfaithful (Misovich et al., 1997). Some believe that using condoms will lead to decreased pleasure and romance from sexual activity. Other reasons often given for not using condoms are difficulty associated with using a condom in the heat of the moment, embarrassment, self-image, and trust. Finally, while some people cannot point to a specific reason they do report simply not wanting to use condoms (Conley & Collins, 2002; Fazekas et al., 2001; Maticka-Tyndale, 1991).

Presumed monogamous relationships may also not really be exclusive. Not all people share the same definition of monogamy which may lead to a false sense of security associated with being in a serious committed relationship (Britton et al., 1998; Williams, 2001). In addition, infidelity, having an unfaithful partner, can also account for some people thought to be in a committed relationship contracting STIs. Even though one may believe she/he is in a committed relationship, there is no guarantee that the other partner is always remaining faithful (Fazekas et al., 2001; Maticka-Tyndale, 1991). In summary, controlling unwanted pregnancies through oral contraceptives, failing to consider past sexual histories, attempting to avoid uncomfortable situations, attempting to maintain a perceived level of trust within a relationship, and possible infidelity all lead to decreased condom use and ultimately to an increased transmission of STIs in the monogamous population.

Non-Monogamous Groups

Research on STIs among people in committed (and consensual) non-monogamous relationships is almost nonexistent. Non-monogamous relationships are variable in their

definitions of sexuality and partnership, and there are multiple types of non-monogamy. The groups of interest in this study: open relationships, swinging, and polyamorous. Those in open relationships agree that sexual relationships outside of the primary relationship are acceptable (Rubin & Adams, 1986). “Swingers” are characterized as married couples that agree to have sexual relations with others, if they are engaging in extramarital sex behaviors at the same time and usually in the same place as their spouse (Fang, 1976; Jenks 1985). Those in polyamorous relationships describe their way of life as one of extreme openness and honesty. These individuals believe it is possible to love many and love different genders, and their multiple relationships are not solely based on sex (Barker, 2005). A unifying theme connecting all the non-monogamous groups that are focused on in this study is that the non-monogamy is open to all parties involved and is consensual.

There is a substantial population of non-monogamous individuals and an explosion of interest in society as a whole they have evoked is evident through multiple on-line forums (i.e., multiple email listserves, personal ads, websites, etc. devoted to various groups such as “swingers board”, polyalt.com, open relationships, etc.), books (Easton & Hardy, 2009), web pages, online discussion boards, etc. Despite this visibility of the non-monogamous communities and the interest they infuse, there is strikingly limited academic research on the topic. A review of the literature suggests that there has been an increase in academic interest regarding non-monogamy in the past 10 years. In fact, Barker and Ritchie (2007) illustrate this, referencing a call for papers for a special issue on polyamory that was more successful in 2005 than just two years prior in 2003; a book on infidelity and commitment containing two chapters on open non-monogamy (Heaphy, Donovan, & Weeks, 2004; Jamieson, 2004); and an interdisciplinary conference on the topic which occurred in 2005 (Pieper & Bauer,

2005). These inquiries have primarily focused on demographics, counseling, small discussion forums, etc. (Wolfe, 2002), and are limited to qualitative, intellectual information about non-monogamy, but there is very little rigorous academic research, and no literature examining the safer-sex practices of this group compared to monogamous adults.

Barker (2005) conducted an online exploratory study to attempt to learn more about one of the aforementioned non-monogamous groups, the polyamorous world. The polyamorous individuals that participated described polyamory as invisible to society, and gave conflicting descriptions of their lifestyle (i.e., as being something natural or something chosen, and as different and threatening to monogamy, or normal and similar to monogamy). Other research finds no evidence for differences in marital stability among those in sexually exclusive marriages versus those in sexually open marriages (Rubin & Adams, 1986).

In summary, there is insufficient knowledge on the topic of non-monogamy to make any conclusions about their lifestyles, including their sexual risk behaviors, and this further highlights the need for research representing this population. Given that one of the major barriers to safer-sex practices in monogamous couples is a denial of both previous sexual history and the possibility of infidelity, it seems reasonable that those in openly consensual non-monogamous relationships may engage in more safer-sex practices. In addition, the belief that suggesting condom use within the context of a monogamous relationship might imply a lack of trust, is not an issue in non-monogamous relationships. Thus, this study attempts to fill this gap in the literature. Investigating self-identified non-monogamous individuals and their associated sexual risk behaviors will help determine if this group is an at risk group for contracting STIs. Further, comparing their behaviors to those of

monogamous individuals will help give insight into a population with a growing awareness throughout society.

