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**Claudia Patricia PINEDA MARIN**

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Functional Measurement Applied to Major Societal Issues in  
Colombia: Drug, Sex, Violence and Forgiveness.

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**École doctorale et discipline ou spécialité**

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**Directrice(s) ou Directeur(s) de Thèse**

Maria Teresa MUNOZ-SASTRE

**Jury**

Monsieur Vincent Dru, Professeur des Universités, Université Paris X, Nanterre.  
Madame Nathalie Lionet-Przygodzki, Professeure des Universités, Université Lille 3  
Madame Maria Teresa Munoz Sastre, Professeure des Universités, Université  
Toulouse 2, Jean-Jaurès.  
Madame Liliana Rico-Duarte, Professeure des Universités, Université  
Toulouse 2, Jean-Jaurès.



**Université Toulouse II-Jean Jaurès**  
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**THÈSE**

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Directrice de Recherche  
MUNOZ SASTRE, Maria Teresa, PhD.

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Monsieur Vincent DRU, Professeur des Universités, Université Paris X, Nanterre.  
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Lille 3

Madame Maria Teresa MUNOZ SASTRE, Professeure des Universités,  
Université Toulouse 2, Jean-Jaurès.

Madame Liliana RICO-DUARTE, Professeure des Universités, Université  
Toulouse 2, Jean-Jaurès.

To my parents Alba and Hernán,  
I have always had the responsibility to do my best  
because both of you have always given me your best.

To Pablo,  
thank you for sharing your treasures with me.  
To our baby, we hope your future will be standing on the shoulders of giants.

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# **INTRODUCTION**



To start is important to indicate that this document is structured in two sections: the first one refers to the contextualization of the social factors that frame the Colombian culture and its problems, developed in the four studies of the thesis. And second, the methodological basis on which the statistical analyzes were performed, based mainly on the conglomerate analysis technique developed by Hofmans and Mullet (2013) and the postulates of Anderson's Integration Information Theory and Functional Measurement (2008, 2017).

Colombia is located in northwestern portion South America. Currently, 46 million people inhabit the country and are mainly concentrated in the cities of Bogotá, Medellín, Cali, and Barranquilla. According to the National Administrative Department of Statistics (Departamento Administrativo Nacional de Estadística [DANE]) (2017), the population distribution is mainly explained by the forced displacement of persons resulting from the Colombian armed conflict that lasted nearly 60 years (from 1960 to 2015). According to the ranking of the Global Peace Index (2017), Colombia is located in place 146 of 163 countries, and Colombia also has the second highest numbers of forced migrations within its national territory (only comparable with Syria, Iraq, Somalia, the Central African Republic, South Sudan, and Cyprus). The phenomenon of forced displacement has led to the concentration of persons from distinct areas with diverse cultural customs within the main cities of Colombia.

Individuals who were forcibly displaced mostly inhabit the periphery of large cities where access to basic services (electricity, drinking water, sanitation, and sewage services) is not guaranteed. Thus, many displaced individuals are suffering from multidimensional poverty. In September 2017, the Unit for Victims Assistance and Reparation reported 8,581,339 people as victims of the Colombian armed conflict, of which 7,305,936 were forcibly displaced. Although forced displacement is one of the most egregious crimes of the conflict in terms of number of persons affected, the National Center for Historical Memory (Centro Nacional de Memoria Histórica [CNMH]) (2013)—the national institution charged with recovering historical memories during the Colombian armed conflict—has described a wide diversity of crimes, actors, and victims associated with the conflict. In fact, during the conflict, different cultural dynamics and practices were mediated by violence.

Within the context of the Colombian armed conflict, a diversity of additional problems were overlooked because of the overwhelming brutality of the assassinations, forced disappearances, kidnappings, displacement of persons, and massacres. Problems such as corruption, narco-trafficking, lack of access to education and health, extreme poverty, and violence against women, among other issues, were increasingly visible as the conflict with the guerrillas of FARC-EP became the main concern and focus of the governmental agenda.

In addition to violence, physical, moral, sociocultural, and political damages as well as damages to natural resources were caused by the conflict.

Moral damages are defined by the CNMH (2013) as “. . . any painful alterations to the human spirit entailing significant concerns or states of severe irritation that affect the honor, reputation, and emotional balance of persons and influence the aptitude to think, love, or feel” (. . . toda modificación dolorosa del espíritu, consistente en profundas preocupaciones, o en estados de aguda irritación que afectan el honor, la reputación y el equilibrio anímico de las personas, que inciden en la aptitud del pensar, de querer o de sentir; p. 268). Some of the violent acts perpetrated during the conflict degraded the dignity of persons and their communities and also broke down collective identities. Attacks on community leaders affected social development, as assassination came to be understood as a consequence and punishment for leader’s empowerment, bravery, and desire to lead people during the conflict.

Sociocultural damages were also one of the consequences of the Colombian armed conflict that resulted from broken and altered social bonds. Such social bonds are formed by community rituals and customs and, at the same time, are constitutive of collective identity. The limitation of cultural expressions during the conflict minimized the ability of persons to socialize and, consequently, lead to the disappearance of entire cultures. In several cases, natural areas also suffered damages that harmed social relationships given that nature has been historically connected with the ways of life and existence of many indigenous communities and rural farmers (CNMH, 2013).

Also, as a consequence of the armed conflict, democracy was gravely affected. Political damages were evidenced in the persecution of civil and political organizations, syndicates, farmer associations, movements, and political oppositions (Nasi, 2007). All attempts to achieve progress that occurred outside of the reach of hegemonic political groups were taken as an act of rebellion and were sought to be exterminated. These occurrences led to a loss of political plurality wherein elections were considered to be the only opportunity to exercise democracy, even though elections were also restricted by groups operating outside of the law (paramilitary and guerrilla groups).

In the memories recovered from the conflict, several modalities of individual and collective violence have been identified. For example, massacres intended to create terror and depopulate territories and included multiple assassinations, the burning of homes, the explosion of bombs, and the planting of antipersonnel mines. Forced disappearances were another common crime during the armed conflict. In this case, families also experienced psychological torture; in many cases, disappearances were prolonged for several months or years. The uncertainty of not knowing the whereabouts of loved ones increased pain, suffering, and terror in the face of illegal armed groups. Extrajudicial executions were another crime of the Colombian armed conflict wherein the military forces of the state were often responsible. These executions consisted in the assassination of young people from poor families who were subsequently framed as guerrilla fighters and reported in the media



reported as deaths in combat against the National Army. The families of these young people suffered the pain and loss of losing a loved one and, at the same time, fought against the stigmatization of their communities after their sons and daughters were declared as delinquents. Meanwhile, military members received prizes (bonuses, vacations, honors, etc.) for achieving good results in the fight against guerilla groups. Feelings of sadness were common among rural farmers who were uprooted and forced to migrate to large cities; these persons suffered from humiliation, hunger, cold, and great hostility, among other affronts. Such situations destroyed the dignity and quality of life of many persons. Another common crime was kidnapping. In contrast to forced displacements, kidnappings affected individuals of all social classes and were used as a strategy to acquire money, apply political pressure, and magnify the suffering of families. The abovementioned means of exercising and instilling terror were common among paramilitary groups, guerrilla fighters, and even the Military Forces, who attacked civilians during more than 60 years of conflict.

During the Colombian war, women of all ages, from young girls to elderly women, were also affected and treated as trophies of war. In Colombian culture and, mainly, in rural areas, representations of women, femininity, and female sexuality tend to be associated with the maintenance of familiar and masculine honor. For this reason, sexual violence against women was one means of suppressing and controlling women as well as destabilizing

families. The shame experienced by women following experiences of sexual violence obligated them to remain silent and obstructed their acknowledgment as victims.

In particular, sexual violence is one means of gender violence that expresses domination and exercises power in a violent and arbitrary manner through imposing or observing sexual acts against the will of violated persons (CNMH, 2017). In this context, sexual violence is not caused by uncontrollable masculine instincts but is rather a form of violence exercised by perpetrators to enforce control and domination of a territory or population. The CNMH considers that sexual violence “is a rational action that responds to the capacity and desire to subject another person in a state of helplessness and/or vulnerability. Sexual violence reduces the capacity of persons to make decisions about their sexuality and to have autonomy over their own body and also violates their sexual and reproductive rights” (es una acción racional que responde a la capacidad y voluntad de someter a otra persona que se encuentra en estado de indefensión y/o vulnerabilidad. La violencia sexual reduce a las personas a la incapacidad de decidir y de tener autonomía sobre su propio cuerpo, así como sobre sus derechos sexuales y reproductivos; p. 21). Several types of sexual violence include rape, sexual slavery, forced prostitution, sexual threats, forced sterilization, forced abortion, and forced family planning. In the context of the Colombian armed conflict, sexual violence did not occur by chance but rather formed part of the repertoire of paramilitary

and guerrilla groups as well as the National Armed Forces. Sexual violence differed in type and means across the territory and throughout the conflict.

According to official numbers, 15,076 individuals suffered from sexual violence in Colombia by September 20, 2017. Of these individuals, 91.6% were female children, adolescents, and adults. Between 2000 and 2005, 45.7% of cases were reported; between 2011 and 2014, 11.8% of cases were reported. The first period corresponds with the assault strategy of the paramilitary project and the resurgence of guerrilla actions. The second period coincides with the upsurge of armed groups post demobilization and the reorganization of guerrilla groups. Paramilitary groups were responsible in 4,837 cases (32.2%) and guerrilla groups in 4,722 cases (31.5%). Agents of the state were responsible in another 950 cases, while the responsible party was not identified in 3,973 cases. According to records, guerrilla groups constantly exercised sexual violence throughout the conflict at a relatively low intensity, yet paramilitary groups exercised sexual violence as a clear means of instilling terror among the population.

Given the aforementioned context, Colombia may be currently understood as a country in transition in the midst of implementing a peace process that has generated great conflict and polarization among its citizens. This transition places a certain responsibility on the academic community to carry out research studies to better understand and explain social issues in the country and, in this way, to form sufficient empirical knowledge bases to

facilitate effective psychosocial interventions that would contribute toward the social development of the country following the conflict.

As mentioned, diverse problems with respect to the social and psychological health of Colombia are of concern. In the present thesis, four problems of particular interest are examined: education for preventing drug use, sexual education, the capacity to forgive in situations of medical negligence, and the capacity to forgive acts of violence perpetrated against women in the context of the Colombian armed conflict.

*Studying forgiveness in the Colombian context.*

Presumably, the study of forgiveness in the context of the Colombian armed conflict is relevant given that the dynamics of violence and the possibility of negotiating peace require changes at the political level but also in the face-to-face interactions of ordinary citizens across the country. The changes required to achieve peace imply changes in the feelings and behaviors of individuals across Colombia.

Prior to the studies developed herein, the findings of Azar, Mullet, and Vinsonneau (1999); Neto, Pinto, and Mullet (2007); and Bagnulo, Muñoz Sastre, and Mullet (2009) indicate that forgiveness is the capacity of abused persons to overcome resentment felt for aggressors and to treat them with compassion and even love. The authors identify diverse types of forgiveness as a function of the involved parties: interpersonal forgiveness among individuals, individual forgiveness of a group, collective forgiveness of an

individual, and collective forgiveness of a collective. In addition, diverse factors are relevant in the decision or ability to forgive, including the intention of the act that caused damage, the offering of apologies on behalf of the aggressor, the degree to which the consequences of the act disappeared or were reduced, and the social proximity between the perpetrator of an aggressive act and his or her victim.

Previously, in the Colombian context, López-López, Sandoval Alvarado, Rodríguez, Ruiz, León, Pineda-Marín, and Mullet (2018); López-López, Pineda-Marín, Murcia León, Perilla Garzón, and Mullet (2013a and 2013b); and Cortés, Torres, López-López, Pérez, and Pineda-Marín (2015) studied the significance of forgiveness and reconciliation in terms of situational conditions (unique to the Colombian context) that could facilitate the occurrence of these processes. The studies demonstrated that, for Colombians, forgiveness was mainly associated with the replacement of negative emotions and forgetting. Reconciliation was mainly understood as the reinitiation of interactions and, likewise, as part of the process of forgiving. In studies carried out in 2013, 38% of participants were not in favor of forgiving perpetrators, independently of circumstances. Twenty-nine percent of participants were doubtful yet tended toward an unfavorable perspective of forgiveness. Meanwhile, 15% of participants considered that perpetrators could be systematically forgiven. Only 18% of participants considered that forgiveness could occur if perpetrators expressed remorse.

Notably, people of greater economic resources were mostly in favor of not forgiving, whereas the poorest participants had a more favorable opinion of forgiveness. Once again in 2018, the same authors studied forgiveness as well as reconciliation and found consistent results compared to those in 2013.

Firstly, 29% of participants did not favor forgiveness under any circumstances, whereas 23% demonstrated doubts about forgiveness. Another 18% were in favor of always forgiving. Only 13% of participants were willing to take into account situational conditions with respect to forgiveness. An additional 17% of the population did not have a strong position on this matter. Furthermore, with respect to reconciliation, 92% of participants were hostile toward forgiveness or were located in the group of doubtful individuals who would not voluntarily accept perpetrators as neighbors in their barrios or communities. Ninety-four percent of the same participants did not wish to be work colleagues of the perpetrators.

The theme of forgiveness in Colombia may be raised around a number of issues, two of which are addressed in the present thesis. One deals with Colombians' willingness to forgive in a context distinct to that of politics. Specifically, the willingness to forgive medical negligence is examined to identify whether Colombians are sensitive to contextual circumstances that might facilitate forgiveness and, subsequently, to determine whether these conditions also apply to Colombians' willingness to forgive perpetrators of sexual violence against women.

*Education for young people in Colombia: A right undermined and infringed upon by violence*

In the context of the Colombian conflict, diverse situations have placed young people in conditions of vulnerability. Violence has placed young people in the line of fire yet has also complicated the guarantee of their fundamental rights. In addition, one notable and related problem resulting from a focus on violence is the lack of economic and human resources dedicated to education on drug use and sexuality.

In the case of education to prevent drug use, Colombia is known worldwide for its problems related to the trafficking and production of illegal drugs, especially cocaine. The national population faces similar problems associated with narcotrafficking as well as the consequences of the use of psychoactive substances, both legal and illegal, among young people. The most recent national survey in 2014 found that 42% of Colombians have smoked at least once in their lifetime and that 87% have consumed alcohol. Young people between 18 and 24 years of age are the largest consumers and represented 49.2% of those surveyed. In addition, 19.3% of surveyed alcohol consumers were between 12 and 17 years of age. Finally, 13% of those surveyed reported having used an illegal drug. In addition, according to the survey, 484 thousand individuals exhibit indicators of psychoactive substance abuse and require assistance to decrease or eliminate the consumption of these substances. Marijuana is among the most consumed illegal substance (similar

to the worldwide tendency), with a prevalence of use of 11.5% (of which 62% of those surveyed are between 12 and 24 years of age and 57% exhibit signs of abuse or dependence). Cocaine is the second most consumed illegal substance in Colombia, and 3.2% of those surveyed reported using cocaine at least once in their lifetime. Of those who reported using cocaine, 60% showed signs of abuse and dependence. Recently, other substances have been incorporated into consumption practices in Colombia, including *basuco* (cocaine paste), which is used by approximately 49,000 persons; ecstasy, with a prevalence of use of 0.7%, heroine, with a prevalence of use of 0.7% (equivalent to 31,852 persons); and other inhalable drugs, with a prevalence of use of 0.7% (ODC, 2014).

López-López, Pineda-Marin, Sorum, and Mullet published a study in 2016 on the perspectives of Colombians on distinct drug management policies. These authors identified seven individual perspectives and categorized them under five wider postures: radical constructionists who consider that all policies are unacceptable, cultural conservatives who consider that prohibition is entirely acceptable, progressive prohibitionists who prefer policies of complete prohibition or complete regulation, free trade libertarians who consider that the best option is freedom in the drug market, and, finally, progressive advocates of legalization who prefer regulation of all substances. According to the results, the surveyed individuals considered that campaigns and intervention programs for preventing drug use would make the policies



preferred by each group more acceptable. Taking into account the lack of studies on the perspectives of ordinary individuals and the notion that psychosocial intervention programs should be designed according to the values of a community, the identification of Colombians' perspectives on drug policies has been considered relevant for outlining the most appropriate educational means of preventing the use of legal and illegal substances.

In second place, sexual education for young people is one of the main health concerns in Colombia. According to the figures published online by DANE, there were 641,493 pregnancies in 2016. Of these, 134,454 (21%) were in adolescents between 10 and 19 years of age. According to department of residence, the largest number of pregnancies occurred in Antioquia (12.3%; 16,537) followed by Bogotá DC (10.5%; 14,071), Valle del Cauca (7%; 9,475), Bolívar (5.99%), Atlántico (5.98%), and Cundinamarca (5.34%); the remaining 52.9% of pregnancies were distributed among the 28 remaining departments of Colombia.

