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“Come on baby. You know I love you”: African American Women's Experiences of Communication with Male Partners and Disclosure in the Context of Unwanted Sex

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Abstract

We examined African American women's experiences of communication with their male intimate partners a couple of hours before and after an incident of unwanted sex. We also examined women's experiences of disclosure following an incident of unwanted sex. Semi-structured qualitative interviews were conducted with a community-based sample of sexually active African American women (n=19) reporting at least one incident of sexual coercion (i.e., being pressured into unwanted sex without consent) by an intimate male partner since the age of 18. Our analysis was guided by “*the sexual division of power*” from the *Theory of Gender and Power*. Data were analyzed inductively by examining the interviews for common themes in the following domains: communication before the unwanted sex, communication after the unwanted sex, and disclosure to others. Men pressured partners for unwanted sex through verbal and nonverbal tactics, ranging from pestering and blunt requests for sex to verbal bullying and violence. Many women responded by clearly saying no. However, many women also described eventually ceasing to resist their partners and engaging in unwanted sex. After the unwanted sex, men actively and passively avoided discussing the incident. Although many women discussed the unwanted sex with family and friends, less women disclosed to trained professionals. In some cases, women did not discuss the incident with anyone at all. These findings indicate that, when addressing sexual violence against women, there is a need to target men as well as the norms of masculinity that underpin physical and sexual violence against women.

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unwanted sex; partner communication; disclosure; African American women

INTRODUCTION

African American women are disproportionately affected by sexual violence. In the United States, in 2010, 22% of non-Hispanic Black women reported a lifetime experience of rape compared to 18.8% of White women and 14.6% of Hispanic women (Black et al., 2011). A similar trend was observed among women reporting rape by an intimate partner, with 12.2% of African American women affected compared to 9.2% of White women and 8.4% of Hispanic women (Black et al., 2011). Cross-sectional studies conducted among African American women have found higher prevalence estimates, 26.3% for sexual violence and 33.7% for sexual coercion (Cecil & Matson, 2005; Walsh, Koenen, Aiello, Uddin, & Galea, 2014). However, research examining dating violence experienced by African American college students and White college students did not find a significant difference in prevalence by race, indicating that when socioeconomic status is similar between groups, these differences may disappear (Amar, 2004).

Sexual coercion, a type of sexual violence, is defined as pressuring or forcing a person into unwanted sexual penetration (Brousseau, Bergeron, Hébert, & McDuff, 2011). Coercive strategies can occur along a continuum and may be verbal, psychological, and/or physical in nature (Basile, 2002). Specifically, this continuum includes more severe forms of sexual coercion such as nonconsensual sexual acts through physical force (e.g., use of a weapon, hitting) to less severe forms of consenting (e.g., threats to end the relationship, withholding resources). This continuum also includes undesired or unwanted sexual activity, sexual acts as a result of continual pleading, or perceived obligations in established relationships (Basile, 2002). Sexual coercion has been attributed to traditional gender roles, ascribing men as aggressors and initiators of sexual activity and women as employing a passive, selfless demeanor toward sexual activity (Gavey, 1992).

Previous research on sexual violence against women has linked sexual violence to detrimental physical (e.g., physical injuries, gynecological complications, unhealthy weight control, HIV/STIs) and mental health outcomes (e.g., posttraumatic stress disorder, suicide, depression, substance abuse) (Campbell, 2002; Campbell, Woods, Chouaf, & Parker, 2000; Silverman, Raj, Mucci, & Hathaway, 2001; Wadsworth & Records, 2013; Walsh et al., 2014; Wingood & DiClemente, 1998). Sexual coercion, specifically, has been linked to similar adverse health consequences (Choi, Binson, Adelson, & Catania, 1998; deVisser, Smith, Rissel, Richters, & Grulich, 2003; Kalichman, Willliams, Cherry, Belcher, & Nachimson, 1998). Persistent poverty may further exacerbate the impact of sexual violence for African American women leading to negative mental health outcomes (Bryant-Davis, Ullman, Tsong, Tillman, & Smith, 2010).