Trust

Previously it was discussed that requesting condom use is often believed to imply a lack of trust within a relationship and thus is often a barrier to condom use (Misovich et al., 1997). The fact that individuals would forego condom use to maintain a perceived level of trust within their relationship, identifies the importance of trust within the context of relationships. Research has demonstrated that trust is paramount in relationships and often predicts relationship satisfaction, as well as other outcomes (Larzelere & Houston, 1980; Miller & Rempel, 2004). Trust has been studied in association with marriage (Miller & Rempel, 2004) and sexual behaviors in romantic relationships (Conley & Rabinowitz, 2004). Trust appears to be an important component of commitment, open relationships, and condom use. Further, jealousy (the inverse of trust) has been stated to play a role in the decision to be monogamous or non-monogamous. Jealousy also keeps individuals from being honest about their relationships (Barker, 2005).

As noted previously, trust in the context of monogamous relationships has been repeatedly studied (Conley & Rabinowitz, 2004; Larzelere & Houston, 1980; Miller & Rempel, 2004; Misovich et al., 1997) but trust within the context of non-monogamous relationships has not. Some articles have discussed jealousy in association with polyamory (Barker, 2005; Labriola, 1996), but rigorous research has not been conducted. And despite the claim that non-monogamous relationships, particularly polyamorous relationships, are based on openness, trust, and honesty, there are virtually no academic studies examining trust within these relationships.

Many of the experts on the topic of non-monogamy agree that trust is the cornerstone of a non-monogamous relationship, and reviewing qualitative research has demonstrated that those individuals partaking in consensual non-monogamous relationships believe that trust is a strength of the relationship (Barker, 2005; Barker & Ritchie, 2007; Easton & Hardy, 2009; Fang, 1976; Jenks, 1985; Rubin & Adams, 1986). In non-monogamous relationships there is no denial about other partners, and thus the idea that condom use would threaten the level of trust in a relationship is not an issue. In addition, the literature on monogamous couples illustrates that one of the barriers to condom use is the fear that condom use implies a lack of trust within the relationship. It is also reasonable that the “trust in the relationship” may falsely extend to a perceived sense of safety (i.e., they are protected from STIs) in monogamous couples as well. To further explore this, the current study examined the relationship between trust and condom use.

Potential Risk Differences Between Monogamous and Non-monogamous Individuals

Unlike other non-academic studies, this study is the first to generate scholarly findings regarding the non-monogamous population and its associated sexual risk behavior in comparison to monogamous individuals. This study examined a variety of non-monogamous groups and determined the sexual risk behaviors, or the inverse safer-sex practices, endorsed by these individuals. This study’s survey included questions about demographics, as well as questions regarding sexual risk behaviors (i.e., STI testing and screening, condom use, etc.). Other constructs often related to sexual risk behaviors in monogamous couples (i.e., trust) were also included to increase understanding of this population and help explain the findings associated with the non-monogamous individuals.

Research could also help raise awareness about non-monogamy, and simultaneously educate professionals who may encounter non-monogamous individuals throughout their careers. Due to the implications of sexually transmitted diseases and the associated health and economic costs, and because non-monogamy is growing as an acceptable life style, it is important that sexual risk behaviors among these individuals be examined. Evaluating sexual risk behaviors in non-monogamous individuals will help us identify if this population is particularly vulnerable to the contraction of STIs, and if further evaluation of these particular individuals is needed. Identifying at risk populations can help us target education and prevention strategies in the appropriate manner. To address these concerns, the specific aims of this study were as follows:

1. To expand academic research in the area of understudied, non-monogamous individuals.
2. To describe sexual risk behaviors in non-monogamous individuals.
3. To examine the differences in trust levels between monogamous and non-monogamous individuals.

Hypotheses

This study fills a major gap in the research. There are extremely few studies that examine non-monogamous individuals and their relationships, and there are no academic studies that examine non-monogamous individuals' safer-sex practices in comparison to monogamous individuals. On one hand it seems that monogamous individuals would be at low risk of contracting STIs based solely on the number of sexual partners. However, risk of contracting STIs depends less on the number of sexual partners and more on the safer-sex behaviors employed to protect one from the spread of STIs. Thus, it was hypothesized that

individuals self-identifying as non-monogamous would report engaging in more safer-sex practices than individuals self-identifying as monogamous. The relationship between trust and condom use was also examined.