To respond to the high rates of adolescent pregnancy and the corresponding consequences for adolescents, the Colombian Institute of Family Welfare (Instituto Colombiano de Bienestar Familiar [ICBF]) states its objective as “leading the formulation, development, and management of policies, plans, programs, projects, and strategies for preventing pregnancy in adolescents from a framework that aims to promote and guarantee sexual and reproductive rights” (liderar la formulación, desarrollo y gestión de políticas,

planes, programas, proyectos y estrategias para la prevención del embarazo en adolescentes en el marco de la promoción y la garantía de los derechos sexuales y reproductivos). Additionally, the institute also distributes informational leaflets titled “Enjoying healthy and pleasurable sexuality is a responsible decision” (Disfrutar de la sexualidad sana y placenteramente es una decisión responsable) that contain 10 pieces of advice for preventing adolescent pregnancy.

The ICBF in partnership with Profamily launched the campaign #Iprotectmyfuture (#Yocuidomifuturo) in 2015 based on “dreams instead of pregnancy” (en lugar de un embarazo, mis sueños) with the goal of preventing adolescent pregnancy, as approximately 408 births occur daily in Colombia among adolescents between 10 and 19 years of age. This program seeks, among other objectives, that parents of families promote a dialogue on sexuality and guide young people to develop a life plan from a young age (in other words, to help young people establish goals and dreams that can materialize if they carefully make appropriate decisions). This program also aims to strength responsible behaviors among young people and to promote young people to anticipate the consequences of pregnancy during adolescence, such as dropping out of school or facing discrimination in different social and educational contexts, among other issues (El Tiempo, 2015).

Although diverse organizations are interested in decreasing early pregnancies and preventing sexually transmitted diseases, many young people

in Colombia have not had the right to sexual education. These young people are particularly vulnerable. In general, prevention programs are developed in schools, and parents have few opportunities to involve themselves in sexual education. Some parents even prefer not to engage the topic with their children or lack the capacity to communicate assertively about sexuality without making value judgments. Certainly, young people can obtain a large quantity of information for themselves, yet one of the places where they commonly begin to ask questions about sexuality is in the home. If sufficient, clear, and realistic information about sexuality without taboos is unobtainable in the home, other sources (not always the most ideal) will complete their knowledge. For this reason, the study presented in the present thesis aimed to identify the perspectives of ordinary individuals on acceptable strategies for educating about sexuality. In addition, within the Colombian context, the perspectives of ordinary individuals are unknown because themes of sexuality have mostly been relegated to teachers and schools. Based on the results, recommendations on the inclusion of different components in sexual education programs may be made for the Colombian and Latin American context.

*Information integration theory and functional measurement as theoretical tools and methodology for the study of drugs, sex, violence, and forgiveness in the Colombian context.*

Information integration theory mainly outlines the psychological processes underlying decision making and judgments in everyday life

(Muñoz-Sastre, López-López & Pineda-Marín, 2017). To explain the way in which different stimuli combine within an individual to allow him to her to perform a general and/or individual analysis of a specific scenario given the different variables that are involved, Anderson (2008) created a diagram of information integration (Figure 1). The diagram is composed of three operators (valuation, integration, and response) that serve as mediators between environmental stimuli and responses emitted by humans. In the diagram, cognition is depicted as a machine that processes stimuli ( $S_A$  and  $S_B$ ), represents stimuli ( $\psi_A$  and  $\psi_B$ ), integrates stimuli, generates an internal response ( $\rho$ ), and finally externalizes response  $R$ . This process is directed by objectives that are subjective and individual, although these objectives can also be constructed and/or contextualized.

In the analysis of this integration process, Anderson (2008) explains that three psychological laws operate on the social personality (average, sum, and multiplication). Accordingly, all persons are capable of emitting responses in situations that combine different stimuli, which are integrated in operator  $i$  (see Figure 1). This process also enables judgments/decisions in addition to different aspects of learning, memory, psychophysics, language, and human development. As the theory is widely applicable, the three corresponding operators can be referred to as the fundamental laws of information integration theory from which guiding conceptual frameworks emerge. These conceptual frameworks are fundamental to information integration theory and are

responsible for the orientation of objectives, thoughts, and actions; consequently, these ascribe to a constructionist model of cognition.

Furthermore, the theory developed by Anderson (2008) departs from the cognitive theory that the functioning of judgments and decisions can be understood based on the aforementioned laws. However, although certain normative and dominant approaches necessitate optimal behavior, these cannot always respond to complex situations. From a cognitive approach, real behavior is sought to be understood. In the case of judgments and decisions, for example, personal values are fundamental but are not within the reach of normative theory. The conceptual aspects implicated by judgments and decisions are motivation, objectives, and values; in addition, functional memory, duality between the internal and the external, biases, and prejudices, as well as heuristic models, all fall within conceptual frameworks unique to each of these subjects.

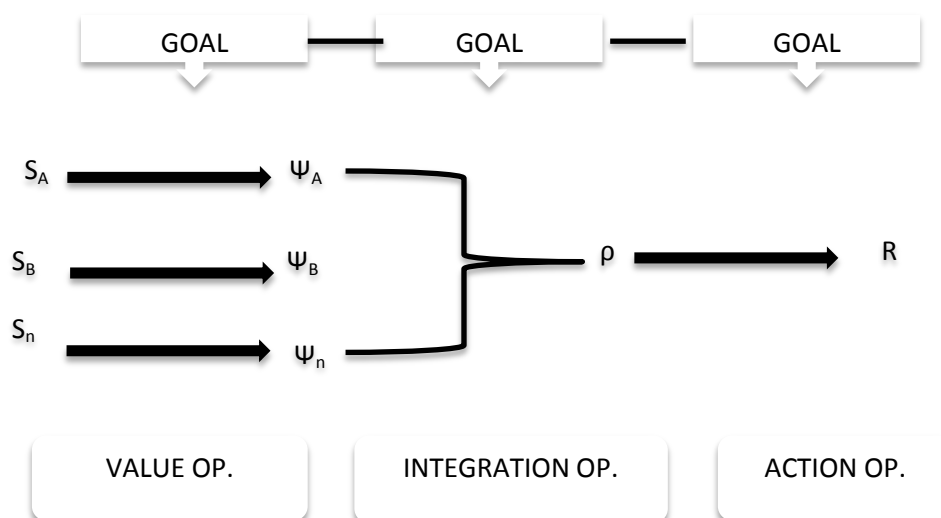


Figure 1. Diagram of integration information.

The theory of Anderson has been applied to diverse areas of psychology. Within the area of decision making in a sporting context, the study of Dru, Pâques, and Mullet (2004) can be highlighted. In addition, the studies of Girard and Mullet (1997), Ligneau-Hervé and Mullet (2005), Ligneau-Hervé et al. (2004), Rulence-Pâques, Fruchard, Dru, and Mullet (2005a, 2005b), Przygodski and Mullet (1997), and Girard and Mullet (2012) examined judgments related with cognitive development. Another study in the area of learning is that of Rulence-Pâques and Mullet (1998). Additional studies on how cultural circumstances influence judgments include those of Ouédraogo and Mullet (2001), Bouazzaoui and Mullet (2002, 2005), and Kpanake, Sorum, and Mullet (2016). In the area of health, Fouquereau, Fernández, Mullet, and Sorum (2003) investigated judgments in regard to alcoholism. In the area of politics, Mullet, López López, Kpanake, Mukashema, Armange, Kamble, Guedez, Pineda-Marin, Muñoz Sastre, Sorum, and Neto (2016) addressed the legitimacy of humanitarian military interventions, perspectives on the responsibilities of government in curbing illegal drug use, the acceptability of political amnesties in times of political transition, perspectives of victims of the Tutsi genocide in Rwanda with respect to the attribution of fault by association with children of the perpetrators, perspectives on slave descendants' acceptability of national reparation policies, the willingness of Colombians to forgive perpetrators of the armed internal conflict, attitudes of Colombian and French individuals

toward drug policies, and perspectives of Colombians on corruption, among other highly relevant social phenomena. Accordingly, the theory of information integration has formed the main methodological strategy and has provided the theoretical bases for understanding how judgments function in ordinary individuals.

Considering the aforementioned context, the four studies of the present thesis are presented as following. First, a study of willingness to forgive among Colombian adults with respect to medical negligence is presented. Second, a study of willingness to forgive offenses committed against women during the armed conflict among Colombian adults is presented. Third, the positions of Colombian adults on drug education for adolescents are mapped. Finally, the stance of Colombian adults on sexual education for adolescents is outlined.





**WILLINGNESS TO FORGIVE  
AMONG COLOMBIAN ADULTS**



## 1.1. INTRODUCTION

Rye and Pargament (2002) have defined forgiveness as letting go of negative affect, cognition, and behavior in response to considerable injustice. In their view, forgiveness may also involve responding positively toward the offender, through compassion for example (see also, Worthington, 2005). Since about thirty years (Enright, Santos, & Al-Mabuk, 1989), psychologists have empirically examined the way people conceptualize forgiveness and the determinants of forgiveness.

Two kinds of determinants have been investigated: Personal and situational. Studies on personal determinants have shown that forgivingness – the general disposition to forgive (Roberts, 1995) – considerably vary from one person to another, and is associated with forgiveness culture in the family during childhood, religious affiliation, personal development through the lifespan, broad personality traits (e.g., emotional stability), more specific personality traits (e.g., perspective-taking abilities), and psychopathology, to quote a few. It has been shown that: (a) people who have experienced high levels of forgivingness from parents were themselves more inclined to forgive than people whose parents were reluctant to do it (Mullet, Rivière, & Munoz Sastre, 2006), (b) Buddhists were slightly more resentful and less forgiving than Christians from the same cultural background (Paz, Neto, & Mullet, 2010), (c) older people were more forgiving than younger people (Allemand,

2008), (d) neurotic people were less willing to forgive in general than emotionally stable people (Mullet, Neto, & Rivière, 2005), (e) people who were capable of perspective-taking were more forgiving than people unable to do so (Takaku, 2001), and (f) people with autism had trouble using information regarding the harmful act before forgiving (Rogé & Mullet, 2011).

Studies on situational determinants have shown that offender's intent to harm, type of offense, severity and permanence/cancellation of consequences, presence of apologies, and close other's attitudes impact on willingness to forgive in concrete situations (e.g., Gauché & Mullet, 2005). When harm was collective, these situational determinants – acknowledgement of responsibility in particular -- were also shown to play a significant role (Etxebarria, Páez, Valencia, Bilbao y Zubieta, 2010). Fehr, Gelfand and Nag (2010) meta-analyzed results from 175 studies reporting correlates of interpersonal forgiveness and concluded that these situational determinants accounted for much greater variance in willingness to forgiveness than people's dispositions.

Most of the studies on forgiveness included in Fehr et al.'s (2010) meta-analysis have been conducted in North America or in Western Europe. The few studies on willingness to forgive that have been conducted in Latin America (López López et al., 2013, 2018) showed, however, a different picture than the one suggested by these authors. In these studies a huge

majority of Latin American participants seemed to be totally insensitive to circumstances.

López López et al. (2013) examined Colombian people's willingness to forgive persons who have been more or less actively involved in the violence that ravaged the country during the past 60 years. They used a scenario technique and presented their 400 adult participants (aged 18–55 years) with 48 realistic cases in which a former perpetrator of violence (a member of the guerillas, the paramilitary, the military or a drug cartel) asked (or does not ask) for forgiveness from a victim's family. These cases were constructed using a three-factor orthogonal design: Degree of Responsibility (organizer, mere agent, or passive bystander) x Severity of the Negative Acts Committed (murder, kidnapping, destruction of property, or theft) x Apologies (no apology at all, acknowledgment of responsibility, begging forgiveness, and begging forgiveness and offering reparation).

Participants were asked to judge the degree to which they would be willing to forgive if they were a family member. Through cluster analysis, three basic attitudes were found. The most common one, which was shared by 67 % of the sample, was termed “no forgiveness under any condition.” Fifteen percent of participants expressed the opposite attitude; that is, they considered that forgiveness should be systematically granted, irrespective of circumstances. Only a small minority (18%) of participants, mostly from the poorest segments of society, took into account the circumstances described in

the scenarios. They considered that forgiveness could be granted each time the former perpetrators expressed true repentance (and, in the case of former organizers, if they have offered adequate compensation and had not committed very severe crimes). López López et al. (2018), using the same methodology and a larger sample ( $N= 550$ , aged 18-67 years) replicated these findings. The respective percentages were 52% (never), 18% (always), and 13% (depending on circumstances). In addition, 17% of the sample was completely undetermined; that is, their ratings were always located in the middle of the response scale.

### **The Present Study**

The fact that only a small minority of participants in the studies by López López et al. (2013, 2018) took into account the circumstances of the offense before judging of their level of willingness to forgive perpetrators of violence may be attributed either to the particular situation examined in these studies (and, more generally, to the political context in Colombia) or to some Colombian people's peculiarities regarding the granting of forgiveness. The first reason seems, however, much more likely than the second reason. As shown by Bagnulo, Muñoz Sastre and Mullet (2009), Latin American people do not conceptualize forgiveness in a way that is fundamentally different from the one found in Western Europe (see also, Mullet & Neto, 2014).

The present study examined the determinants of Colombian people's willingness to forgive in a more neutral context than the one studied by López

López et al. (2013). The material was adapted from Mullet, Rivière, and Muñoz Sastre (2007) who presented their participants with scenarios depicting a situation in which a medical error had been committed by a physician. Four factors were selected: (a) the severity of consequences of the error (severe *vs.* extremely severe, including the risk of death), (b) the degree of negligence associated with the physician's act (clear negligence *vs.* no negligence), (c) apologies or contrition for the act from the physician (direct apologies at the bed of the patient, indirect apologies to family members, or no apologies), and the patient's current health status (consequences still affecting the patient *vs.* consequences fully canceled).

Our hypothesis was that (a) a majority of Colombian participants would take into account the circumstances of the offense when judging of their level of willingness to forgive the physician, and (b) only a minority of participants would be insensitive to these factors and would judge in an all or none way; some of them would, as in López López et al. (2013), never be willing to forgive and others would always be willing to forgive. This hypothesis was based (a) on the findings by Bagnulo et al. (2009) reported above, (b) on findings by Neto et al. (2010) showing that Latin Americans did not differ from Western Europeans in their attitude towards seeking forgiveness, (c) on findings by Etxebarria et al. (2010) showing that Spanish people's attitudes to reconciliation were sensitive to conciliatory message from responsible authorities, and (d) on findings by Guédez and Mullet (2014)

who showed that a substantial minority of Venezuelan people (43%) were, to a large extent, able to take into account the circumstances of an offense before forgiving themselves.

## **1.2. METHOD**

### **1.2.1. Participants**

Participants were 104 adults aged 18-76 years ( $M= 38.89$ ,  $SD= 14.37$ ) who lived in Bogotá. Their demographic characteristics are shown in Table 1. They were approached by one of the research assistants while they were walking along the main sidewalks of the city, usually in areas close to commercial centers and public buildings (e.g., post offices). They were not paid. The participation rate was 52% (a total of 200 people were contacted). The main motive given for not participating was lack of time. The study conformed to the ethical recommendations of the Colombian Society of Psychology; that is, full anonymity was respected and informed consent was obtained from all participants.



Table 1.  
*Demographic Characteristics of the Sample and of Each Cluster. Values in parentheses are percentages.*

Characteristic	Almost Forgive	Never Depends on Circumstances	Almost Always Forgive	Undeterm.	Total
<b>Age</b>					
18-29 Years	5 (14)	20 (57)	9 (26)	1 (3)	35
30-45 Years	5 (15)	16 (49)	9 (27)	3 (9)	33
48+ Years	6 (17)	21 (58)	7 (19)	2 (6)	36
<b>Gender</b>					
Male	10 (22)	25 (54)	11 (24)	0 (0) <sup>a</sup>	46
Female	6 (10)	32 (55)	14 (24)	6 (10) <sup>a</sup>	58
<b>Education</b>					
Primary and Secondary	10 (23) <sup>a</sup>	24 (55)	9 (20)	1 (2)	44
Tertiary	6 (10) <sup>a</sup>	33 (55)	16 (27)	5 (8)	60
<b>Social Class</b>					
Lower Class	3 (19)	5 (31) <sup>a</sup>	7 (44) <sup>a</sup>	1 (6)	16
Middle Class	8 (13)	38 (62) <sup>a</sup>	12 (20) <sup>a</sup>	3 (5)	61
Upper Class	5 (19)	14 (52)	6 (22)	2 (7)	27
<b>Religious Involvement</b>					
Atheist	4 (50) <sup>a</sup>	2 (25)	1 (12)	1 (12)	8
Regular Attendee	12 (13) <sup>a</sup>	55 (57)	24 (25)	5 (5)	96
<b>Victim of Error</b>					
No	10 (14)	41 (56)	17 (23)	5 (7)	73
Yes	6 (19)	16 (52)	8 (26)	1 (3)	31
Total	16 (15)	57 (55)	25 (24)	6 (6)	104

Note: Percentages with the same lowercase letter are significantly

different,  $p < .05$

### 1.2.2. Material

The material consisted of 24 cards describing situations in which a doctor committed a medical error. Each scenario contained four items of information, in the following order: (a) the severity of consequences of the error, (b) the degree of negligence associated with the act, (c) apologies or contrition for the act, and (d) the patient's current health status. The scenarios were obtained by orthogonally crossing these four factors. The design was Severity x Negligence x Apologies x Current health status, 2 x 2 x 3 x 2.