Research on men and women's partner communication in the context of sexual coercion and unwanted sex is scant and neglects to address communication before and after the sexual encounter. In particular, previous research has examined the perpetrator's active enactments

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of sexual coercion, focusing on the perpetrator's coercive strategies (Hayer, 2010; Katz & Myhr, 2008). Despite the rich work examining perpetrators' coercive strategies, to our knowledge, only one study has examined the female victim's communication (Livingston, Buddie, Testa, & VanZile-Tamsen, 2004). Moreover, partner communication does not end after an incident of sexual coercion has occurred. Intimate partners make sense of sexual coercion long after an incident takes place in order to address relationship dynamics and the health consequences that may follow. However, to our knowledge, no previous research has explored women's experiences of partner communication following sexual coercion. Additionally, partner communication in the context of sexual coercion has rarely been explored from the perspectives of African American women, a population at increased risk for sexual violence.

Disclosure to others is also an important type of communication in the context of sexual coercion and unwanted sex. In the context of intimate partner violence (IPV), previous research has found that African American women are less likely than White women to disclose such incidents to mental health professionals (Flicker et al., 2011). Women of color who experience IPV and do not disclose their experience to health providers may be influenced by feelings of shame and stigma, desire to preserve family secrecy, and tendency to disclose to informal networks (i.e., family, friends) (Bent-Goodley, 2007). Furthermore, medical mistrust, a phenomenon rooted in the historical medical and legal trauma experienced by the African American community (Hammond, 2010), may contribute to African American women electing not to disclose their unwanted sexual encounter. Research on African American women's use of social support and religiosity in the context of sexual assault found that those with greater social support following sexual assault were less likely to be depressed or experience PTSD than those with lower social support (Bryant-Davis, Ullman, Tsong, & Gobin, 2011). This indicates that communicating about sexual assault to informal networks, such as family and friends, may be an especially beneficial form of help-seeking and disclosure for this population. However, there is limited information on disclosure experiences among African American women (for examples see: Amar, 2008; Neville & Pugh, 1997). Additionally, most research has been limited to studies focused on physical and/or sexual IPV with no attention given to the continuum of sexual coercion (Morrison, Luchok, Richter, & Parra-Medina, 2006). The lack of research on disclosure after sexual coercion among African American women is especially troubling because previous research on disclosure and help-seeking following experiences of IPV found that African American women were significantly less likely to seek help from medical professionals than white women (Flicker et al., 2011).

The current study was guided by the theoretical construct of the *sexual division of power* from the *Theory of Gender and Power* (Connell, 1987). The *Theory of Gender and Power* is characterized by three major components: the *sexual division of labor*, the *sexual division of power*, and the *structure of cathexis*. The first theoretical construct, the *sexual division of labor*, is a social rule for how men and women are assigned particular types of work (Connell, 1987). Furthermore, the *sexual division of labor* has implications for the nature of the work as well as access to income and services—leaving those assigned to unpaid or lower-paid work with a lower social status as well as less access to resources. The second theoretical construct, the *sexual division of power*, is an underlying social structure

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constraining the balance or inequity of authority, decision-making, and supremacy in the relationship, workplace, or other social context. As an example, Connell highlights that particular acts of violence against women (e.g., rape) can be understood not just as one person's act of deviance but as a manifestation of the underlying structure in which men's desires are given supremacy over women's desires. The third theoretical construct, *the structure of cathexis,* is the structure of emotional and sexual attachments between men and women. In particular, the *structure of cathexis* constrains who or what is considered sexually desirable, often emphasizing the desirability of difference and resultant inequality. As an example, Connell describes how heterosexual women are sexualized and objectified while, in contrast, heterosexual men are not objectified to the same degree.

The *sexual division of labor,* the *sexual division of power* and the *structure of cathexis* help explain the underlying social structure constraining relationships between women and men (Connell, 1987). Applied to the current research, the *sexual division of power* translates into women's lack of power in their heterosexual relationships, which puts constraints on their sexual behavior and limits their negotiating power. This may lead to women experiencing unwanted sex through various means of coercion.

As it stands, little is known about how partners communicate about sex before and after an unwanted encounter, as well as if and how they disclose the incident to others. Even less is known about how African American women and their male intimate partners communicate in these contexts. Guided by the *sexual division of power* from the *Theory of Gender and Power*, the following analysis is the first to retrospectively explore African American women's reports of partner communication before and after the unwanted sexual encounter as well as their own experiences of disclosing or not disclosing the incident to others.