CHAPTER 3

METHODOLOGY

Participants

This study was conducted via the Internet using SurveyMonkey, and 236 participants were recruited through on-line listservs. Volunteer recruitment posts were submitted primarily on Craig's List, but also on Alt.polyamory, polyamoryonline.org, and swingersboard to ensure recruitment of non-monogamous individuals. No compensation was provided for participation in the on-line survey. SurveyMonkey only allows one completion of the survey from each computer. This helped to ensure partners of people who participated were not included. All participants were at least 18 years of age or older, with the mean age = 39.45, SD = 11.67). Approximately 55% of the sample consisted of females. The majority of the sample identified as Caucasian (approximately 84%), and about 4% of the sample identified as multi-racial and 3% Hispanic. The remaining ethnicities represented were African-American (< 1%), Asian (<1%), Native American (<1%), and Scottish (<2%). Due to the nature of recruitment, participants from each group (monogamous and non-monogamous) are expected to have similar demographics. Reported here are the statistics for the sample as a whole, including both those individuals that identified as monogamous and non-monogamous (see Table 1 for the demographic comparison between the non-monogamous and monogamous groups). The majority of the sample identified as heterosexual (approximately 71%), and about 20% of the participants described their sexual orientation as being bisexual. About 3% of the sample identified as homosexual, 2% reported they were "questioning" their sexual orientation, and about 4% reported "other" as their sexual orientation. Every one of the participants earned at the

minimum a high school diploma. Thirty-eight percent of the respondents who participated earned a Bachelor's degree, and approximately 25% earned an advanced degree (i.e., Master's, Doctorate, Professional degree). Most of the participants were on the "liberal" end of a political continuum. Even though most of the sample (about 52%) reported they did not have a religious affiliation, the majority of the participants (about 76%) reported being "spiritual".

Measures

Demographic questionnaire. The demographic questionnaire consisted of questions about gender, race, religious affiliation, level of education, annual income, and political views. Important for this study, the questionnaire inquired about relationship status, as only those involved in an intimate relationship were included for the purposes of this study. Other important relationship questions asked whether or not the individual self-identified as being involved in a monogamous or non-monogamous relationship. The individual was given definitions of the various types of relationships. She or he was then asked to identify as one of the five choices. Individuals that identify as "non-monogamous" were also asked to rate how well each of the non-monogamous relationship styles match her/his relationship (rating scale). There was also a place for individuals to write-in any comments, definitions, questions, etc. that seemed pertinent for them. As part of an exploratory research study, it was important that the individuals felt free to tell their story.

Trust. The concept of trust was measured using Larzelere and Huston's (1980) Dyadic Trust Scale (DTS). The scale consisted of eight items that the participants were to rate on a scale from 1 (*no, definitely not*) to 7 (*yes, definitely*). Three items were reversed scored (i.e., "There are times when my partner cannot be trusted") so that higher scaled

scores represented higher levels of trust. This scale has proved to have strong reliability and validity. The DTS has good face validity and has low correlations with social desirability. The Cronbach's alpha for the current study was = .885.

Two additional trust questions were included on the demographic questionnaire and examined the perception of a partner's fidelity. The two questions asked explicitly, "Has your partner ever cheated on you?" (this question had three response options, *yes*, *no*, and *unsure*) and "How likely is it that your partner would cheat on you?" (this question had a rating scale with 1 representing *not at all likely* to 5 representing *extremely likely*).
cheating .

Sexual Risk Behaviors. The sexual risk behaviors were assessed using five questions asking specifically about condom use and STI screening. Two of the questions were open-ended ("How many partners have you had in the last year?" and "When is the last time you had an STD screening?"). The other three questions were "How often do you use condoms with your primary partner?," "How often do you use condoms with other sexual partners?"(using the following scale, 1 = *never*, 3 = *about half the time*, 5 = *always*), and "How often do you get STD screenings?" (1 = *never*, 2 = *every 2 years*, 3 = *once a year*, 4 = *every 6 months*, 5 = *once a month*). Those individuals that self-identified as being a part of a monogamous relationship were asked the question "How often did you use condoms with previous sexual partners?" in place of "with other sexual partners." See Appendix for copies of the measures.