An example of a scenario is the following: "Dr. Vasquez is Mr. Marco's family doctor. Dr. Vasquez prescribed a new treatment for Mr. Marco. Mr. Marco had a strong allergic reaction to this treatment. He was hospitalized for several months, during which he was between life and death. Mr. Marco's allergic reaction was not predictable from a medical point of view. While Mr. Marco was hospitalized, he was visited several times by Dr. Vasquez, who has expressed time and again his sincere apologies. Mr. Marco is now dismissed from the hospital and is leading a normal life. He won't suffer from any subsequent medical consequences. If you were Mr. Marco, to what extent would you be willing to forgive Dr. Vasquez?"

### 1.2.3. Procedure

Data collection took place in 2016 and 2017. It was completed in a quiet room, usually in the participant's home. Each person was tested

individually. Participants responded using a 15-point response scale ranging from Definitely Not (left anchor) to Definitely Yes (right anchor). As recommended by Anderson (2008), the experimentation included two phases. In the familiarization phase, the experimenter explained what was expected and presented each participant with 12 vignettes taken from the complete set. For each vignette, the participant read it out loud, was reminded by the experimenter of the items of information in the story, and then made an acceptability rating by marking the response scale. After completing the 12 ratings, the participant was allowed to review his/her responses and compare and change them if needed. In the experimental phase, each participant gave ratings for the whole set of 24 vignettes. No time limit was imposed, but the participant was no longer allowed to review and change previous responses. In both phases, the experimenter made certain that each participant, regardless of age or educational level, was able to grasp all the necessary information before making a rating.

The participants took 25 to 35 minutes to complete both phases. The experimental phase was shorter since the participants were already familiar with the task and the material. The participants were told in advance of the approximate length of the experiment. No participant voiced any complaint about the number of vignettes or about the credibility of the proposed situations.

### 1.3. RESULTS

A cluster analysis, using the K-means procedure (Hofmans & Mullet, 2013), was first applied in order to detect qualitatively different patterns of ratings. A four-cluster solution was retained (Schepers & Hofmans, 2009). An overall ANOVA was conducted with a design of Cluster x Negligence x Severity x Apologies x Current health status, 4 x 2 x 2 x 3 x 2. Owing to the great number of comparisons, the significance threshold was set at .001. As the cluster effect and three of the four two-way interactions involving cluster were significant, separate ANOVAs were conducted at the cluster level (excepted for the smallest one). Results are shown in Table 2.

The first cluster ( $N= 16$ , 15% of the sample) was the expected *Almost never forgive* cluster. As shown in Figure 2, both curves were located at the bottom of the graph; that is, most ratings were low ( $M= 3.54$ ). They were slightly higher (a) when the consequences were fully cancelled ( $M= 4.56$ ) than when they were not ( $M= 2.52$ ), and (b) when the physician directly apologized to the patient ( $M= 4.22$ ) than when the physician apologized to the family ( $M= 3.63$ ) or when no apologies were offered ( $M= 2.77$ ). As shown in Table 2, participants considering themselves as atheist and participants with primary or secondary education were more often members of this cluster than regular attendees to the church and participants with tertiary education.

Table 2.  
Main Results of the ANOVAs Conducted at the Cluster Level.

Cluster and Factor	df	MS	F	p	Eta
Cluster : Almost Never					
Forgive					
Severity	1	18.82	1.17	.30	.07
Neglect	1	217.50	10.14	.01	.40
Apologies	2	67.55	7.51	.001	.33
Current State	1	402.21	14.08	.001	.48
Cluster : Depends on Circumstances					
Severity	1	85.53	18.77	.001	.26
Neglect	1	1 058.43	43.78	.001	.45
Apologies	2	2 370.22	75.54	.001	.58
Current State	1	4 162.38	71.93	.001	.57
Cluster : Almost Always Forgive					
Severity	1	3.23	1.51	.23	.06
Neglect	1	91.26	11.80	.002	.33
Apologies	2	150.82	11.33	.002	.32
Current State	1	288.43	12.26	.001	.34

The second cluster ( $N= 57$ , 55% of the sample) was the expected *Depends on Circumstances* cluster. As shown in Figure 2, curves were clearly ascending and separated. Ratings were clearly higher (a) when the consequences were fully cancelled ( $M= 9.04$ ) than when they were not ( $M= 5.50$ ), (b) when the physician directly apologized to the patient ( $M= 9.75$ ) than when the physician apologized to the family ( $M= 6.90$ ) or when no apologies were offered ( $M= 5.16$ ), (c) when the allergic reaction could not have been

anticipated ( $M= 8.17$ ) than when it could have been anticipated ( $M= 6.38$ ), and (d) when the reaction was not too severe ( $M= 7.53$ ) than when it was very severe ( $M= 7.02$ ). Participants from lower social class were less often members of this cluster than other participants.

The third cluster ( $N= 25$ , 24% of the sample) was the expected *Almost always forgive* cluster. As shown in Figure 2, both curves were located at the top of the graph; that is, most ratings were high ( $M= 12.56$ ). Ratings were slightly higher when the physician directly apologized to the patient ( $M= 13.34$ ) than when the physician apologized to the family ( $M= 12.72$ ) or when no apologies were offered ( $M= 11.62$ ). Participants from lower social class were more often members of this cluster than other participants.

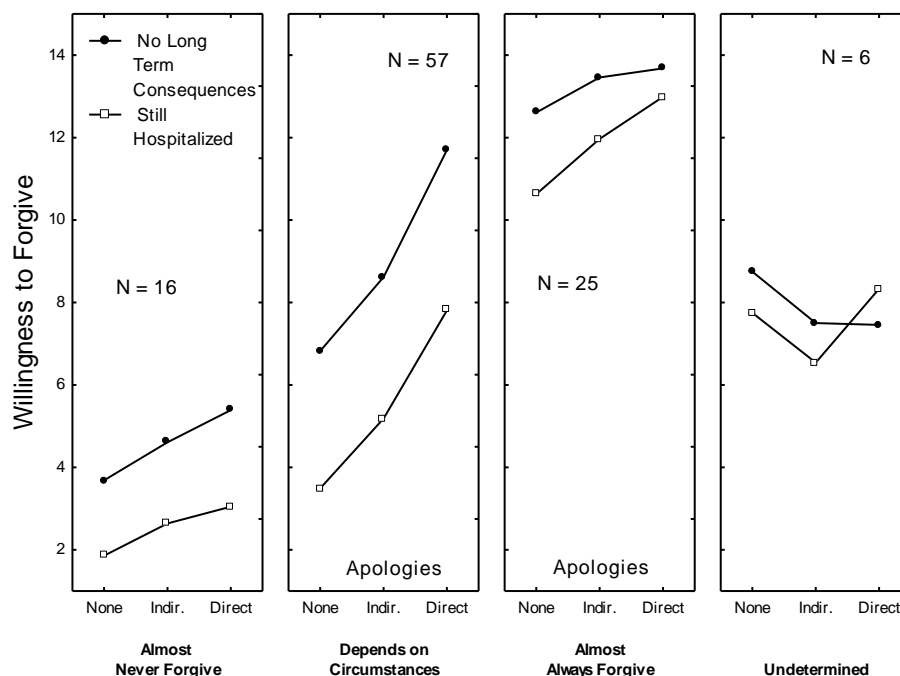


Figure 2. Patterns of results corresponding to the four clusters. In each panel, the mean willingness to forgive ratings are on the y-axis, the apologies levels are on the x-axis, and the two curves correspond to the two levels of the cancellation of consequences factor.

Finally, the fourth cluster ( $N= 6$ , 5% of the sample) was called *Undetermined*. Ratings were always in the middle range of the scale ( $M= 7.60$ ). Female participants were more often members of this cluster than male participants.

Two additional ANOVAs were conducted on the whole set of data, with gender or age as between-subject factors. They showed that, overall, the effects of these factors on willingness to forgive were not significant.

## 1.4. DISCUSSION

As expected, a majority of participants took into account the circumstances of the offense for judging of their level of willingness to forgive in each case. For them, three situational factors were particularly important. Ratings were high when the error was accidental, when the physician directly apologized to the patient, and when the patient's current health state was good. Ratings were low when the error was the result of neglect from the physician's part, when no apologies were offered, and when the patient's current health state was still affected by the treatment. These results are fully consistent with findings reported by Mullet et al. (2007). Compared to these factors, severity of reaction played a minor role; this result was also consistent with findings reported by these authors.

As expected, a minority of participants rated all scenarios either low or high; that is, they did not give much importance to the circumstances of

the offense. They were, however, not completely blind to them. In both cases, the current state factor, for example, had an effect. As a result, it can be stated that the decision to rate all scenarios more or less in the same way is a voluntary decision, possibly based on personal conceptualizations regarding forgiveness: Atheists were, more (less) often than regular attendees members of the never (always) forgive cluster. This result was consistent with findings by Mullet et al. (2003) who reported a strong effect of religious involvement (namely, regular attendance to church) on willingness to forgive.

Finally, a small group of participants did not express any clear view regarding forgiveness in this kind of situation. This finding is important from a methodological view. If the participants in this cluster had been asked to give only one response—to a generic question or to a single scenario—their responses would have been interpreted as medium level of willingness to forgive in the particular situation described in the question or in the scenario. Having them respond to multiple scenarios permitted us to distinguish an absence of opinion from medium level of willingness to forgive, i.e., it showed, or at least suggested, that they did not actually make judgments but merely put marks more or less at the same spot for each scenario. Such a group of participants without any definite views had also been found in López López et al. (2018).



## 1.5. LIMITATIONS

The sample of participants was a convenience sample of adults contacted in the streets of the main town of the country, and this sample was of moderate size. The present study was not epidemiological in character; that is, it was not intended to estimate precisely the proportion of people expressing each of the positions that were found. Such studies would require very large, representative sets of participants. The present study was instead a psychological study; its aim was to delineate the way in which participants utilized the information provided in realistic scenarios. For such studies, community samples of participants are sufficient because the different possible positions are limited in number and rough estimates of the percentage of participants who endorse each position are usually sufficient. The main interest of the study was to demonstrate that, in addition to total agreement or total rejection of forgiveness, alternative, more complex and more circumstances-determined positions can exist among Colombians.

## 1.6. IMPLICATIONS

The results of the present study have direct implications on the way the findings reported by López López et al. (2013, 2018) can be interpreted. If most participants in these studies rated the scenarios depicting a former perpetrator of violence either high or low, irrespective of circumstances, it was because they wished to express strong opinions regarding the proper treatment

that, in their view, violent people deserve. It was not because, as regards forgiveness, their views and practices were different from the views and practices of people from other cultures. They expressed what López López et al. (2018) considered as a gut reaction to violence and to violent people. Findings from other studies examining collective culpa, reconciliation, and reparation, and conducted in other Latin America countries, also support this view (Páez, Martín Beristain, González, Basabe, & De Rivera, 2010).

**COLOMBIAN PEOPLE'S  
WILLINGNESS TO FORGIVE  
OFFENSES AGAINST WOMEN  
PERPETRATED DURING THE  
ARMED CONFLICT**



## 2.1. INTRODUCTION

The present study examined Colombian people's positions on forgiving perpetrators of offenses against women during the armed conflict that ravaged the country for more than a half a century. Two studies conducted in Bogotá, Colombia, before the peace accord (López López, Pineda Marín, Murcia León, Perilla Garzón, & Mullet, 2013; López López, Sandoval Alvarado, Rodríguez, Ruiz, David León, Pineda Marín, & Mullet, 2017) showed that a majority of participants (67% in the 2013 and 52% in the 2017 study) were of the opinion that forgiveness should not be granted to former perpetrators of violence, irrespective of circumstances; that is, even if these people had not committed very severe crimes or had expressed true repentance. The present study was similar in spirit to these previous studies but it examined specifically the willingness to forgive perpetrators of crimes against women, and it explored the relationship between willingness to forgive perpetrators and attitudes to the peace process (e.g., attitude to peace dialogs in La Habana).

In Colombia, a long-running armed conflict had, since 1960, opposed left-wing insurgents (mostly members of the Fuerzas Armadas Revolucionarias de Colombia, FARC), the governmental army, and right-wing paramilitaries. As the insurgents secured more and more resources from the illegal drug trade that they partly managed, the conflict expanded

nationally in the 80s. The violence receded, however, at the beginning of the current century: The insurgents gradually lost control of most of their territorial gains, the Colombian army secured the recovered areas, and the paramilitary groups were dismantled (Granada, Restrepo, & Vargas, 2009). From 1960 to 2016, a total of about 6,000,000 people have been displaced, and about 300,000 people have disappeared. Severe human rights violations have been perpetrated by all parts implicated in the conflict (Human Rights Watch, 2017).

The peace accord that was signed in 2016 provided for adequate compensation of all the victims, full disclosure of information, and protection against possible aggression of all participants in the transitional justice process. It also stipulated that measures should be implemented in order to secure, as far as possible, coexistence and reconciliation between all citizens, in order to prevent the resumption of conflicts. Following the signing, the press reported several meetings between victims and perpetrators as, for example, in the small town of Bojayá in which, in 2002, the FARC killed or severely hurt more than 200 villagers, among them many women. Ex-members of this group, who admitted to be the authors of the massacre, met the victims and the victims' families, expressed repentance, and begged for forgiveness (New York Times, 2016).

Positive relationships among people living and working in the same places are the condition of productive collaboration. If after a civil conflict, a

country must rebuild its material infrastructure in all the damaged areas, it must also rebuild trust and cooperation among all citizens (Mukashema & Mullet, 2013). Although the rebuilding of trust and cooperation may seem to be an unattainable objective, it is nevertheless an inescapable one (Kaufman, 2006). Enduring resentment and feelings of revenge can only generate lasting unhappiness among affected parties. As a result, examining how former opponents in countries having experienced bloody internal conflicts are able to forgive and to feel forgiven is not a futile exercise (Gibson, 2007).

Many studies assessing citizens' willingness to forgive have been conducted in post-conflict settings (e.g., Azar, Mullet, & Vinsonneau, 1999; Bayer, Klasen, & Adam, 2007; Moeschberger, Dixon, Niens, & Cairns, 2005; Pham, Weinstein, & Longman, 2004). Overall, most of their findings were consistent with Fehr, Gelfand, and Nag's (2010) suggestion that circumstantial factors such as offenders' apologies for the harm they caused accounted for most of the explained variance in willingness to forgive.

### **Colombian People's Attitudes towards Forgiving Former Actors in the Armed Conflict**

As already stated, two studies on willingness to forgive perpetrators of violence have recently been conducted in Colombia. In the first of these studies (Lopez Lopez et al., 2013), 400 adults living in Bogotá were presented with a set of realistic vignettes in which a former perpetrator of violence (e.g., a member of the guerillas) asked for forgiveness from a victim's family. Three

factors were manipulated: the degree of the perpetrators' responsibility (e.g., mere agent executing orders), the type of crime committed (e.g., destruction of property), and whether apologies were offered or not. No information regarding whether or not the perpetrator had previously been sentenced or amnestied was given. Through cluster analysis, four personal positions regarding forgiveness were found. For 38%, mostly from the wealthier segments of society, forgiveness should never be granted. Twenty-nine percent were hesitant: Their position was similar to the previous one but they were less blatantly hostile to forgiveness. In contrast, 15%, mostly from the poorest segment of society, considered that forgiveness should always be granted, and 18%, mostly from the poor segments of society, considered that, each time the former perpetrators have expressed true repentance, forgiveness could be granted. In the second study (Lopez Lopez et al., 2017), 550 adults, also living in Bogotá, were presented with a largely similar set of realistic vignettes in which information regarding whether or not the perpetrator had been sentenced or amnestied was, this time, indicated. The same positions were found: *Never forgive* (29%), *Hesitant* (23%), *Always forgive* (18%), and *Depends on circumstances* (13%). In addition, 17% of the sample was totally undetermined, which Lopez Lopez (2017) related to recent statements issued in the national press showing that as the peace process developed, some people may have become indecisive (e.g., El Espectador, 2013). In both studies, a striking finding was that very few participants adopted positions



showing that at least minimal deliberation (weighing the pros and the cons) had taken place before responding.