Three research questions guided our analysis. First, how do women with experiences of unwanted sex retrospectively describe their communication with male partners a couple of hours before the unwanted sexual encounter? Second, how do they describe their communication with male partners after the unwanted sexual encounter? Third, how and to whom do women disclose the incident?

METHODS

Participants

Between January and March 2012, our project team conducted a qualitative study on the continuum of sexual coercion and facilitators and barriers to help-seeking among a community-based sample of African American women in San Diego, California. Eligible women were African American, aged 18 to 44 years old, English speaking, residents of San Diego County, sexually active with a male partner in the past year, and had ever experienced forced or coerced sex by a current or former intimate partner since the age of 18. Participants were recruited through community outreach, newspaper advertisements, and flyer distributions at bus stops, drop-in centers, and social services agencies (e.g., WIC distribution centers). Interested women contacted our study office using the phone number provided on study flyers to learn more about the study, provided verbal consent, and were screened for eligibility. Of the 33 women screened for participation, five were ineligible due

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to their age or abusive experiences (i.e., reported an experience of physical abuse or sexual coercion by a non-intimate partner). Of the remaining 28 women, nine expressed interest but did not show up for their appointments, resulting in 19 completed interviews.

Procedure

Eligible participants were invited to complete a one-time in-person interview in private study offices that were easily accessible via public transportation. In order to reduce issues around medical mistrust, the study site was located away from any major university campus or medical institution. Interviews were conducted by two female interviewers whom were part of ethnic/minority groups (i.e., African American, Hispanic/Latino) with graduate-level training and extensive experience working with abused women. All interviewers adhered to procedures outlined in the interviewer instructions and safety protocol manual. Prior to being interviewed, all participants provided written informed consent. Interviews were audio-recorded and transcribed verbatim by a professional transcriptionist with previous academic transcription experience. Due to the sensitive nature of the study, interviewers wrote field notes following each interview on key findings and behavioral observations (e.g., sobbing, repetitive motions, eye contact). At the interviewer's discretion, field notes were taken during the interview. All transcripts underwent quality assurance, whereby interviewers reviewed all audio-recordings with the transcripts to ensure transcript accuracy and exclusion of identifying information (e.g., partner's names, birthdates). Weekly discussions took place on the content of the interviews and interviewing techniques were reviewed. The study was approved by two university institutional review boards.

Participants completed a brief demographic survey consisting of nine questions, which provided information on participant age, race/ethnicity, number of children (<18 years), lifetime drug use (yes/no), type of drugs used in the past year, last drug use, military affiliation (i.e., none, active duty, dependent or reserve) given the study site was located near two large military facilities, type of healthcare services utilized in the past year (e.g., Pap test, counseling), and other types of social services that were utilized (e.g., housing assistance, disability). The demographic survey provided descriptive statistics on the study sample and basic background information on the participant prior to conducting the interview. A semi-structured interview guide included open-ended questions and probes in order to stimulate discussion on the following topics: general relationship history, experiences of sexual coercion, facilitators and barriers to help-seeking, and cultural context of experiences with sexual coercion and help-seeking behaviors (for example probes see: Table 1).

Participants were free to ask questions and elaborate as needed. The flexible nature of the interview guide allowed for additional meanings and themes to emerge. Due to the sensitive nature of the interview topics and depending on the comfort-level of the participant, several participants discussed prior victimization as children. The researchers reported these instances in order to comply with California State mandated reporting guidelines. In-depth interviews, ranging from forty-five minutes to one and a half hours, were audio-recorded and transcribed verbatim. Participants were compensated $25, issued a one-day transportation pass, and provided with a resource sheet of local support services.