Procedure

The participants were recruited via volunteer recruitment posts on various websites. Participants that chose to volunteer clicked on the link. Clicking on the link and continuing

to participate in the on-line survey implied consent, and thus there was no formal informed consent obtained (i.e., a signature, etc.). After giving consent to participate by following the link, participants completed the online questionnaire packet. The packet consisted of all demographic measures and the sexual risk behaviors questionnaire listed in the materials section. Survey Monkey allows participants to be redirected to appropriate pages depending on the answers they provide. Thus, people identifying as being in a monogamous relationship did not answer questions about non-monogamous relationships and other sexual partners (possibly previous partners as illustrated in the sexual risk behaviors questionnaire). Otherwise all individuals received the same measures.

After completion of the on-line survey, the participants were debriefed through an online statement of the project and provided with the chief investigator's contact information to ensure any questions were adequately addressed.

Statistical Data Analysis

The current study is a quasi-experimental design. Demographic variables included age, ethnicity, education level, type of relationship the participants reported, income, etc., and they were summarized descriptively in the participants section. The demographics for the two groups (monogamous and non-monogamous) were compared using a series of independent samples *t*-test to and are reported in Table 1. The sexual risk behaviors (condom use, STI screenings, and cheating behaviors) were the dependent variables of interest and were analyzed through inferential statistics. A series of independent samples *t*-tests were used to determine if any differences between the non-monogamous and monogamous individuals exist. Individuals who self-identified as monogamous were compared with those identifying as non-monogamous on each of the sexual risk behaviors.

ANOVAs were also employed as an exploratory technique to explore any differences that may exist within the non-monogamous group.

CHAPTER 4

RESULTS

The demographic variables were examined first for differences between the monogamous and non-monogamous groups (see Table 1). Then each dependent variable was examined for differences between the two groups. Data were analyzed using SPSS version 16.0. Assumptions were checked (normality, homogeneity of variance, independence). Descriptive statistics summarizing the sexual risk behavior dependent variables are shown in Table 2. Table 3 illustrates the correlations between the trust variables and the two relationship groups.

Demographic Variables

A series of chi-squared tests were employed to determine if there were significant differences between the monogamous and non-monogamous groups on the categorical demographic variables (refer to Table 1). An independent samples *t*-test was used to determine if there were age differences among the two groups and also if there were differences in political views among groups. Results demonstrated that there were some significant differences between the two groups on the demographic variables. Non-monogamous participants were older on average ($M=42.44$, $SD=12.13$) than monogamous participants ($M=36.57$, $SD=10.56$), $t(232)=-3.952$, $p<.001$, *Cohen's d* = .52. The two groups were also significantly different in their political views, $t(234)=4.601$, $p<.001$, *Cohen's d* = .60, with the non-monogamous group ($M=2.91$, $SD=1.74$) being more liberal on average than the monogamous group ($M=3.92$, $SD=1.61$). A chi-square test illustrated a significant difference, $\chi^2(11) = 2029.143$, $p<.001$, between the two groups and their ethnicities. Although the majority of both samples identified as Caucasian, the non-monogamous group

had more ethnic diversity than the monogamous group (specifically the non-monogamous group had a large percentage of participants who reported being multi-racial). There were significant differences between groups in the proportion of people's identified sexual orientation, $\chi^2(4) = 41.217, p < .001$ (see table 1 for frequencies), specifically the non-monogamous group had a higher percentage of bisexual participants than did the monogamous group. The monogamous group was more likely to be married, $\chi^2(5) = 319.402, p < .001$ and more likely to be spiritual $\chi^2(1) = 68.598, p < .001$. There were also differences in education level $\chi^2(6) = 197.035, p < .001$. Specifically the non-monogamous group had more participants that reported "some college" as the highest level of education completed. Other than that there were no differences (i.e., individuals from both groups were likely to hold a bachelors or advanced degree). There were statistically significant differences in annual household income $\chi^2(7) = 230.130, p < .001$, with the monogamous group reporting a slightly higher annual household income than the non-monogamous group. The groups did not significantly differ on sex/gender $\chi^2(1) = 1.921, p = .166$ or religiosity $\chi^2(1) = .142, p = .707$.