### **The Present Study**

The present study complemented the studies reported above in two ways. Firstly, it considered a range of offenses that was more varied than the one considered in previous studies. In Lopez Lopez et al.'s (2013, 2017) studies, offenses ranged from theft and destruction of property to kidnapping and murder. In the present study two *a priori* less severe offenses were introduced: verbal assault (without any physical brutality) and manhandling. Also, rape was introduced, in addition to murder, because we wanted to know the extent to which rape would be considered as more forgivable than murder. As rape was introduced as a type of offense, in all scenarios, the victim was always a woman. We expected that, as a result of the introduction of this larger range of crimes, the effect of the type of crime factor on willingness to forgive would be stronger than in both previous studies.

Secondly, the present study aimed at directly relating positions regarding forgiveness and the political context in the country. Several socio-political issues were debated in the press at the time of data gathering: Are the current peace dialogs that are taking place in La Habana really necessary for stopping the violence in the country? Does citizens' security depend on the peace agreements that are to be signed? Would it be acceptable to allow members from former illegal armed groups to participate in political life? As

stated above, unforgiveness and concomitant feelings of revenge among most citizens; that is, damaged psychological infrastructure can be a serious impediment to the rebuilding of other infrastructures, including political life. In an atmosphere of suspicion and resentment, the civil society cannot fully develop or redevelop, and the return to political normality may, as a result, be delayed.

### **Hypotheses**

Our first hypothesis was that the four positions reported in both previous studies would be found in the current study: *Never forgive* (irrespective of circumstances), *Hesitant*, *Depends on circumstances*, and *Always forgive*. We also expected that the *Depends on circumstances* position would include severity of offense as an important circumstance, in addition to the presence or absence of apologies.

Our second hypothesis, which was closely related to the first one, was that, among participants sharing the *Depends on circumstances* position, rape would not be considered as more forgivable than murder. This hypothesis was based on previous work showing that, in countries where death penalty existed, most people considered that rape deserved it quite to the same extent than murder (see, Kamble & Mullet, 2016).

Our third hypothesis was that positions regarding forgiveness would be associated with attitudes regarding socio-political issues currently debated in Colombia. In particular we expected that participants asserting the always

forgive position would be more favorable to the peace dialogs in La Habana, and should be more convinced that Colombian's security strongly depends on the signature of a peace accord than participants asserting the never forgive or hesitant positions.

## **2.2. METHOD**

### **2.2.1. Participants**

Participants were 230 adults (43% males) aged 18-76 years ( $M= 30.72$ ,  $SD= 11.93$ ) who lived in Bogotá. Forty-two per cent of them were from low economic background, 36% from intermediate economic background and 22% from high economic background. Eight per cent had primary school education, 42% had secondary education, and 42% had a university degree. The participation rate was of 58%. The main motive expressed for not participating was lack of time. The study conformed to the ethical recommendations of the Colombian Society of Psychology; that is, full anonymity was respected and informed consent was obtained from all participants.

### **2.2.2. Material**

The material consisted of 72 cards describing situations in which a male offender (e.g., a member of the guerilla) committed a violent act (e.g., rape) against a non-combatant woman. Each scenario contained four items of information, in the following order: (a) the identity of the perpetrator (a

member of the paramilitary, the guerilla, or the military), (b) the severity of the violent act (killing, rape, manhandling, or verbal assault), (c) the degree of responsibility for the act (organizer of the violence or mere executor of orders), and (d) the offender's subsequent behavior (neither repented or begged for forgiveness, met the family and begged for forgiveness, or begged for forgiveness and offered to compensate for the harm done). The scenarios were obtained by orthogonally crossing these four factors. The design was Identity x Severity x Responsibility x Subsequent Behavior, 3 x 4 x 2 x 3.

An example of a scenario is the following: "Enrique Calderón is a former member of the guerilla. He has committed acts of violence during the civil conflict. Among these acts was the killing of Belén González, a non-combatant woman who lived in a village. These violent acts were planned by his superiors. Enrique just followed orders. Currently, Enrique wishes to reintegrate into civil society. He appeared in person at the González family. He explained what happened to Belén. He begged for forgiveness. He was apparently very emotional. If you were a member of the González family, to what extent would you be willing to forgive Enrique Calderón for what he did to Belén?" Responses were given on 11-point scales ranging from Not at all (0) to Fully agree to forgive (10).

The material also comprised one question about the participant's level of religiosity and five additional questions related to the current political context in Colombia: To what extent do you think that (a) the current peace

dialogs in La Habana are necessary for stopping the violence in the country, (b) citizens' security depends on the agreements that are to be signed in La Habana, (c) the participation in politics of members from former illegal armed groups would be acceptable, (d) every former member of illegal armed groups who wish to be reintegrated into society should, first of all, be judged and incarcerated, and (e) people who subject themselves to the reintegration process are not fully trustworthy. Responses were given on 5-point scales ranging from Not at all (0) to Fully agree (5).

### **2.2.3. Procedure**

Data collection took place in 2015 and 2016, at a time where the peace process in Colombia was running and the cease of fire was about to be signed. The procedure followed Anderson's (2008, 2017) recommendations for this kind of study. Each person was tested individually, and data collection was completed in a quiet room, usually in the participant's home. Participants took 35 to 40 minutes to complete the ratings. No participant voiced complaints about the number of vignettes or about the credibility of the proposed situations. The additional items were presented at the end of the sessions.

## **2.3. RESULTS**

As very diverse positions were expected, a cluster analysis, using the K-means procedure (Hofmans & Mullet, 2013), was first applied in order to

detect qualitatively different patterns of ratings. As each participant had given three series of 24 ratings on scenarios containing the same information (type of crime, level of responsibility, and presence/absence of apologies) but differing regarding the perpetrator's identity (paramilitary, guerilla, and military), the total number of profiles of ratings analyzed was  $3 \times 230 = 690$ . As four positions were expected a four-cluster solution was first applied, and then three-, five-, six- and seven-cluster solutions were subsequently examined. The six-cluster solution was retained because it provided the most interpretable patterns.

An overall ANOVA was conducted with a design of Cluster x Severity x Responsibility x Subsequent behavior,  $6 \times 4 \times 3 \times 3$ . Owing to the great number of comparisons, the significance threshold was set at .001. As the cluster effect and all the two-way interactions involving cluster were significant, separate ANOVAs were conducted at the cluster level. Results are shown in Table 3. Five of the six clusters are shown in Figure 3.

Table 3.  
*Main Results of the ANOVAs Conducted at the Cluster level and on the Whole Sample.*

Cluster and Factor	df	MS	F	p	$\eta^2_p$
<b>Cluster Never Forgive</b>					
Crime (C)	3	8.73	15.52	.001	.08
Responsibility (R)	1	9.83	22.89	.001	.11
Behavior (B)	2	4.90	18.25	.001	.09
<b>Cluster Hesitant</b>					
Crime (C)	3	256.75	66.00	.001	.22
Responsibility (R)	1	542.04	97.83	.001	.30
Behavior (B)	2	790.84	149.23	.001	.39
C x B	6	4.39	5.52	.001	.02
<b>Cluster Depends on Crime</b>					
Crime (C)	3	3 179.82	304.43	.001	.71
Responsibility (R)	1	264.30	60.04	.001	.32
Behavior (B)	2	724.79	120.40	.001	.49
C x B	6	42.74	26.16	.001	.17
<b>Cluster Depends on Behavior</b>					
Crime (C)	3	29.49	9.73	.001	.16
Responsibility (R)	1	4.31	2.30	.14	.04
Behavior (B)	2	5 788.08	872.41	.001	.94
<b>Always Forgive</b>					
Crime (C)	3	1.34	1.69	.17	.03
Responsibility (R)	1	0.39	0.97	.33	.02
Behavior (B)	2	5.93	4.59	.01	.08
<b>Cluster Undetermined</b>					
Crime (C)	3	0.86	0.19	.90	.01
Responsibility (R)	1	5.50	0.47	.50	.01
Behavior (B)	2	12.16	2.34	.10	.07
<b>Overall</b>					
Perpetrator's Identity (P)	2	107.34	15.43	.001	.06
Crime (C)	3	1 347.19	85.64	.001	.28
Responsibility (R)	1	498.47	51.20	.001	.19
Behavior (B)	2	2 448.33	84.24	.001	.27
P x C	6	12.37	4.91	.001	.02
P x B	4	4.49	4.93	.001	.02
C x B	6	15.67	11.79	.001	.05
P x C x R	6	4.94	4.67	.001	.02

The first cluster of profiles ( $N= 187$ , 27% of the profiles of ratings) was the expected *Never forgive* cluster. Most ratings were very low ( $M= 0.26$ ). They were slightly higher (a) in cases of verbal assault ( $M= 0.37$ ) than in cases of killing ( $M= 0.17$ ), (b) when the offender was an executor ( $M= 0.30$ ) rather than an organizer ( $M= 0.21$ ), and (c) when the offender directly apologized to the family and offered compensation ( $M= 0.31$ ) than when no apologies were offered ( $M= 0.20$ ). As shown in Table 4, profiles of participants who were single were less often found in this cluster (22%) than profiles of participants who were married or who had been married (33%).

The second cluster ( $N= 236$ , 34% of the profiles) was the expected *Hesitant* cluster. Ratings were low ( $M= 2.21$ ), although higher than in the previous cluster. Also, they were higher (a) in cases of verbal assault ( $M= 2.72$ ) or manhandling ( $M= 2.40$ ) than in cases of killing ( $M= 1.82$ ) or rape ( $M= 1.89$ ), (b) when the offender was an executor ( $M= 2.52$ ) rather than an organizer ( $M= 1.90$ ), and (c) when the offender directly apologized to the family ( $M= 2.33$ ) and offered compensation ( $M= 2.79$ ) than when no apologies were offered ( $M= 1.50$ ). As shown in Table 4, profiles of male participants (28%), of 22-78 year olds participants (28%), of participants from either low (27%) or high background (30%), and of not-single participants (24%) were less often found in this cluster than profiles of females (39%), of very young participants (47%), of participants from intermediate economic background (45%), and of single participants (42%).



Table 4.  
Composition of the Clusters

Characteristics	Cluster						N
	Never	Hesitant	Crime	Behavior	Always	Undeterm.	
Gender: $\chi^2(5) = 15.30, p < .01$							
Females	108(27)	153 (39) <sup>a</sup>	66 (17)	21(5) <sup>a</sup>	31 (8)	17 (4)	396
Males	79 (27)	83 (28) <sup>a</sup>	61 (21)	33 (11) <sup>a</sup>	21 (7)	17 (6)	294
Age: $\chi^2(15) = 93.80, p < .001$							
18-21 Years	53 (25)	101(47) <sup>abc</sup>	45 (21) <sup>a</sup>	5 (2) <sup>abc</sup>	3 (1) <sup>a</sup>	9 (4)	216
22-29 Years	52 (33)	41 (26) <sup>a</sup>	37 (24) <sup>b</sup>	18 (12) <sup>a</sup>	2 (1) <sup>b</sup>	6 (4)	156
30-39 Years	33 (23)	40 (28) <sup>b</sup>	32 (22) <sup>c</sup>	15 (11) <sup>b</sup>	19(13) <sup>a</sup> <sub>b</sub>	5 (3)	144
40+ Years	49 (28)	54 (31) <sup>c</sup>	13 (8) <sup>abc</sup>	16 (9) <sup>c</sup>	28(16) <sup>a</sup> <sub>b</sub>	14 (8)	174
Socio-Economic Level: $\chi^2(10) = 47.68, p < .001$							
Low	88 (30)	78 (27) <sup>a</sup>	57 (20)	12 (4) <sup>a</sup>	34(12) <sup>a</sup> <sub>b</sub>	19 (7)	288
Intermediate	61 (24)	112 (45) <sup>ab</sup>	40 (16)	19 (8) <sup>b</sup>	9 (4) <sup>a</sup>	8 (3)	249
High	38 (25)	46 (30) <sup>b</sup>	30 (20)	23 (15) <sup>ab</sup>	9 (6) <sup>b</sup>	7 (4)	153
Marital Status: $\chi^2(15) = 42.78, p < .001$							
Single	85 (22) <sup>a</sup>	162 (42) <sup>a</sup>	78 (20)	25 (7)	15 (4) <sup>a</sup>	19 (5)	384
Not Single	102(33) <sub>a</sub>	74 (24) <sup>b</sup>	49 (16)	29 (10)	37 (12) <sup>b</sup>	15 (5)	306
Educational Level: $\chi^2(10) = 40.75, p < .001$							
Primary	15 (28)	17 (31)	1 (2) <sup>ab</sup>	10 (18) <sup>ab</sup>	9 (17) <sup>a</sup>	2 (4)	54
Secondary	95 (30)	98 (31)	60 (19) <sup>a</sup>	15 (4) <sup>a</sup>	28 (9)	22 (7)	318
Tertiary	77 (24)	121 (38)	66 (21) <sup>b</sup>	29 (9) <sup>b</sup>	15 (5) <sup>a</sup>	10 (3)	318
Perpetrator's Identity: $\chi^2(10) = 11.27, p = .33$							
Paramilitary	54 (24)	77 (34)	56 (24) <sup>a</sup>	17 (7)	17 (7)	9 (4)	230
Guerilla	65 (28)	75 (33)	41 (18)	19 (8)	17 (7)	13 (6)	230
Military	68 (30)	84 (36)	30 (13) <sup>a</sup>	18 (8)	18 (8)	12 (5)	230
Total	187(27)	236 (34)	127 (18)	54 (8)	52 (8)	34(5)	690

Note: N= Total number of profiles

The third cluster (N= 127, 18%) was called *Depends on crime* because this factor was, by far, the one with the strongest impact. Ratings were clearly

higher in cases of verbal assault ( $M= 5.67$ ) or manhandling ( $M= 4.50$ ) than in cases of killing ( $M= 1.82$ ) or rape ( $M= 1.89$ ). Also, ratings were higher when the offender was an executor ( $M= 3.65$ ) rather than an organizer ( $M= 3.06$ ), and when the offender directly apologized to the family ( $M= 3.70$ ) and offered compensation ( $M= 9.98$ ) than when no apologies were offered ( $M= 2.39$ ). In addition the effect of the subsequent apologetic behavior varied as a function of type of crime. In cases of verbal assault, the effect of the apologetic behavior was stronger ( $6.52 - 4.25 = 2.27$ ) than in cases of killing ( $1.91 - 1.04 = 0.87$ ). In all four cases involving verbal assault and offer of compensation, ratings were clearly on the positive side of the response scale; that is higher than 6. As shown in Table 4, profiles of older participants (8%), and of participants with primary education (2%) were less often found in this cluster than profiles of participants aged 18-39 (22%), and participants with secondary or tertiary education (20%). Profiles corresponding to situations involving a military were less often found in this cluster (13%) than profiles corresponding to situations involving a paramilitary (24%).

The fourth cluster ( $N= 54$ , 8%) was called *Depends on apologetic behavior* because this factor was, by far, the one with the strongest impact. Ratings were clearly higher when the offender directly apologized to the family ( $M= 7.21$ ) and offered compensation ( $M= 7.45$ ) than when no apologies were offered ( $M= 0.93$ ). Also, ratings were higher in cases of verbal assault ( $M= 5.59$ ) or manhandling ( $M= 5.29$ ) than in cases of killing ( $M=$

4.95) or rape ( $M= 4.97$ ). In all 12 cases involving the seeking of forgiveness, ratings were clearly on the positive side of the response scale. As shown in Table 4, profiles of female participants (5%), of very young participants (2%), of participants from either low or intermediate background (7%), and of participants with secondary and tertiary education (6%) were less often found in this cluster than profiles of males (11%), of older participants (11%), of participants from high economic background (15%), and of participants with primary education (18%).

The fifth cluster ( $N= 52$ , 8%) was the expected *Always forgive* cluster. Most ratings were high ( $M= 8.33$ ). As shown in Table 4, profiles of participants aged 18-29 (1%), of participants from either high or intermediate background (5%), of single participants (4%), of participants with tertiary education (5%) were less often found in this cluster than profiles of older participants (15%), of participants from low economic background (12%), and of participants with primary education (17%). Finally, the sixth cluster ( $N= 34$ , 5%, not shown in Figure 3) was called *Undetermined*. Ratings were always in the middle range of the scale ( $M= 5.53$ ), and no significant effect was detected.