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Data Analysis

A systematic, inductive analytic approach was taken to analyze the data. The multi-step process began by reading through several manuscripts to generate an initial list of codes based on relevant themes that emerged (Ryan & Bernard, 2003). A codebook was developed, and the data were coded in a series of steps. A hierarchical coding scheme was created by arranging parent codes (e.g., communication prior to unwanted sex, communication following unwanted sex, disclosure) and corresponding sub-codes for each level (e.g., wifely duty, pestering, disclosure to police). The interdisciplinary research team (representing backgrounds in qualitative research, epidemiology, and public health) discussed the hierarchical structure of the codes and developed a codebook with definitions and coding parameters. Three researchers discussed the transcripts, resolved and clarified differences, and refined the codebook as needed. Coded data were organized into tables using Microsoft Word, which included all coded portions from the transcripts for each parent code and sub-codes. Additionally, analytic memos (i.e., descriptions and reflections on the interviews to assist in the analysis process) were written throughout the coding process to reflect on themes within and across interviews. The researchers applied the *sexual division of power* from the *Theory of Gender and Power* following data collection and coding, to facilitate interpretation of the results within the framework of the relationship.

The current analysis focuses on emergent themes related to women's retrospective reports of communication with male intimate partners before the unwanted sexual encounter, communication with male intimate partners after the encounter, and disclosure of the incident to others. Interview guide questions relevant to the present analysis, are as follows: ‘Now, thinking back to the events right before the last incident, maybe 1-2 hours before, can you describe what was going on between you and your partner?’; ‘Can you describe what happened right after the incident?’; ‘Can you describe any health care or treatment you received from a clinic, hospital, or emergency room after an unwanted sexual encounter by your partner?’; and ‘Growing up, how often did you go to the doctors?’ All names were changed and randomly assigned pseudonyms to protect and maintain participant anonymity.

RESULTS

Table 2 describes the characteristics of the sample. The average age of the participants was 35 years old (range was 23 to 44 years). Over one-third of the participants (36.8%) had children under the age of 18 years living in their household and 52.6% were former military dependents. Most women had ever received a routine physical (73.7%); fewer had ever received mental health services (42.1%) and gynecological exams (26.3%). Approximately 68.4% of women had ever used illicit drugs (e.g., cocaine, crack, methamphetamine, and heroin).

Participants reported a continuum of severity regarding experiences with unwanted sex, ranging from verbal threats or pressure to the use of physical force. All women reported being pressured to have sex by an intimate partner, approximately 90% of women reported being threatened into forced sex, and over half (57.8%) reported being physically forced by a partner to have sex against their will. We identified the following emergent themes related to 19 African American women's retrospective experiences of communication with their

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male partners in the context of sexual coercion: communication before the incident of unwanted sex, communication after the incident of unwanted sex, and women's disclosure or non-disclosure of the unwanted sex to others. Each of these themes will be discussed separately in the sections that follow.

In reporting the findings from the interviews, we used the terms *few* (less than 2 women), several (3-4 women), *some* (5-7 women), and *many* (8 or more women) to provide a general sense of how many women discussed certain behaviors in their interviews, rather than providing raw numbers (i.e., 9 of 19 women). The researchers chose to use these semi-quantitative terms rather than raw numbers because, in the context of the interviews, all women were not systematically questioned about each theme and subtheme. Rather, the natural flow of the interview lead participants toward variant discussions, with some women initiating discussions about certain behaviors and other women initiating discussions about different behaviors. When readers examine the results, it is important to approach them with a nuanced eye, understanding that even when 'few' women reported a certain behavior, this may very well only indicate that 'few' women chose to discuss this behavior not that 'few' women experienced it (for a full discussion see: Neale, Miller, & West, 2014).

Communication before an incident of unwanted sex

Participants described variations and combinations of coercive psychological and physical communication strategies that men used to initiate sexual encounters. The strategies men used ranged in severity, from the use of perceived sexual responsibilities (i.e., wifely duty), to verbal cues and more severe physical force. These strategies highlighted the *sexual division of power* in which men's voices and desires are given supremacy over women's desires.

Wifely duty—Some women discussed feeling that they owed their male partner sex as part of the relationship contract, despite their own desire to refrain, which was described as *wifely duty*. This could include the male partner overtly reminding the female partner that she owed him sex. However, it also included the female partner's own sense that she owed sex as a part of the relationship, with or without the male partner's reminding. Most of the women who reported experiencing this type of coercion described being in serious long-term relationships with their partners, including marriages and long-term boyfriends. Alexis described the following:

> "You know where he would want sex and I really, really wouldn't but I just like did it anyway to kind of shut him up you know but he was never like physically forceful...at all. It was mostly you know like we were married and it was like you know my wifely responsibility and that whole thing."