Table 1

Descriptive Statistics Comparing Self-Identified Monogamous Individuals to Self-Identified Non-Monogamous Individuals on Demographic Variables

Variable	Non-Monogamous	Monogamous
Sex/Gender	62% Female	65% Female
Ethnicity**	79.7% Caucasian 4.7% Multi-Racial	92.6 % Caucasian 3.7% Hispanic
Sexual Orientation**	55.9% Heterosexual 33.9% Bisexual 2.4% Questioning 1.6% Homosexual 6.3% Other	88.7% Heterosexual 4.7% Bisexual 1.9% Questioning 1.6% Homosexual 0% Other
Religious Affiliation**	40.2% Yes	63.0% Yes
Marital Status**	52.8% Married 11.8% Single 7.9% Divorced 12.6% Cohabiting 15.0% Other	66.7% Married 13.9% Single 4.6% Divorced 10.2% Cohabiting 3.7% Other
Spirituality	76.4% Yes	75.9% Yes
Highest Level of Education	21.9% Advanced Degree 36.7% Bachelor's	27.8% Advanced Degree 39.8% Bachelor's
Annual Household Income	32.5% = \$35,000-74,999	32.4% = \$35,000-74,999
Age**	M=42.44 SD=12.13	M=36.57 SD=10.56
Political Views**	M=2.91 SD=1.73	M=3.92 SD=1.16

** represents significant difference at the .01 alpha level.

Current Sexual Relationship

The results illustrated there were no significant differences between the two groups in the length of the current relationship, $t(234)=.259, p=.796$. In addition, for the individuals reporting cheating behavior, there were no differences in the frequency of cheating between the two groups, $t(58)=.596, p=.555$. Non-monogamous individuals reported having more sexual partners in the last year, $t(218)=-4.442, p<.001, Cohen's d = .57$

than the monogamous individuals. An independent samples *t*-test showed a significant difference, $t(150)=-2.994$, $p<.01$, *Cohen's d* = .56 between monogamous and non-monogamous individuals on how often they used condoms with other sexual partners, with the non-monogamous group (M=3.83, SD=1.44) using condoms more frequently with other sexual partners than the monogamous group (M=2.90, SD=1.85).

Current Safer-Sex Practices

Examination of the assumptions revealed the data were not normally distributed. However, this is expected since they are count data. Also there were some issues with collinearity (again expected as the dependent variables all ask about sexual risk behaviors). Thus the “equal variances not assumed” statistics were employed. The results illustrated there were some significant differences between the monogamous and non-monogamous individuals in their current safer-sex practices (refer to Table 2). Specifically there were differences found between the groups in the frequency of condom use with other sexual partners and frequency of STI screenings. An independent samples *t*-test showed a significant difference, $t(150)=-2.994$, $p<.01$, *Cohen's d* = .56 between monogamous and non-monogamous individuals on how often they used condoms with other sexual partners, with the non-monogamous group (M=3.83, SD=1.44) using condoms more frequently with other sexual partners than the monogamous group (M=2.90, SD=1.85). An independent samples *t*-test illustrated a significant difference between monogamous and non-monogamous individuals on the measure of frequency of STI screening, $t(210)=-3.659$, $p<.001$, *Cohen's d* = .51, with non-monogamous individuals receiving STI screenings more frequently than the monogamous group. There were no significant differences found

between the two groups frequency of condom use with their primary partner, $t(213)=-.135$, $p=.893$,

Table 2

Descriptive Statistics Comparing Self-Identified Monogamous Individuals to Self-Identified Non-Monogamous Individuals on Sexual Risk-Behaviors

Variable	<u>Monogamous (n = 97)</u>		<u>Non-Monogamous (n=123)</u>	
	M	SD	M	SD
Current Sexual Relationship				
Length of Current Relationship	109.35	122.43	105.38	111.38
Number of Sexual Partners in the last year**	1.12	.545	4.65	8.78
Frequency of Cheating	2.00	.48	1.94	.24
Current Safer-Sex Practices				
Frequency of Condom Use with Primary Partner	1.49	1.061	1.48	1.08
Frequency of Condom Use with Other Sexual Partners**	2.90	1.85	3.83	1.44
Frequency of STI Screenings**	1.88	.970	2.40	1.064
Trust				
Trust Scale	42.95	7.24	41.96	8.46
Likelihood of Partner Cheating	1.53	.97	1.60	1.05
Sexual History				
Frequency of Condom Use with Past Partners	4.02	1.56	3.73	1.50
Have you ever Cheated	Yes=27 No=70	27.8% 72.2%	Yes = 33 No = 90	Yes = 26.8% No = 73.2%
Has your partner Cheated on you	Yes=12 No = 67	12.8% 71.3%	Yes = 25 No = 83	Yes = 20.3% No = 67.5%