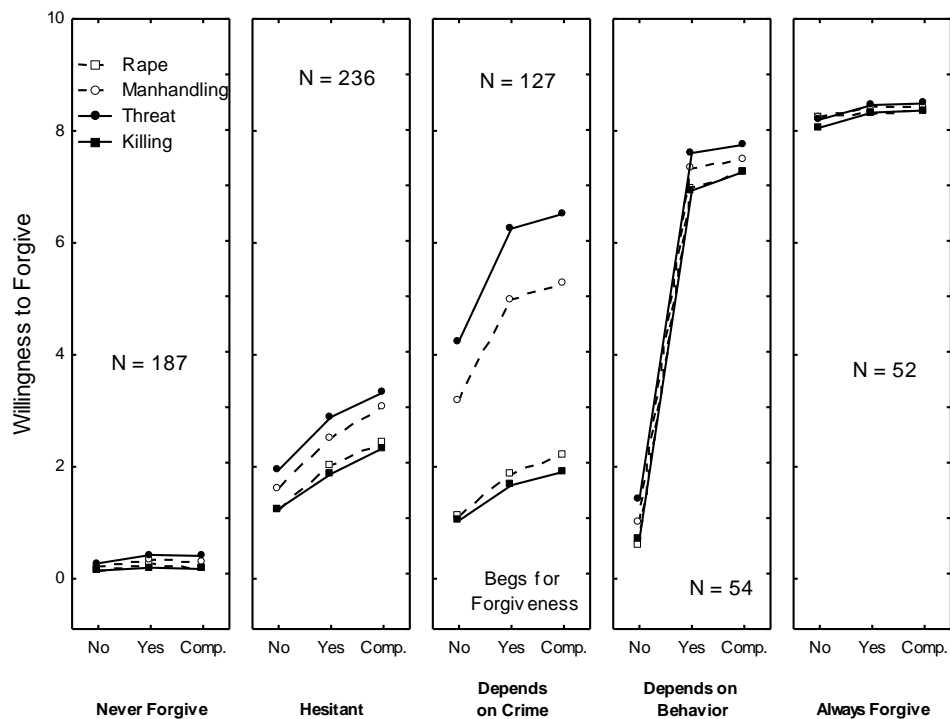


Figure 3. Clusters illustration about willingness to forgive violence against women.

An overall ANOVA was also conducted on the raw data with a design of Identity x Severity x Responsibility x Subsequent Behavior, 3 x 4 x 2 x 3. As shown in Table 5, all four main effects were significant. Table 5 compares participant’s positions as a function of perpetrators’ identity. Among 71% of participants, positions did not vary as a function of identity. Among the remaining 29%, change of position mostly reflects a more unforgiving attitude to the military than to other groups. For example, for ten participants, forgiveness was possible and mostly depended on severity of crime when perpetrators were members of the guerilla or the paramilitary but not when they were members of the military.

Table 5.  
*Participants' Positions as a Function of Perpetrators' Identity.*

Paramilitary	Guerilla	Military	N	%
Never	Never	Never	52	23
Hesitant	Hesitant	Hesitant	55	24
Crime	Crime	Crime	25	11
Behavior	Behavior	Behavior	15	7
Always	Always	Always	16	7
Undetermined	Undetermined	Undetermined	6	3
Total (No Change)			169	71
Hesitant	Never	Never	6	3
Hesitant	Never	Hesitant	3	1
Hesitant	Hesitant	Never	3	1
Hesitant	Crime	Hesitant	3	1
Hesitant	Undetermined	Undetermined	2	1
Crime	Never	Never	3	1
Crime	Hesitant	Hesitant	8	3
Crime	Hesitant	Crime	4	2
Crime	Crime	Hesitant	10	4
Other changes			19	8
Total (Change)			61	29

Figure 4 shows the relationship between participant's positions when these positions were homogeneous ( $N= 169$ ) and ratings given to the additional items. Overall, the association with religiosity was not significant but post-hoc analyses using Fisher's LSD test showed that religiosity ratings were significantly higher among participants in the *Always forgive* cluster ( $M= 3.88$ ) than among participants in the *Never forgive* cluster ( $M= 3.19$ ),  $p < .05$ . The association with attitude to the peace dialogs in La Habana was significant,  $F(4, 158) = 4.64$ ,  $p < .005$ ,  $\eta^2_p = .11$ . Post-hoc analyses showed that attitude to the peace dialogs was significantly more negative in the *Never forgive* cluster ( $M= 2.54$ ) than in all the other clusters ( $M= 3.40$ ),  $p < .02$ .

Overall, the association with the belief that Colombian's security depends on the peace agreements was not significant but post-hoc analyses showed that this belief regarding security was significantly higher among participants in the *Always forgive* cluster ( $M= 2.88$ ) than among participants in the *Never forgive* and *Depends on crime* clusters ( $M= 2.06$ ),  $p < .02$ . The association with attitude to participation in politics of members from former illegal armed groups was significant,  $F(4, 158) = 3.76$ ,  $p < .01$ ,  $\eta^2_p = .09$ . Post-hoc analyses showed that attitude to participation in politics was significantly more negative in the *Never forgive* cluster ( $M= 1.96$ ) than in the *Hesitant*, *Depends on Behavior* and *Always Forgive* clusters ( $M= 2.81$ ),  $p < .02$ .

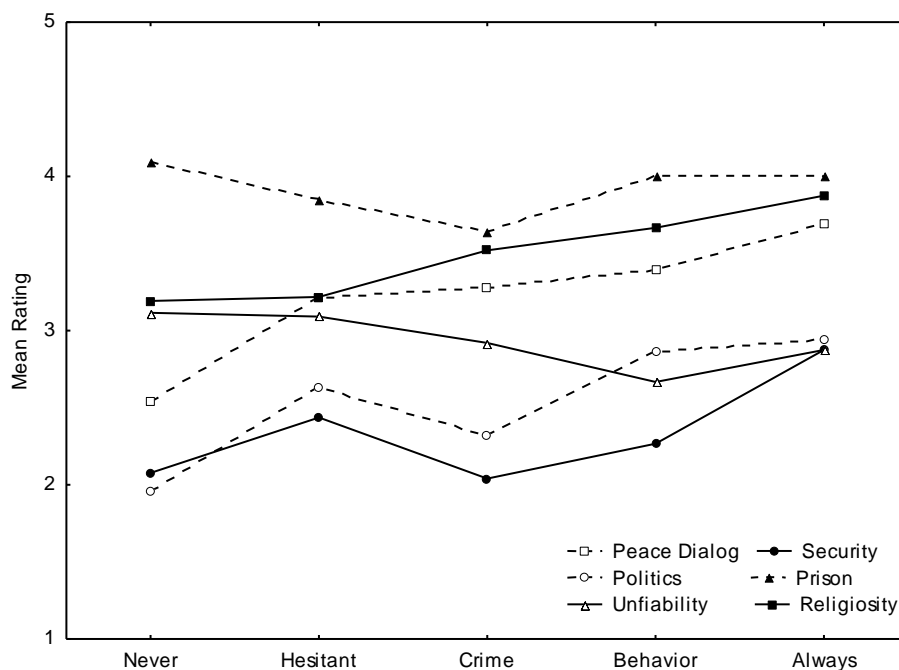


Figure 4. Relationship between clusters and participant's positions.

## 2.4. DISCUSSION

As hypothesized, several qualitatively different positions were found regarding participants' willingness to forgive perpetrators of offenses against women during the armed conflict in Colombia. As in Lopez Lopez et al.'s (2013, 2017) studies, a majority of participants (27% + 34% = 61%) were quite unwilling to forgive. This percentage was higher than the one reported in the 2017 study (52%). This may be due to the fact that the situation in the vignettes specifically depicted violence against women: In the present study, female participants were more frequently hesitant or unwilling than males, which was not observed in previous studies.

Among participants who were not completely hostile to the idea of forgiveness, three positions were found. The *Depends on circumstances* position that had been found in previous studies split up into two contrasted positions: one that stressed type of crime (18%) and one that stressed apologetic behavior (8%). This finding was, therefore, consistent with our hypothesis that the type of crime factor would have a stronger effect in the current study than in the previous studies, but the way this strengthened effect manifested itself was not anticipated. Participants who focused on type of crime were essentially younger (less than 40 years) and more educated ones. They also expressed a more unforgiving attitude to the military. Participants who focused on apologetic behavior were essentially older (more than 22 years) and less educated ones. In addition, 8% of participants expressed

unconditional willingness to forgive – the expected *Always forgive* position. Overall, 34% of the sample was of the opinion that if the perpetrator has apologized and if the crime was not too severe, forgiveness was possible. A small group of participants (5%) who did not take any position was, as in the 2017 study, also found.

As also hypothesized, willingness to forgive ratings attributed to cases of rape were always close to ratings associated to murder. Overall, the difference was minimal (less than 0.10 point on a scale ranging from 0 to 10).

Finally, the association between participants' position regarding forgiveness and participants' attitudes to currently debated political issues was in the hypothesized direction. Participants who did not reject the possibility of forgiveness expressed more positive views regarding the current peace process than participants who expressed rejection.

Overall, the present findings were consistent with previous ones (Lopez Lopez et al., 2013, 2017) and similar to those of Nadler and Liviatan (2006) among Jewish students living in Israel and of Staub et al. (2005), Mukashema and Mullet (2010), and Heim and Schaal (2014) in Rwanda. In all cases, the damage caused was severe, [but the political situation had objectively improved as a result of demobilization and of the peace process). The level of willingness to forgive that was associated with these situations was usually intermediate.



**MAPPING COLOMBIAN PEOPLE'S  
POSITIONS REGARDING WHAT TO  
SAY OR NOT TO SAY TO  
ADOLESCENTS REGARDINGS  
SUBSTANCES CONSUMPTION**



### **3.1. INTRODUCTION**

Colombia is the Latin-American country in which consumption of psychoactive substances begins the earliest. Among males, the average ages of substances use onset are very low: 10 years for smoking, 12 for drinking, and 16 for drug use (Camacho, Gaviria, & Rodríguez, 2010). About 6% of adolescents (12-17 years) are seriously at risk because of heavy consumption of psychoactive drugs (Dirección Nacional de Estupefacientes, 2008). Risks associated with early substances consumption include: (a) impaired development, learning disabilities and academic failure, (b) risky sexual behaviors, youth violence, and street victimization, (c) substances dependency and social isolation, and (d) motor vehicles accidents.

This preoccupying situation is certainly linked to local cultural practices (e.g., some parents use to encourage young males to drink alcohol), and to the political situation of the country during the past 50 years (Brook, Brook, & Whiteman, 2007; López López et al., 2017). Laws and regulations that have been introduced from 1994 do not seem to have produced significant changes in adolescents' consumption patterns (Observatorio de Drogas de Colombia, 2011).

Parent-child connectedness is a strong protective factor against early substances use (Ryan, Jorm, & Lubman, 2010), and good communication -- an integral part of connectedness -- is associated with adolescent's ability to resist

temptation (Lopez-Quintero & Neumark, 2015). Parent-child communication is, however, not always optimal: Communication about substances use is challenging for parents (Mallick, 2003). Parents use a wide range of potentially persuasive arguments in order to dissuade adolescents to take substances (Bourdeau et al., 2012). Some of these arguments are of an authoritarian kind: They are usually based on law and regulations (e.g., buying cigarettes is prohibited for minors) or on religion (e.g., your body is God's temple). Other arguments are of a softer kind: They are based on health considerations (Ennett et al., 2001).

Use of authoritarian arguments is associated with increase in adolescents' substance use; that is, it results in the opposite of the desired effect. By contrast, use of scientific arguments is associated with decrease in use (Chaplin et al., 2014; Engels et al., 2007). It is therefore important to explore parents' views regarding the best arguments to be used in such circumstances. The present study explored Colombian people's views regarding the appropriateness of diverse types of arguments.

When parents learn that substance abuse problems have been detected at the high school, they may have different reactions, among them: (a) not to say anything to their children, (b) to try to convince them not to use substances by giving religious arguments, (c) by giving legal arguments, (d) by presenting health risk arguments, (e) by using several arguments, and (f) to enroll them in another school. In addition, as these reactions are likely to be considered as

more or less appropriate as a function of the severity of the situation, and as adolescents often use several substances at a time, four severity levels were considered in the present study, from some cases of heavy smoking at school to cases of hard and soft drug consumption and of alcoholism.

In a study conducted in England that examined people's positions regarding the appropriateness of parents' behavior in such circumstances, Rogers and McCarthy (1999) reported three qualitatively different positions. Some participants adopted a fatalist attitude, considering that practically nothing can be done to prevent adolescents to become involved in substances use. Other participants considered that it was of the parent's responsibility to educate their children regarding the risks associated with drug use. Still other people, by contrast, supported the use of more coercive/authoritarian means such as threats to reduction of pocket money and social activities.

As a result, we expected to find at least three different positions among Colombian people: a fatalist position, an informative/educative position, and an authoritarian position. For some of our participants, probably a minority, there would not have good arguments liable to dissuade adolescents. For participants holding this position, all appropriateness ratings should be low, irrespective of the kind of argument used. For a second group of participants, ratings would vary as a function of the type of arguments used; that is, using scientifically-based arguments would be considered as appropriate, and all other options would be considered as inappropriate. Finally, for a third group

of participants, the important thing would be to discuss with the adolescents preferably using authoritarian arguments (legal and religious arguments) and more so if the situation was severe; changing schools would also be an appropriate decision.

## **3.2. METHOD**

### **3.2.1. Participants**

Of the 400 people who were approached while walking in the campus of the university or along the main sidewalks of Bogota, 243 agreed to participate. The main motive for not participating was lack of time. All the participants were Colombian citizens. Their ages ranged from 18 to 63 years ( $M=31.91$ ,  $SD=11.60$ ). Most of them (54%) were single, 25% were married. More detailed information regarding their demographic characteristics is shown in Table 6. Participants were not paid.

### **3.2.2. Material**

The material was in Spanish. It consisted of two sets of 20 and 16 cards that showed a story of a few lines, a question, and a response scale. The stories in the first set were composed according to a two within-subject design (4 x 5):

The severity of the current situation in the school (many pupils have been caught while they were smoking but there is apparently no serious cases

of alcoholism or drug consumption; there are cases of alcoholism and many pupils smoke but there is apparently no serious case of drug consumption; there are cases of soft drug consumption and also of alcoholism, many pupils smoke but there is apparently no serious case of hard drug consumption; there are cases of hard and soft drug consumption, many cases of alcoholism, and many pupils smoke),

The parent's decision in terms of arguments used to sensitive their adolescent to the dangers associated with drug consumption (see above)

The stories in the second set were composed according to a three within-subject design (4 x 2 x 2):

The severity of the situation,

The parent's decision (to use a religious argument vs. to use two arguments, legal and medical),

The parents' decision to enroll their child at another school.

The question was, "To what extent do you think that this adolescent's parents behave in an appropriate way?" The response scale was an 11-point scale ranging from "Not at all" (0) to "Completely" (10). The cards were arranged by chance and in a different order for each participant. A sample of scenario is shown in Annex A.

### **3.2.3. Procedure**

For all participants, the researchers arranged for a quiet place to administer the material, either at the time of the first encounter or later. The site was either a vacant classroom in the local university or the participant's

private home, depending on what was the most convenient for the participant. Each person was tested individually, according to the procedure recommended by Anderson (2008, see also Muñoz Sastre et al., 2014). As eight scenarios were common to both designs, they were shown only once. Participants made ratings at their own pace. They took 20-30 minutes to complete the ratings. The study was approved by the Board of Trustee of the Konrad Lorenz University, Bogota. Informed consent was obtained from all participants and full anonymity was provided.

### **3.3. RESULTS**

A cluster analysis was performed on the data from the 20 scenarios from the first design using the K-means method (Hofmans & Mullet, 2013). A six-cluster solution was retained. An overall ANOVA was conducted on the raw data with a design of Cluster x Situation x Decision, 6 x 4 x 5. As the Cluster effect was significant, and all interactions involving Cluster were significant, six separate ANOVAs (see Table 6) were conducted on the data of each cluster, using (a) a Situation x Decision, 4 x 5 design (20 scenarios), and (b) a Situation x Decision x Change, 4 x 2 x 2 design (16 additional scenarios). Owing to the multiple comparisons made, the significance threshold was set at .005. Finally, Chi<sup>2</sup> statistics were performed.

Participants in the first cluster ( $N=17$ , 7% of the sample, see Figure 5) did not consider that any parents' decision was fully appropriate ( $M=2.83$ ). In



the best of the cases, ratings were in the middle area of the appropriateness scale. As a result, this cluster was called *No Truly Good Argument*. Ratings were, however, higher when health arguments were used ( $M=4.54$  and  $4.40$ ) than in the other cases, and 18-24 year-olds tended to be more frequently members of this cluster than 40+ year-olds.

The second cluster ( $N=25$ , 10%) was the expected cluster of participants who considered that only scientific arguments were appropriate. This cluster was called *Risk for Health*. Ratings were very high when the health arguments were used ( $M=8.37$  and  $8.36$ ), and lower when only legal ( $M=3.46$ ) or religious arguments were used ( $M=2.07$ ) or when no discussion took place ( $M=0.44$ ). The decision to change schools increased ratings when religious arguments were used ( $2.57-2.07=0.57$ ) but decreased ratings ( $7.15-8.36=-1.21$ ) when health arguments were used. Older participants (aged 40+), and participants who were not single tended to be more frequently members of this cluster than younger participants (aged 18-39) and singles (see Table 6).

Table 6.  
Demographic Characteristics of the Sample and of Each Cluster.