** represents significant mean difference between the two groups at the .01 alpha level.

Trust

The correlations between the trust variables and safer-sex practices were examined for both the monogamous and the non-monogamous groups. The only relationship between trust and safer-sex practices found was for the monogamous group. There was a significant positive relationship between the perceived likelihood of a partner cheating and the frequency of STI screenings ($r = .30$, $n = 92$, $p < .001$). See Table 3 for the correlations between the other variables.

Table 3

Correlations Between Trust and Safer-sex Practices Among Monogamous and Non-monogamous groups

	STI Screening		Condom use	
	Monogamous	Non-monogamous	Monogamous	Non-monogamous
Trust	-.19	.06	-.01	-.16
Cheat Suspicion	.30**	-.07	.19	.09

** represents the correlation is significant at the 0.01 alpha level (2-tailed).

Sexual History

There were no significant differences found between the two groups on details about their sexual histories. There were no significant differences found in past cheating behavior among the non-monogamous and monogamous groups (“Have you ever cheated?”, $\chi^2(1) = .028$, $p = .868$; “Has your partner ever cheated on you?”, $\chi^2(2) = 2.44$, $p = .295$). In addition, an independent samples t -test illustrated there were no significant differences between non-monogamous and monogamous groups and the frequency of condom use with past partners, $t(211) = 1.390$, $p = .166$.

CHAPTER 5

DISCUSSION

The results of this study only partially supported the hypothesis that individuals self-identifying as non-monogamous would engage in more safer-sex practices than those identifying as monogamous. Non-monogamous individuals report having significantly more sexual partners, using condoms with their non-primary sexual partners more frequently and receiving STI screenings more frequently than monogamous individuals. Inconsistent with the hypothesis, there were no differences between non-monogamous and monogamous groups in frequency of condom use with primary sexual partners. This is an interesting null finding, as it illustrates that regardless of relationship type people are using condoms within their primary sexual relationship equally.

Overall, non-monogamous individuals and monogamous individuals are more similar than different in their sexual risk behaviors, as well as demographically. Specifically, there were no differences in frequency of condom use with primary partners. Further, the non-monogamous group reported a larger number of sexual partners in the last year compared to the monogamous group. However, it is not the number of sexual partners itself that increases sexual risk. It is how one protects her/himself through condom use. The non-monogamous group did report using condoms more with other partners than the monogamous group, as well as receiving more frequent STI screening. This is an important discovery, as it illustrates that being part of a non-monogamous relationship does not automatically mean one is at an increased risk of contracting STIs (as long as one is taking appropriate precautions, i.e., using condoms). It also may be that individuals believing they are in a monogamous relationship are not taking measures to protect themselves against

STIs, and are thus at greater risk because of serial monogamy and possible cheating behaviors. Many researchers have already highlighted how individuals thought to be in a monogamous relationship may be wrong and what barriers may impact their sexual risk behaviors (Britton et al., 1998; Maticka-Tyndale, 1991; Misovich, Fisher, & Fisher, 1997; Pilkington, Kern, & Indest, 1994; Williams, 2001). The results of this study further illustrate that individuals in monogamous relationships are less likely to use condoms with other sexual partners.

Further, this study attempted to explore the relationship between trust and safer-sex practices. The only significant relationship found was between the perceived likelihood that one's partner would cheat and the frequency of STI screenings. Most participants reported high levels of trust within the relationship, and although the correlations were not significant there were many that were negative (i.e., trust was negatively correlated to condom use with primary partner for both groups). Thus it appears that if there is more trust within the relationship, there is also a greater likelihood of condom use. As mentioned previously, some may forego condom use in an attempt to maintain trust within the relationship. Some people believe that suggesting condom use may imply a lack of trust within a relationship (Misovich et al., 1997). However, according to this study it appears that when there is more trust in a relationship, condom use is no longer an issue or no longer perceived as a potential threat to the trust within the relationship, and thus condoms may be used more often. Future research may want to examine the relationship between trust and safer-sex practices further, especially in groups with more variance in levels of trust.