	Cluster							Total
	No Arg.	Risk for Health	Risk & Illegality	All Arg.	Rel. Arg. Inappr.	Always	Unclas.	
Age: $\text{Chi}^2(18) = 69.50, p < .001$								
18-24 Years	8 (13) <sup>a</sup>	2 (3) <sup>a</sup>	29 (47) <sup>a</sup>	11 (18) <sup>a</sup>	1 (1) <sup>a</sup>	6 (10) <sup>a</sup>	5 (8)	62
25-30 Years	3 (6)	4 (7) <sup>b</sup>	25 (47) <sup>b</sup>	12 (23) <sup>b</sup>	5 (9) <sup>ab</sup>	3 (6)	1 (2)	53
31-39 Years	4 (7)	5 (9) <sup>c</sup>	9 (15) <sup>ab</sup>	33 (57) <sup>ab</sup>	4 (7)	2 (3)	1 (2)	58
40+ Years	2 (3) <sup>a</sup>	15 (22) <sup>abc</sup>	11 (16) <sup>ab</sup>	35 (50) <sup>ab</sup>	1 (1) <sup>b</sup>	1 (1) <sup>a</sup>	5 (7)	70
Gender: $\text{Chi}^2(6) = 8.63, p = .20$								
Female	9 (6)	12 (9)	43 (31)	56 (40)	4 (3)	10 (7)	5 (4)	139
Male	8 (8)	14 (13)	31 (30)	35 (33)	7 (7)	2 (2)	7 (7)	104
Marital Status : $\text{Chi}^2(6) = 25.89, p < .001$								
Single	13 (9)	9 (7) <sup>a</sup>	44 (33)	40 (30) <sup>a</sup>	9 (7)	12 (9) <sup>a</sup>	7 (5)	134
Not Single	4 (4)	17 (15) <sup>a</sup>	30 (27)	51 (47) <sup>a</sup>	2 (2)	0 (0) <sup>a</sup>	5 (5)	109
Educational Level: $\text{Chi}^2(6) = 18.81, p < .005$								
Prim./Second.	7 (6)	13 (11)	27 (22) <sup>a</sup>	55 (45) <sup>a</sup>	3 (2)	8 (6)	10 (8)	123
Tertiary	10 (8)	13 (11)	47 (39) <sup>a</sup>	36 (30) <sup>a</sup>	8 (7)	4 (3)	2 (2)	120
Religious Involvement: $\text{Chi}^2(6) = 25.46, p < .05$								
Low	4 (8)	5 (9)	24 (45) <sup>a</sup>	11 (21) <sup>a</sup>	6 (11) <sup>a</sup>	3 (6)	0 (0)	53
Intermediate	6 (11)	4 (8)	16 (31)	18 (34)	1 (2)	3 (6)	4 (8)	52
Strong	7 (5)	17 (12)	34 (25) <sup>a</sup>	62 (45) <sup>a</sup>	4 (3) <sup>a</sup>	6 (4)	8 (6)	138
Regulation of soft drugs: $\text{Chi}^2(6) = 27.45, p < .001$								
Definitely not	3 (3)	7 (8)	15 (17) <sup>a</sup>	50 (58) <sup>a</sup>	2 (2)	5 (6)	5 (6)	87
To some extent	14 (9)	19 (12)	59 (38) <sup>a</sup>	41 (26) <sup>a</sup>	9 (6)	7 (5)	7 (4)	156
Regulation of hard drugs: $\text{Chi}^2(6) = 18.37, p < .005$								
Definitely not	7 (5)	14 (9)	40 (26) <sup>a</sup>	72 (46) <sup>a</sup>	6 (4)	7 (6)	9 (6)	155
To some extent	10 (11)	12 (14)	34 (39) <sup>a</sup>	19 (21) <sup>a</sup>	5 (6)	5 (6)	3 (3)	88
Tobacco Intake: $\text{Chi}^2(6) = 4.96, p = .55$								
Never	8 (6)	18 (13)	40 (29)	53 (38)	4 (3)	7 (5)	8 (6)	138
To some extent	9 (8)	8 (8)	34 (32)	38 (36)	7 (7)	5 (5)	4 (4)	105
Alcohol Intake: $\text{Chi}^2(6) = 14.23, p < .05$								
Not much	2 (3)	3 (5)	15 (25)	33 (55) <sup>a</sup>	4 (7)	2 (3)	1 (2)	60
To some extent	15 (8)	23 (13)	59 (32)	58 (32) <sup>a</sup>	7 (4)	10 (5)	11 (6)	183
Soft Drug Intake: $\text{Chi}^2(6) = 8.64, p = .20$								
Never	12 (6)	19 (10)	61 (31)	80 (40) <sup>a</sup>	7 (3)	11 (5)	10 (5)	200
Sometimes	5 (12)	7 (17)	13 (33)	9 (23) <sup>a</sup>	3 (7)	1 (3)	2 (5)	40
Total	17(7)	26(11)	74(30)	91(37)	11(5)	12 (5)	12 (5)	243

Participants in the third cluster ( $N=74$ , 30%) considered that both scientific and legal arguments were appropriate. This cluster was called *Risk for Health or Illegality*. Ratings were very high when either health ( $M=8.26$ , and  $8.17$ ) or legal arguments ( $M=7.37$ ) were used, and lower when only religious arguments were used ( $M=3.09$ ) or no discussion took place ( $M=1.44$ ). Changing schools decreased ratings but only when health or legal arguments were used ( $6.81-8.25=-1.44$ ). Younger (aged 18-30), more educated and less religious participants, and participants who were not blatantly hostile to drug regulation tended to be more frequently members of this cluster than older (aged 31+), less educated and more religious participants, and participants who were hostile to regulation.

The fourth, most numerous cluster ( $N=91$ , 37%) was the expected cluster of participants. As for them, the important point was to discuss and persuade rather than to ignore the issue, it was called *Discussing*. Ratings were high when discussion took place, whatever the argument used ( $M=9.05$ ,  $9.05$ ,  $7.93$ , and  $7.98$ , respectively), and low when no discussion took place ( $M=1.06$ ). Changing schools decreased ratings ( $7.68-8.52=-1.04$ ) and the decrease was stronger when the situation was less severe than when it was more severe. Older (aged 31+), not-single, less educated and more religious participants, and participants who were blatantly hostile to regulation and who did not consume alcohol or soft drug tended to be more frequently members of this cluster than younger (aged 18-30), single, more educated and less

religious participants, and participants who were not blatantly hostile to drug regulation and sometimes consume alcohol or soft drug.

The fifth cluster ( $N=11$ , 5%), was an unexpected cluster of participants who considered that religious arguments should be avoided. This cluster was called *Religious Arguments Inappropriate*. Ratings were higher when other arguments were used ( $M=7.32$ , 7.41, and 6.30, respectively) and even when no discussion took place ( $M=5.16$ ) than when religious arguments were used ( $M=1.32$ ). The decision not to say anything was judged as more appropriate when the situation was not too severe than when it was severe ( $6.82-4.45=2.37$ ), and inversely for the other decisions. Participants aged 25-30 and not religious tended to be more frequently members of this cluster than younger (aged 18-24) or older participants (aged 40+), and more religious participants.

Participants in the sixth cluster ( $N= 12$ , 5%, not shown) considered that in all cases, parents behaved appropriately ( $M=8.05$ ). This cluster was called *Always Appropriate*. Younger (aged 18-24) and single participants tended to be more frequently members of this cluster than older (aged 40+) and not-single participants. Finally, 12 participants (5%) were not classified because their ratings were apparently aleatory.

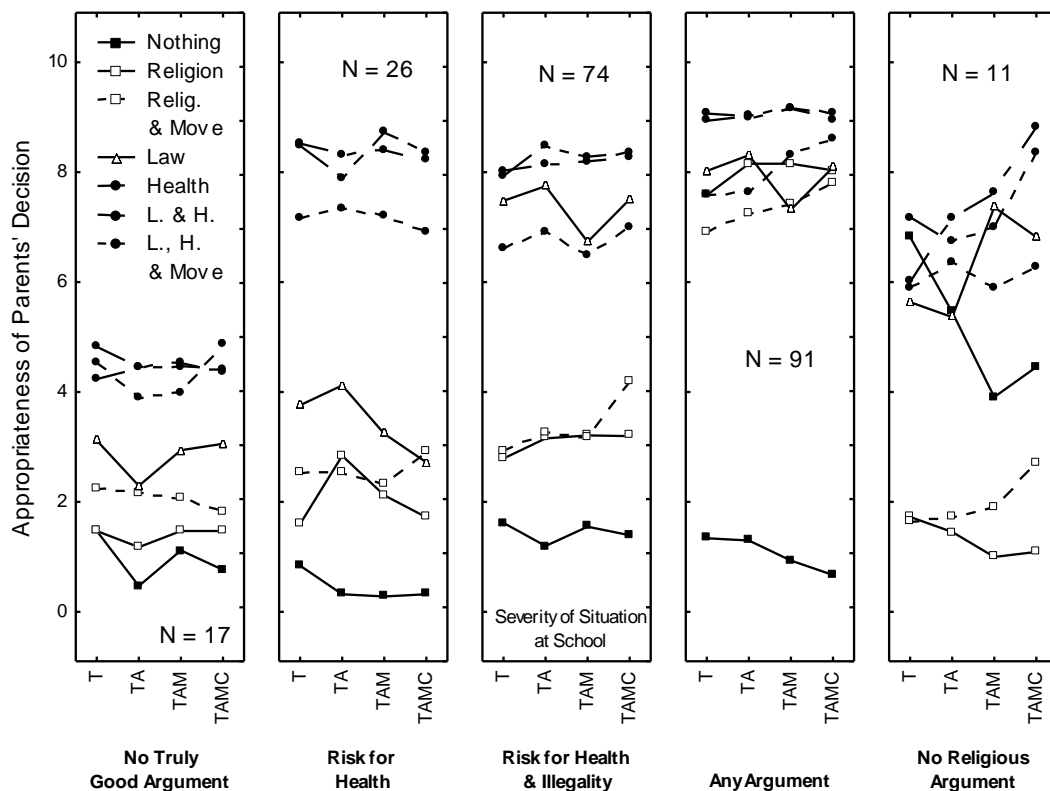


Figure 5. Patterns of results corresponding to the five clusters.

### 3.4. DISCUSSION

Ninety percent of participants agreed with the view that the most appropriate behavior was to discuss the issue of substances consumption, although some of them (7%) doubted that any behavior can be fully appropriate in these circumstances. Only a small minority of participants (5%), probably unwilling to interfere with parents' rights to educate their children as they like, considered that not to say anything can also be appropriate.

Participants disagreed regarding arguments to be used. A plurality of them (37%), mostly the oldest, the least educated, the most hostile to the idea

of regulation of drug use, and the most religious ones, considered all kinds of arguments as more or less equally valid. By contrast, (a) a minority of participants (7%) considered that only scientific arguments were likely to have the expected, dissuasive effect, and (b) a plurality of participants (30%) considered that legal arguments can also be used, separately or in addition to scientific arguments. Some participants (5%) squarely rejected religious arguments, to the point of considering that saying nothing was better than to use them.

Participants' views were not much affected by the severity of the situation at school. Participants probably considered that parents should not wait for substances consumption problems arise to discuss the issue of drug use with their offspring. Also, changing schools was not considered as a fully appropriate behavior. Participants probably considered that it would amount to cut the adolescents from their friends and make them liable to be the victims of risky encounters.

### **3.5. IMPLICATIONS**

Colombian parents, above all people from the most traditionalist segments of society, should be informed that, regarding the issue of substances consumption by young people, all arguments are not equally valid. If scientifically-based arguments are likely to have the desired effect; that is, to prevent or to decrease substances intake among adolescents, authoritarian

arguments may have the opposite effect and the use of both sets of arguments may have uncertain effects. The mapping presented in the present study could offer to health psychologists and school counselors a handy diagnostic tool that would allow them to quickly identify the nature of each parent's position from their responses to two or three well-chosen questions, and to make their psychological intervention the most efficient possible.

**COLOMBIAN PEOPLE'S  
POSITIONS ON WHAT TO SAY OR  
NOT TO SAY TO ADOLESCENTS  
REGARDING SEXUAL EDUCATION**



## 4.1. INTRODUCTION

Article 9 of the Declaration of Sexual Rights issued by the World Association for Sexual Health (WAS, 2014) states that everyone “should have access to scientifically accurate and understandable information related to sexuality, sexual health, and sexual rights through diverse sources. Such information should not be arbitrarily censored, withheld, or intentionally misrepresented.” In addition, and according to Article 10 of the same document, everyone “has the right to education and comprehensive sexuality education. Comprehensive sexuality education must be age appropriate, scientifically accurate, culturally competent, and grounded in human rights, gender equality, and a positive approach to sexuality and pleasure” (see also, Convencion Iberoamericana de Derechos de la Juventud, 2005, and United Nations, 1994, 2012).

According to these declarations, therefore, sexual education is part of human rights, and should, therefore, be available to all people, as far as they can understand it. For this goal is attained, sexual education should be conceived as a broad educational program aimed at providing to all people the means to build an appropriate intellectual and emotional foundation from which enduring sexual well-being can be gradually attained and durably maintained. This program would entail the acquisition of information, beliefs, attitudes, values and skills regarding sexual identity, sexual relationships, and intimacy. Adolescents themselves seem to endorse such views. When

O'Higgins and Gabhainn (2010) openly asked Irish adolescents about what they expected from sexuality education, the main issues on which they wished to gain more knowledge closely matched the views expressed in the WAS' declarations. These issues were about (a) the physiology of reproduction, (b) the proper way to talk about sexuality, (c) the establishment of healthy, respectful, and communicative relationships with partners, (d) the physical and emotional readiness for sex, (e) the particular skills related to contraception (e.g., how to put a condom), and (f) the available, trustworthy sources of information on sexuality (see also, Rosenthal & Feldman 1999).

In Northern America and Western Europe, common sources of sexuality information/education for adolescents are: (a) the family, through parent-child communication on sexual topics (Walker 2004), (b) the school, through specific educational programs (Haberland & Rogow, 2015), (c) the peers, through informal exchanges about sexuality and first hand sexual experiences, (d) the media (books, web sites, and movies), and (e) health professionals (e.g., the family doctor and the school nurse). From an adolescent's perspective, these sources are mainly complementary. School programs can introduce biological concepts that parents does not necessarily master well (e.g., anatomy of sexual organs). Parents can talk about emotional and sociological aspects of sexuality that biology teachers may feel not to be adequately prepared to talk about (e.g., dating and romantic love, sexual violence). Peers can show how to negotiate safer sex and use protective

devices. Web sites can offer opportunities to gather information about topics that adolescents feel they cannot be addressed at school or in the family (e.g., sources of help in case of involuntary pregnancy). Health professionals can inform on sexually transmitted infections and available treatments without parents are informed.

In these countries, a majority of people usually approve of the introduction of sex education in the school curriculum because they consider that adolescence -- a time when youngsters experience dramatic physiological and behavioral changes – is the most opportune time to build such an intellectual and emotional foundation before entering adulthood. In most of these countries, however, unintended pregnancies, sexual violence, and sexually transmitted infections are reported, which attest that sexuality education has not be fully achieved everywhere, although the rate of such reports greatly varies from one country to another. In Latino-American countries, by contrast, sexuality education, as defined by Articles 9 and 10 above, seems not to be fully agreed on by certain segments of civil society and by historical corporate bodies as, for example, the Catholic church (Chappell, Maggard, & Gibson 2010; Eustance, 2016; Jerves et al., 2014; Sevilla, Sanabria, Orcasita, and Palma, 2016). In these countries, adults' views and wishes regarding sexuality education often take precedence over youth's rights. As a result, lack of information about sexual matters is often considered as one of the causes of elevated levels of unintended teenage pregnancies,

sexual abuses, and sexually transmitted infections in Latin American countries as compared with other countries in which sexual education at school is mandatory and largely agreed on by parents (Alcalde & Quelopana, 2013; Castellanos, 2008; Jolly, 2014; Miller, Benson & Galbraith 2001).

### **The present study**

The present study was aimed at complementing previous studies conducted in Latin America that have documented the difficulties Latin American families face when comes the time to educate their young adolescents regarding these matters (Alcalde & Quelopana (2013; Campero, Walker, Rouvier, & Atienzo, 2010; Jerves et al. 2014, Sevilla et al. 2016). The study was about Colombian's parents positions regarding what can be said and what must not be said to adolescents of different ages and genders regarding sexuality when there are reasons to think that these adolescents would be interested in knowing more about it.

Knowing more about people's views on sexuality education is important. Most people are parents, grandparents or future parents; they can either (a) consider that parents' role is to prepare adolescents to live in the current century, that is, at a time in which sexuality is quite everywhere (e.g., in advertisements) and information about sexuality is easily available (Frayssinet, 2017) or (b) try to shield adolescents from everything related to sexuality with the risk of having them misinformed and misadjusted to present time. In addition, parents can, depending on the views they hold, positively or

negatively interfere with school programs. Whether they are parents or not, people are voters; they may support or oppose political bodies that vote laws on sexuality education at school, and demonstrate in the streets in case of disagreement with current legislation (Eustance, 2016).

Our approach was close in spirit from the one suggested by Rosenthal, Feldman and Edwards (1998): We wanted to make a typology of people's positions regarding sexuality education in the family. According to these authors (p. 728), "inherent in the notion of a typology is the view that while the individual can be characterized by their responses on a variety of single dimensions, it may be more productive to consider their response patterns on a number of relevant dimensions simultaneously." We, therefore, adopted a methodology that was compatible with this goal; that is, a methodology that allowed examining meaningful patterns of responses, and delineating qualitatively different people's views.

### **Six hypothesized positions**

Delineating a typology of people's positions regarding sexuality education in the family may be important for practical reasons. As emphasized by Dyson and Smith (2012), families "are diverse and there are many different ways of approaching communication about these issues, yet the diversity of family approaches to sexuality education with children has only been the subject of limited research." Based on the existing literature, we expected to find six qualitatively different positions that would range from "establishing

an open ongoing dialogue between parent and child to being unwilling to discuss the matter and unapproachable” (Walker 2004).

The first hypothesized position would be to never say anything to adolescents that relates to sexuality, even if they ask for information. Alcalde and Quelopana (2013) termed this position “sexual silence”. It has been suggested that this position was often directly inherited from parents and grandparents who were themselves uneasy with sexual matters (Walker, 2004, see also Ballard & Gross, 2009; Raffaelli & Ontai, 2001). The second position is closely related to the first one. It would be to consider that, as sexuality is associated with sin, parents must not get into this issue with their children (Jerves et al., 2014). Sexuality would be basically a shameful issue (Romo, Nadeem & Kouyoumdjian, 2010).

The third position would be to postpone any parent-child discussion about sexuality until the young boy’s or the young girl’s marriage. Walker (2001) termed it the procrastination strategy, and Dyson and Smith (2012) also found it in their sample of Australian parents. The fourth position would be to delegate sexual education to someone else who, owing to professional training (e.g., a nurse), should be competent about these matters. In Sevilla et al.’s (2016) study, some mothers reported that they “preferred to tell their daughters to get information at school or from health institutions.”

The fifth position would be to limit discussion to biological aspects of sexuality (e.g., body parts, genitals, and menstruations). This could be

achieved using anatomy books, and web sites dedicated to human biology (Walker, 2004). Two variants of this position could be considered. In the first one, similar to the delegation position previously described, parents would simply expose biological facts using a lecture (unilateral communication) style. Ballard and Gross (2009, p. 52) report that although parents in their sample of US parents engaged “in conversation with their child about sexuality, these conversations were focused largely on biological aspects of sexuality (e.g., body parts, reproduction) and did not focus as much on the behavioral and relational sides of sexuality” (see also, Fitzharris & Werner-Wilson 2004; Walker, 2001). In the second variant, parents would, in addition, be willing to answer adolescents’ questions related to sexuality. They would use a bilateral, open communication style. Hyde, Drennan, Butler, Howlett, Carney and Lohan (2013, p 3,438) reported that a majority of parents in their sample “professed to being open about sexuality with their children” although “only a minority reportedly conveyed direct messages about contraception and condom use”.

The sixth position would be to incorporate in the discussion with adolescents, and in addition to biological considerations, information about the emotional aspects of sexuality (e.g., dating, romantic love, fidelity), and information about adequate protective (e.g., sexually transmitted infections) and contraceptive (e.g., pills) precautions (Halstead & Reiss, 2003). Two variants of this position could also be considered. In the first one, parents

would provide complete information but would also insist on the importance of abstinence before marriage (Campero, Walker, Rouvier & Atienzo, 2010; Jervis et al. 2014). Stressing abstinence during parent-adolescent communication is often associated with the fear that sexuality education would ignite sexual desire among adolescents and prompt sexual activity (Zamboni & Silver, 2009) although it is not necessarily associated with the sacred value attributed to virginity. According to Gonzales Lopez (2004), protecting “daughters from a sexually dangerous society and improving their socioeconomic future” may be of greater concern “than preserving virginity per se.” In the second version, parents would provide complete information and would not hesitate to express the view that complete sexuality education can only be fully achieved through pre-marital sexual experiences.

Finally, we also expected that people’s positions would somewhat vary as a function of the adolescent’s gender and age, and participant’s socioeconomic level. Participants would be more “liberal” with male than with female adolescents (Jervis et al. 2014, Marin & Gomez, 1997; Raffaelli & Ontai, 2001), and also more liberal regarding 15-year-old adolescents than 11-year olds (El-Shaieb & Wurtele, 2009). Participants from low economic background would be less liberal than participants from high economic background (Gordon, Schroeder & Abrams, 1990).



## 4.2. METHOD

### 4.2.1. Participants

Participants were 329 adults (43% males) aged 18-64 years ( $M= 34.71$ ,  $SD= 11.80$ ) who lived in Bogotá. Twenty-nine per cent of them were from low economic background, 49% from intermediate economic background and 22% from high economic background; 42% were single, 37% were married, 14% were cohabiting, 4% were divorced, and 2% were widowed. The participation rate was of 55%. The main motive expressed for not participating was lack of time. The study conformed to the ethical recommendations of the Colombian Society of Psychology; that is, full anonymity was respected and informed consent was obtained from all participants.

### 4.2.2. Material

The material consisted of 36 cards describing situations in which either a young girl or a young boy seems to be, for some months, concerned with sexuality and sexual relationships. Her or his parents have decided either not to say anything regarding sexuality or to have an exchange about sexuality with their daughter or with their son. Each scenario contained three items of information, in the following order: the child's gender, the child's age (either a very young adolescent aged 9-11 years, or an older adolescents aged 14-16 years), and the parent's decision. Nine decisions were considered: (a) not to say anything regarding sexuality, (b) explaining that talking about sexuality is

a sin; it cannot be a topic of conversation, (c) explaining that talking about sexuality can only take place after marriage, (d) arranging a date with the school's nurse in order to have her inform the child about sexuality, (e) informing the child on the biological aspects of sexuality (using scientific drawings), (f) informing the child on the biological aspects of sexuality and being ready to answer all questions about other aspects of sexuality, (g) informing the child on the biological and emotional aspects of sexuality and being ready to answer all questions, (h) informing the child on the biological and emotional aspects of sexuality and also about protective and contraceptive techniques but insisting on the importance of abstinence before marriage, and (i) informing the child on all aspects of sexuality and explaining that pre-marital sexual relationships are usual; they are the best way to choose an appropriate partner with whom live a fulfilling sexual life. The scenarios were obtained by orthogonally crossing these three factors. The design was Age x Gender x Decision,  $2 \times 2 \times 9$ .

An example of a scenario is the following: "Luis is aged 15. He lives with his parents at Cartagena. For several weeks, Luis' parents have noticed that their son feels attracted by Andrea, one of his school friends. In addition, Luis has asked his parents about diverse aspects of sexuality. He wished to know more about it. Luis' parents did not know well what might be done. They sat with Luis in front of a computer screen and they show him a scientific program that presents the male and female reproductive organs. This

program also details the way they work. In addition, Luis' parents bought him an illustrated scientific book containing all relevant biological information. To what extent do you think that the behavior of Luis' parents is appropriate?" Responses were given on 11-point scales ranging from Not at all (0) to Fully appropriate (10). The material also comprised one question about the appropriateness of using a female sex worker to complete a male adolescent sexual education.

#### **4.2.3. Procedure**

Data collection took place in 2015 and 2016. The procedure followed Anderson's (2008, 2017) recommendations for this kind of study. Each person was tested individually, and data collection was completed in a quiet room, usually in the participant's home. Participants took 25 to 30 minutes to complete the ratings. No participant voiced complaints about the number of vignettes or about the credibility of the proposed situations. The demographic questionnaire was presented at the end of the sessions. Some participants spontaneously expressed views about the issue; these views were written down.

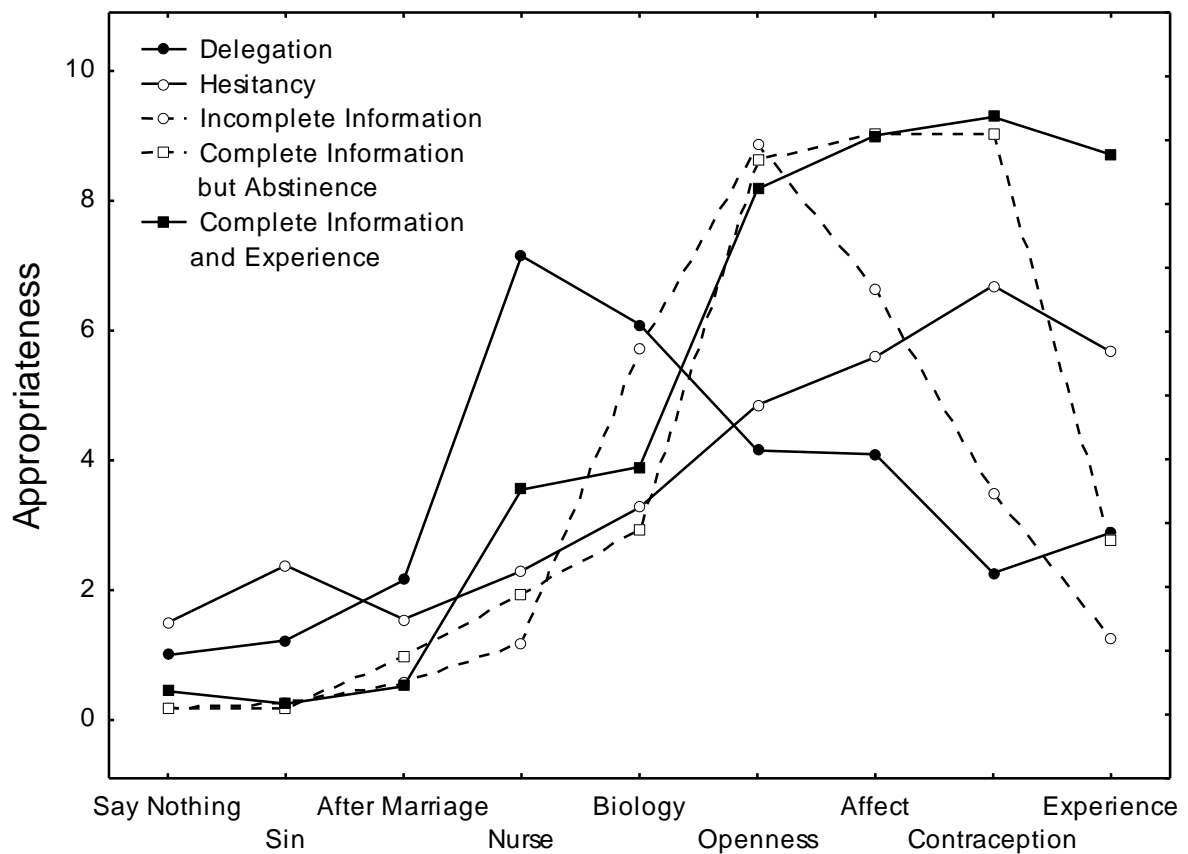
### **4.3. RESULTS**

As very diverse positions were expected, a cluster analysis, using the K-means procedure (Hofmans & Mullet, 2013), was first applied in order to

detect qualitatively different patterns of ratings. As each participant had given three series of nine ratings on scenarios containing the same information (e.g., not to say anything) but differing regarding the adolescents gender and age, the total number of profiles of ratings analyzed was  $3 \times 329 = 1,316$ . As eight positions (the six ones discussed above plus two variants) were expected, an eight-cluster solution was first applied, and then five-, six-, seven- and nine-cluster solutions were subsequently examined. The seven-cluster solution was retained because it provided the most interpretable patterns.

An overall ANOVA was conducted on the ratings observed for each profiles with a design of Cluster x Decision,  $7 \times 9$ . Owing to the great number of comparisons, the significance threshold was set at .001. As the cluster effect and the two-way interaction were significant, seven separate ANOVAs were conducted at the cluster level. Mean appropriateness ratings for five of the seven clusters are shown in Figure 6.

The first cluster of profiles ( $N= 81$ , 6% of the profiles of ratings) was called *Never appropriate* because all ratings were low ( $M= 1.40$ ). Informing openly about the biological ( $M= 2.70$ ) or biological and emotional ( $M= 2.33$ ) aspects of sexuality were, however, rated higher than any other decisions ( $M= 1.07$ ),  $F(8, 640) = 19.75$ ,  $p < .001$ ,  $\eta^2_p = .20$ . As shown in Table 7, profiles of participants who were older (33-64 years), not single, or from intermediate background were more often found in this cluster than profiles of participants who were younger, single and from either low or high background. No one



participant in this cluster considered that the recourse to prostitutes was appropriate.

Figure 6. Patterns of results corresponding to the five clusters.

The second cluster of profiles ( $N= 53$ , 4%) was called *Delegate* because the highest observed mean rating ( $M= 7.19$ ) corresponded to the decision to arrange a date with the school nurse, although the decision to restrict information to biological aspects was also rated quite high ( $M= 6.09$ ). Other ratings were comparatively low ( $M= 2.54$ ),  $F(8, 416) = 36.68$ ,  $p < .001$ ,  $\eta^2_p = .41$ . Profiles of female participants were more often found in this cluster than profiles of male participants.

The third cluster of profiles ( $N= 176$ , 13%) was called *Hesitant* because if ratings were higher than in the *Never appropriate* cluster, they were, nevertheless, quite low ( $M= 3.76$ ), and the highest observed mean rating, the one that corresponded to the decision to completely inform but to recommend abstinence, was still far from the fully appropriate pole of the response scale ( $M= 6.69$ ). For participants holding this positions, all decisions that included at least information about the emotional aspects of sexuality were rated higher ( $M= 5.98$ ) than the central value (5) of the appropriateness scale. Other decisions were rated lower ( $M= 2.64$ ),  $F(8, 1400) = 149.41$ ,  $p < .001$ ,  $\eta^2_p = .46$ . Profiles of participants from high background were more often found in this cluster than profiles of participants from intermediate background. Also, 19% of profiles in this cluster were from participants who considered that the recourse to prostitutes was appropriate.

Table 7.  
Composition of the Clusters.

	Cluster							N
	Never Approp.	Deleg.	Hesit.	Incompl. Inform.	Abstin.	Exper.	Always Approp.	
Gender: $\chi^2(6) = 23.09, p < .001$								
Male	40 (7)	7 (1) <sup>a</sup>	76 (13)	58 (10)	159 (28)	215 (38)	17 (3)	72
Female	41 (6)	46 (6) <sup>a</sup>	100 (13)	81 (11)	203 (27)	258 (35)	15 (2)	44
Age: $\chi^2(18) = 113.67, p < .001$								
18-24 Years	5 (1) <sup>ab</sup>	14 (4)	35 (11)	23 (7) <sup>ab</sup>	97 (30)	144(44) <sup>ab</sup>	10 (3)	28
25-32 Years	8 (3) <sup>c</sup>	20 (6)	44 (14)	17 (6) <sup>c</sup>	68 (22) <sup>a</sup>	133(44) <sup>c</sup>	14 (5)	04
33-44 Years	35 (10) <sup>ac</sup>	12 (3)	56 (16)	41 (12) <sup>ac</sup>	90 (25)	112(32) <sup>acd</sup>	6 (2)	52
45+ Years	33 (10) <sup>bc</sup>	7 (2)	41 (12)	58(18) <sup>bc</sup>	107(32) <sup>a</sup>	84(25) <sup>bcd</sup>	2 (1)	32
Socio-Economic Level: $\chi^2(12) = 92.03, p < .001$								
Low	10 (3) <sup>a</sup>	17 (5)	53 (14)	28 (7) <sup>a</sup>	104 (27)	144 (38)	24 (6) <sup>ab</sup>	80
Intermediate	64 (10) <sup>ab</sup>	18 (3)	68 (11) <sup>a</sup>	83 (13) <sup>a</sup>	190 (29)	214 (33) <sup>a</sup>	7 (1) <sup>a</sup>	44
High	7 (2) <sup>b</sup>	18 (6)	55 (19) <sup>a</sup>	28 (10)	68 (23)	115 (40) <sup>a</sup>	1 (0) <sup>b</sup>	92
Marital Status: $\chi^2(6) = 37.76, p < .001$								
Single	15 (3) <sup>a</sup>	30 (5)	75 (13)	41 (7) <sup>a</sup>	163 (29)	222 (40) <sup>a</sup>	14 (3)	60
Not Single	66 (9) <sup>a</sup>	23 (3)	101 (13)	98 (13) <sup>a</sup>	199 (26)	251 (33) <sup>a</sup>	18 (3)	56
Child's Age and Gender: $\chi^2(18) = 34.67, p < .01$								
Younger Son	24 (7)	16 (5)	50 (15)	45(14) <sup>ab</sup>	86 (26)	103 (31) <sup>ab</sup>	5 (2)	29
Younger Daughter	25 (8)	7 (2)	43 (13)	46 (14) <sup>c</sup>	97 (30)	103 (31) <sup>c</sup>	8 (2)	29
Older Son	16 (5)	18 (5)	43 (13)	21 (6) <sup>ac</sup>	92 (28)	130 (40) <sup>ac</sup>	9 (3)	29
Older Daughter	16 (5)	12 (4)	40 (12)	27 (8) <sup>bc</sup>	87 (26)	137 (42) <sup>bc</sup>	10 (3)	29
Recourse to Prostitutes: $\chi^2(6) = 92.52, p < .001$								
No Possibility	81 (7) <sup>a</sup>	50 (4)	142 (12) <sup>a</sup>	132 (11)	341(28) <sup>a</sup>	440 (37)	18 (1) <sup>a</sup>	204
Total	0 (0) <sup>a</sup>	3 (3)	34 (30) <sup>a</sup>	7 (6)	21 (19) <sup>a</sup>	33 (29)	14(13) <sup>a</sup>	12
Total	81 (6)	53 (4)	176 (13)	139 (11)	362 (28)	473 (36)	32 (2)	316

Note: Never Approp. = Never Appropriate, Deleg. = Delegation, Hesit.= Hesitancy, Incompl. Inform. = Incomplete Information, Abstin. = Complete Information but Abstinence, Exper. = Complete Information and Experience, N= Number of profiles.