This is an important study for relationship and sexual risk behavior research. There has been limited academic research examining non-monogamous relationships, and the

current study sheds light on some of the similarities and differences that may exist between non-monogamous and monogamous individuals. Research could help raise awareness about non-monogamy, and simultaneously educate professionals who may encounter non-monogamous individuals throughout their careers.

Internal validity is the most obvious limitation with the current study. Due to the design of the study (quasi-experimental), there was no manipulation of the independent variable, and therefore the study does not demonstrate a cause and effect relationship between relationship style and sexual risk behaviors. It is impossible to balance the differences among the relationship styles of the participants; it is possible that the two groups differed in other factors besides relationship style. The relationship situation of each participant is also highly likely to be different. Some individuals may come from a highly satisfying relationship versus being part of an unhappy relationship. Different levels of trust and jealousy are likely to impact things such as cheating behavior, frequency of condom use, etc. SurveyMonkey prohibits the completion of a survey multiple times from an individual computer. This helps to ensure that couples are not completing the survey. However, this also assumes that couples share a computer, which is likely not always the case. Thus, there may be an issue with independence of observation. Additionally, there are likely to be differences between monogamous people who visit Craigslist and other sites versus monogamous people who do not visit those types of web sites.

Barker (2005) suggested the polyamory community does not have a voice, and research such as the current study can help. This study demonstrates that the non-monogamous community (including those in the polyamorous community) is not threatening the cost of public health by partaking in increased sexual risk behaviors and not

protecting themselves through safer-sex practices. Future research could attempt to examine the stories individuals have to tell about their relationships. Research could examine whether or not other differences (or similarities) exist between monogamous and non-monogamous groups. For example, researchers could examine vital components of relationships such as trust, jealousy, and communication. Also researchers could examine individual level factors of people participating in various types of relationships. Individual characteristics such as conformity, gender role adherence, and sexual self-schemas would be interesting to examine. An interesting question is what makes some people decide to participate in a non-monogamous relationship when others do not. From an evolutionary psychological perspective it makes sense why men would want to engage in non-monogamous relationships to increase their reproductive fitness. However, women choosing to engage in non-monogamous relationships would be in conflict with this perspective (Buss & Schmitt, 1993). Multiple role theory may better account for women choosing to partake in a non-monogamous relationship. Because women today have multiple roles (i.e., family, career, social), they also have more stress and require more resources. Being a part of a non-monogamous relationship may offer the additional resources needed in these instances (Hyde, DeLamater, & Hewitt, 1998; McCracken & Weitzman, 1997). According to Rubin and Adams (1986), there is no evidence for differences in marital stability among those in sexually exclusive versus sexually open marriages. Future researchers could examine relationship satisfaction in different relationship styles (i.e., open, swinging, polyamorous, and monogamous). It would be particularly interesting to examine whether or not there are differences in life satisfaction as well.

APPENDIX

Questionnaire completed by participants via SurveyMonkey.

Demographic Information

1. What year were you born?
2. What is your Age?
3. What is your zip code?
4. What is your sex? Male/Female
5. What is your Ethnicity?
6. Which of the following do you MOST identify as your sexual orientation?
 - Homosexual
 - Heterosexual
 - Bisexual
 - Questioning
 - Other
7. If you answered “other” to the previous question, please specify here.
8. What is the *highest* level of education you have completed?
 1. Some high school or less
 2. High school graduate
 3. Some trade vocational training
 4. Some college
 5. Trade or vocational certificate/degree
 6. Associate’s degree
 7. Bachelor’s Degree
 8. Advance Degree (Master’s, Doctorate, or Professional Degree)
9. Which best describes your annual household income?
 - Under \$15,000
 - \$15-29,999
 - \$30,000-34,999
 - \$35,000-74,999
 - \$75,000-99,999
 - \$100,00-249,000
 - \$250,000-349,000
 - More than \$350,000

ones, triades (where three people are involved with each other), and quads (e.g. two couples being involved with each other). It is possible to love more than one gender.

2. Next, please rate *EACH* of the styles on how well they correspond to your general relationship style. Please rate all styles.