The fourth cluster of profiles (N= 139, 11%) was called

*Incomplete Information* because the highest observed mean rating

corresponded to the decision to inform, in an open manner, about the biology of sexuality but not necessarily about other aspects ( $M= 8.88$ ). For participants holding this positions, all decisions that included information about the biological aspects of sexuality were rated much higher ( $M= 7.05$ ) than the central value of the appropriateness scale. Other decisions were rated considerably lower ( $M= 1.15$ ),  $F(8, 1104) = 252.70$ ,  $p < .001$ ,  $\eta^2_p = .65$ . Profiles of older participants (33-64 years), of non-single participants, and of participants from intermediate background, were more often found in this cluster than profiles of younger participants, of single participants, and of participants from low background. Also, profiles corresponding to vignettes showing younger adolescents were more often found than profiles corresponding to vignettes showing older adolescents.

The fifth cluster of profiles ( $N= 362$ , 28%) was called *Complete Information but Recommendation of Abstinence*. because the highest observed mean rating corresponded to the decision to inform, in an open manner, about the biological and emotional as well as about protective and contraceptive techniques while trying to dissuade the adolescent to have sexual relationships before marriage ( $M= 9.04$ ). For participants holding this positions, all decisions that included information about the biological and emotional aspects of sexuality were rated much higher



( $M= 8.90$ ) than the central value of the scale. Other decisions were rated considerably lower ( $M= 1.50$ ),  $F(8, 2880) = 1,586.63$ ,  $p < .001$ ,  $\eta^2_p = .81$ . Profiles participants aged 25-32 were more often found in this cluster than profiles participants aged 40+. Also, participants in this cluster, less often than others, considered that the recourse to prostitutes could be appropriate.

The sixth cluster of profiles ( $N= 473$ , 36%) was called *Complete Information and Personal Experience*. because among the highest observed mean ratings appeared the one corresponding to the decision to inform, in an open manner, about all aspects of sexuality, including the appropriateness of having a sexual life before marriage ( $M= 8.71$ ). For participants holding this positions, all decisions that included either incomplete or complete information on sexuality were, to the condition that it was delivered in an open way, rated much higher ( $M= 8.80$ ) than the central value of the scale. Other decisions were rated considerably lower ( $M= 1.73$ ),  $F(8, 3776) = 2,556.05$ ,  $p < .001$ ,  $\eta^2_p = .84$ . Profiles of younger participants aged 18-32, of participants from either low or high background, and of single participants were more often found in this cluster than profiles of older participants aged 33+, of participants from intermediate background, and of non-single participants. Also, profiles corresponding to vignettes showing older adolescents were more often

found than profiles corresponding to vignettes showing younger adolescents.

Finally, the seventh cluster of profiles ( $N= 32$ , 2%) was called *Always appropriate* because all ratings were high ( $M= 7.61$ ), excepted the one that correspond to the assertion that talking about sexuality is a sin,  $F(8, 248) = 4.11, p < .01, \eta^2_p = .12$ . As shown in Table 7, profiles of participants who were from low background were more often found in this cluster than profiles of participants who were from either intermediate or high background. Forty-four percent of profiles in this cluster were from participants who considered that the recourse to prostitutes was appropriate.

#### 4.4. DISCUSSION

As expected several qualitatively different positions regarding sexuality education were found among Colombian adults living in Bogota. These positions were, however, somewhat different than the ones that were expected. Firstly, if participants in the minority position (6%) that was called *Never appropriate* were of the opinion that talking about sexuality to adolescents was not appropriate, they also expressed the apparently contradictory opinion that not talking about it was equally inappropriate. These participants, comparatively older than others, seemed to be paralyzed with fear. As

expressed by one older participant: “I have never talked about sexuality with my daughter but I am not sure I did well. If she had caught AIDS because of lack of information, I would have reproached it to myself during the rest of my life. I just did nothing because I feared that whatever I decide – talking or not talking – it could result in troubles of which I could feel responsible.”

Secondly, if a small minority position that was called *Delegate* was found, no separate position that would correspond to the hypothesized Sin position or the hypothesized Procrastinate position was found. In other words, most participants (94%) recognized that educating adolescents about sexuality was appropriate. The most embarrassed participants, mainly female participants, were of the opinion that known health professionals could be involved in the educative process, and that information should be limited to biological aspects. This result was consistent with Sevilla et al.’s (2016) findings from another Colombian sample.

Thirdly, a minority position (11%) that we called *Incomplete Information* was found and this position consisted, as expected, in limiting discussion with the adolescents to biological aspects of sexuality. However, only the second version of this hypothesized position was observed; that is, the one that involved openness from the part of parents. Participants holding this position, mainly older ones, considered that using a lecture style of exposition was much less appropriate than bilateral communication. This result was consistent with Hyde et al.’s (2013) findings.

Fourthly, the hypothesized position called *Complete Information but Recommendation of Abstinence* was found, and it was a plurality position (28%). Complete information referred to information about emotional aspects of sexuality as well as information about protective and contraceptive techniques. An alternative, intermediate position that would have corresponded to the view that informing about the emotional aspects of sexuality without going too far; that is, without getting into the issue of contraception would be the most appropriate one was not observed.

Participants holding this position insisted, as expected, on the value of abstinence. This result was consistent with findings by Campero et al. (2010), on a Mexican sample, and by Jerves et al. (2014) on an Ecuadorian sample.

A more hesitant version of this position was, however, also found among an additional 13% of participants, mainly participants from high socioeconomic background. These participants recognized that adolescents needed complete information about sexuality but, at the same time, they expressed discomfort about it, possibly in the same way than participants holding the *Never appropriate* position. As one participant stated: “I have never discussed about sexuality with my mother, and just once with my father. When my elder son was 12, I have had many discussions with him about these issues and I told him about love and the risks associated with love. I have, however, always had the strong feeling that I was betraying my parents’ and all the family’s principles regarding education.”

Fifthly, the hypothesized position called *Complete Information and Personal Experience* was found. Unexpectedly, it was the most frequent position (36%). Quite half (44%) of the 18-32 year olds shared it. This result was seemingly at variance with findings from studies conducted in other Latin American countries.

Sixthly, an unexpected, minority position (2%) called *Always appropriate* was found. Participants holding this position considered that whatever the parents decided to do, their behavior was appropriate, even if they had recourse to a prostitute to educate their young male adolescent. This extremely individualistic position was mostly found among participants from low socio-economic background.

Finally, although it was expected that people's positions would vary as a function of the adolescent's gender and age, such variations were limited in extent. The *Incomplete information* position was more frequent when the adolescent was younger (14%) than when he was older (7%), and the *Complete information and personal experience* position was more frequent when the adolescent was older (41%) than when he was younger (31%). These results are consistent with findings by El-Shaieb and Wurtele (2009). There was, however, no strong difference associated with adolescent's gender. The relationship with socio-economic background seemed in many cases to be curvilinear.

In summary, a majority of participants (64%) were of clearly of the opinion that sexuality education was necessary and that it should include all aspects of sexuality, and should concern female as well as male adolescents. An additional 13% of participants shared this opinion but expressed reservation, whereas 11% of participants would clearly prefer that information is limited to biological aspects. No one participant expressed a position that would be analogous to the sexual silence position suggested by Alcalde and Quelopana (2013). In the present study, silence seemed to result from a paralyzing conflict of values; it was not the result of a strong conviction that sexual silence was the appropriate way. If a majority of participants expressed quite liberal views regarding sexuality education, only one third of them, however, agreed with a position expressing the view that personal sexual experience, in addition to adequate information, was the only way to become fully knowledgeable about sexuality.

#### **4.5. DIRECTIONS FOR FUTURE STUDIES**

Future studies should test whether the seven-position scheme found in the present sample can be replicated using other samples from other areas in the country, namely the rural areas. It may be hypothesized that the percentages of participants holding each of the seven positions should considerably vary as a function of place. Future studies should also relate, in a more systematic way than in the present study, people' positions with (a)

personality variables such as openness, conscientiousness, extraversion, morality, and emotional stability (Ashton & Lee, 2009), (b) personal level of religious involvement (Worthington et al., 2003), (c) broad values such as personal level of survivalism and self-expression (Inglehart & Norris, 2003), (d) type of sexual education received during childhood (Raffaelli & Ontai, 2001), and (e) knowledge of previous negative events in the family (e.g., unwanted pregnancy). It should also examine the possible discrepancy between each participant's reported position on sexuality education, and actual sexuality education practice in their own families regarding their own offspring. Finally, future studies should examine the way value conflicts that may arise (a) between parents, when they disagree about sexuality education, (b) between parents and grand-parents in case of intergenerational misunderstanding, or (c) between parents and other instances (e.g., when teachers take bold initiatives regarding information on sexual health, O'Connell, 2017), are solved.

## **CONCLUSION**



The objective of the present thesis was to study four social problems specific to the Colombian context from a theoretical perspective and methodology based on the information integration theory and functional measurement. Perspectives among Colombian adults on education for preventing drug use and on sexual education were examined in addition to willingness to forgive acts of violence committed against women during the armed Colombian conflict and willingness to forgive medical negligence. At following, several general conclusions are made on these topics in the Colombian context, and new lines of research that can be developed in the future are proposed.

*General conclusions on the Colombian context.*

First, Colombia is a country with great ethnic and cultural diversity, so numerous perspectives, judgments, and opinions are found throughout the Colombian territory and can be associated with the particular history of each region. The present study was limited to the capital of Colombia yet captured a wide diversity of opinions. However, it would be interesting to include participants from rural areas about whom little is known; rural populations surely hold diverse opinions on health, policies, and education in the Colombian context. The characterization and mapping of judgments from urban and rural populations can constitute a valuable tool for formulating psychosocial interventions and public policies.

Second, the studies performed herein helped to identify complex judgments or, in other words, judgments that stem from a large diversity of contextual factors. This is important because, for example, the media frequently disseminates majority opinions with respect to certain ethical topics. However, the studies presented herein enable us to understand the conditions that lead individuals to agree or disagree with a specific decision to varying extents. In this regard, judgments are nuanced and influenced by numerous factors. Frequently, judgments are not solely in favor or against a certain position or topic.

*Specific conclusions of the studied themes.*

With respect to the first study on the willingness of Colombian adults to forgive, Colombians have difficulties in integrating stimuli at the moment of deciding whether to forgive in a political context, yet it is not easy for them to forgive in a political context compared to other situations such as medical negligence. This may be related with the political polarization that has been long present in the country and the way in which the media has framed the peace process. For many years, the violent actions of armed groups such as paramilitary forces were legitimized; yet, at the same time, greater attention was focused on the crimes of guerrilla groups.

Polarization and the invisibility of victims are also common themes with respect to crimes committed against women. Many of these crimes were hidden or remained invisible because of the overwhelming cruelty of other

crimes (massacres, displacement of persons, etc.) as well as the shame and guilt that women face in reporting acts related to sexual violence. Therefore, the present study contributes to the revindication and acknowledgment that women were also victims of the armed conflict and that crimes against women differed from those against men. Additionally, the study identified that the willingness to forgive of the participants is low. However, only a small group of participants consider the crime itself upon contemplating forgiveness, while another small group consider the attitude of the aggressor. These results could evidence that differential violence against women is not widely recognized by Colombian society. In general, the two studies on willingness to forgive show that it is possible to generate conditions for promoting forgiveness in Colombia, although it will take time, effort, and a great deal of cooperation to reconstruct the social fabric of the country.

As mentioned throughout the present thesis, the end of the armed conflict with the FARC-EP has created more room for other social problems affecting Colombians to be identified, such as problems in education and the prevention of health problems.

In regard to the education of young people to prevent drug use, it is important to highlight that many subjects are still taboo in Colombia. In the case that parents are able to discuss concerns with their children over drug use, parents often do not speak openly or participatively about the matter. As shown by the data, prohibitionist and authoritarian standpoints on drug use are

considered to be the most acceptable. However, intervention and prevention programs show that these types of arguments are not the most effective. In addition, it is important to understand the personal philosophies of individuals on these topics. An understanding of individuals' perspectives will likely facilitate greater understanding of the overall contexts in which interventions will be applied. In this way, coherent programs and policies that are sensitive to the beliefs and knowledge of target populations may be formulated.

In regard to sexual education, the majority of young people in Colombia do not have access to such education despite this being a basic right. Likewise, parents and caretakers are apparently unable to effectively and assertively educate their children on this topic. Given that the theme of sex is taboo, in many cases, prohibition is preferably taught in sexual education programs, or the topic is avoided because of discomfort. This, in addition to other factors, represents a limitation for the life plans of young people, results in high rates of pregnancies among young women, and increases the probability of sexually transmitted infections. In the present study, the need to educate adolescents as well as their parents in basic aspects of healthy sexuality was evidenced.

#### *New lines of research*

Health psychology is one area of research that may considerably develop in Colombia given the consequences of violence during the Colombian armed conflict, including the suffering of victims, the

abandonment of other necessities, the deterioration of citizens' confidence in institutions, etc. In particular, health psychology can focus on studying different aspects that contribute toward quality of life, including the study of judgments by psychologists (and other health professionals) at educational institutions charged with the sexual education of adolescents and the acceptability of sexual education including topics of gender diversity. In regard to education for preventing drug use, it is relevant to understand the acceptability of diverse treatments for rehabilitating drug dependence, including treatments involving alternative medicines. Studies of forgiveness are also relevant within the realm of health and political psychology.

Additionally, it would be interesting to study other phenomena associated with strengthening state institutions, such as democracy, migration, the ethics of torture, the political participation of women, the hindrance of women's participation in the negotiation and construction of peace, the acceptability of corruption during political elections, the perception of human rights, and even the perception of persons of diverse sexuality within the public sphere.

Finally, it would be interesting to adapt studies carried out in other countries (acceptability of assisted suicide, acceptability of abortion, among others) to the Colombian context to generate greater knowledge of different social phenomena. Similarly, judgments related to these themes may be mapped based on information integration theory and functional measurement as a means of evaluating different social problems in Colombia.

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**Functional Measurement Applied to Major Societal Issues in Colombia:  
Drug, Sex, Violence and Forgiveness.**

Abstract

Colombia is located in northwestern portion South America. Currently, 46 million people inhabit the country and are mainly concentrated in the cities. According to the National Administrative Department of Statistics (2017), the population distribution is mainly explained by the forced displacement of persons resulting from the Colombian armed conflict that lasted nearly 60 years (from 1960 to 2015). In the present thesis, four problems of particular interest are examined: education for preventing drug use, sexual education, the capacity to forgive in situations of medical negligence, and the capacity to forgive acts of violence perpetrated against women in the context of the Colombian armed conflict. In the first study on the willingness of Colombian adults to forgive, Colombians have difficulties in integrating stimuli at the moment of deciding whether to forgive in a political context, yet it is not easy for them to forgive in a political context compared to other situations such as medical negligence. About the second study, polarization and the invisibility of victims are also common themes with respect to crimes committed against women. The study identified that the willingness to forgive of the participants is low. However, only a small group of participants consider the crime itself upon contemplating forgiveness, while another small group consider the attitude of the aggressor. In regard to the education of young people to prevent drug use, it is important to highlight that

many subjects are still taboo in Colombia. As shown by the data, prohibitionist and authoritarian standpoints on drug use are considered to be the most acceptable. In regard to sexual education, the majority of young people in Colombia do not have access to such education despite this being a basic right. Likewise, parents and caretakers are apparently unable to effectively and assertively educate their children on this topic.

Key words: Functional measurement, willingness to forgive, violence, sexual education and drugs consumption