Monogamous: are in a committed relationship with one other person and that person is who you share all intimate and sexual experiences with.

Not at all well 1 2 3 4 5 6 7 Extremely well

Open-relationship: you and your partner have agreed that it is acceptable to engage in sex outside of the relationship, but these experiences you have with others are solely sexual.

Not at all well 1 2 3 4 5 6 7 Extremely well

Swinging Relationship: The consensual exchange of marital partners for sexual purposes. “the agreement between husband and wife to have sexual relations with other people, in contexts in which they both engage in such behavior at the same time and usually in the same place”

Not at all well 1 2 3 4 5 6 7 Extremely well

Polyamorous: “a relationship orientation that assumes that it is possible (and acceptable) to love many people and to maintain multiple intimate and sexual relationships” (it is possible to maintain multiple love relationships and desirable to be open and honest within these. Common setups include: one or two “primary” partners and other “secondary” ones, triades (where three people are involved with each other), and quads (e.g. two couples being involved with each other). It is possible to love more than one gender.

Not at all well 1 2 3 4 5 6 7 Extremely well

3. Are you in a non-monogamous relationship?

If you are in a non-monogamous relationship, are you open about the relationship to others?

If you are open about your relationship, how long has the relationship been open?

Relationship Questions

Please complete the following survey by answering the questions about your primary partner. If you do not have a primary partner, please pick the partner whose last name comes FIRST alphabetically.

Partner Trust Questions

1. My partner is primarily interested in his own welfare.

- | | | | | | | |
|---------------------------|----------|----------|--------------|----------|----------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No, definitely not | | | Maybe | | | Yes definitely |
2. There are times when my partner cannot be trusted.
- | | | | | | | |
|---------------------------|----------|----------|--------------|----------|----------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No, definitely not | | | Maybe | | | Yes definitely |
3. My partner is completely honest and truthful with me.
- | | | | | | | |
|---------------------------|----------|----------|--------------|----------|----------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No, definitely not | | | Maybe | | | Yes definitely |
4. I feel that I can trust my partner completely.
- | | | | | | | |
|---------------------------|----------|----------|--------------|----------|----------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No, definitely not | | | Maybe | | | Yes definitely |
5. My partner is truly sincere in his/her promises.
- | | | | | | | |
|---------------------------|----------|----------|--------------|----------|----------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No, definitely not | | | Maybe | | | Yes definitely |
6. I feel that my partner does not show me enough consideration.
- | | | | | | | |
|---------------------------|----------|----------|--------------|----------|----------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No, definitely not | | | Maybe | | | Yes definitely |
7. My partner treats me fairly and justly.
- | | | | | | | |
|---------------------------|----------|----------|--------------|----------|----------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No, definitely not | | | Maybe | | | Yes definitely |
8. I feel that my partner can be counted on to help me.
- | | | | | | | |
|---------------------------|----------|----------|--------------|----------|----------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No, definitely not | | | Maybe | | | Yes definitely |

Sexual Risk and Cheating Questions

- How many sexual partners have you had in the last year? How many sexual partners have you had in the last year?
- What is your definition of cheating? Describe what you would consider cheating.
- According to your definition of cheating, have you ever cheated on your partner? (Yes/No)
- If you answered yes to the above question, how often do you cheat?

1	2	3	4	5
Never		Often		Always
- Has your partner ever cheated on you? Yes No Unsure

6. How likely is it that your partner would cheat on you?
1 **2** **3** **4** **5**
Not at all Likely **Somewhat Likely** **Extremely Likely**
7. How likely is it that you would cheat on your partner?
1 **2** **3** **4** **5**
Not at all Likely **Somewhat Likely** **Extremely Likely**
8. How often do you have sexual intercourse?
1 **2** **3** **4** **5**
Never **Yearly** **Monthly** **Weekly** **Daily**
9. How often do you use condoms with your primary partner?
1 **2** **3** **4** **5** N/A
Never **About half the time** **Always**
50%
10. How often do you use condoms with other sexual partners?
1 **2** **3** **4** **5** N/A
Never **About half the time** **Always**
50%
11. When is the last time you had an STD screening?
12. How often do you get STD screening?
1 **2** **3** **4** **5**
Never **Every 2 years** **Once a year** **Every 6 months** **Once a Month**

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VITA

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