Alexis's description highlighted the social norms and sexual expectations within her relationship and broader social networks.

Tina described her partner overtly stating that she owed him sex as part of the relationship. Her partner's coercive strategies eventually increased in severity and led to the use of physical force:

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> It was my wifely duties he would say and um when I didn't want to do it was just only once that he...he held me down and we had sex. He just put it in there and was pumping on me and we had sex. And then when he was done he got up and left me alone... "It was just that when he was ready to have sex I needed to be ready too because it was my wifely duty but I didn't want to have sex. You know what I mean? Sometimes I just didn't want to have sex...

Consistent with the *sexual division of power*, women described feelings of holding less power within their sexual relationships. There was an implied obligation to satisfy their male partner's sexual needs, with less regard for their own needs.

Verbal strategies—Women described men pressuring, pestering, or repetitively harassing them for sex. For example, several women stated that men would pester them with phrases such as, "Come on baby. You know I love you," as a means to convince them to have sex, despite women's desire to not engage in any sexual activity.

Many women also described men using negative verbal strategies, which included "bullying," bluntly stating a desire for sex, and accusations of being unfaithful. "Bullying", a term specifically used by one woman, included the male partner using intimidation strategies to coerce the female partner into sex. Bullying also included types of verbal abuse like degrading the female partner in public and private settings (i.e., "you're worthless"). The women's descriptions of their partner's negative verbal behaviors indicated an underlying inequality in the *sexual division of power* within these relationships. Specifically, the men, as evidenced by the behaviors described above, domineered themselves and their own desires over their partner's needs, desires, and personhood.

Several women described their partners accusing them of cheating, or fear that their partners would think they were cheating, as a means to pressure them into having unwanted sex. Women who described this behavior included those in a marital relationship, a long-term relationship, and a boyfriend. The male partners rationalized that when their female partner was not engaging in sex with them that they were being unfaithful. Tamara recalled a time her and her partner were arguing over her reluctance to have sex, saying,

> "I didn't want to and he was basically, you know, going off on me because I didn't want to have sex with him. 'Well, you know, what are you doing? Are you out there seeing somebody else?' "

Subtly refusing sex—Many women reported clearly saying 'no' to their partners' pressure for sex. However, several women reported covertly refusing their partners by 'playing games,' using excuses (e.g., possibility of pregnancy, not having a condom) or initiating an argument. Women reported using subtle refusals in both marital and non-marital relationships. Courtney described:

> "No. I didn't [want to have sex]. I kept telling him. I was like, 'You don't even have a condom. I don't know what you might have' you know. I said, 'I don't want to get pregnant' and stuff. He's like, 'I have one [a condom].' Yeah."

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Stopped actively resisting sex—After enduring their partner's verbal and nonverbal onslaughts, women described feeling worn down. Many women eventually ceased actively resisting their partner's attempts at unwanted sex and engaged in unwanted sex to appease their partner. Jessica described the process of her partner pressuring her. Eventually she stopped actively resisting and engaged in unwanted sex to appease her partner:

> "We were laying in his bed and he wanted to have sex and I didn't want to and he kept pressing the issue and then I just finally gave in and had sex."

She further described her partner's pressuring as:

> "He would say like, 'Oh you know. Come on. The other day you said you wanted to and we didn't' or I mean I guess that was pretty much just pressuring it and I would say 'No. I really don't want to today.' You know one time... that time I actually had a headache and I didn't want to and he kept like pressing the issue."

Similarly, Tonya described, "I don't know it just wore me and rather than deal with it I would just do that to shut him up you know." These instances highlight the *sexual division of power* in which men's desires are given supremacy and men's voices are given more authority than women's desires in the relationship.

Physical strategies—Women reported male partners using nonverbal behaviors ranging from unwanted sexual touching to the use of physical force and violence in relationships ranging from marriage to dating, indicating the pervasiveness of these strategies in different types of relationships. Some women described unwanted touching leading up to coerced sexual encounters. This included attempts to kiss, fondling, laying closer and rubbing against them, and slapping their butt. Ashley detailed her experience of unwanted touching that preceded her unwanted sexual encounter following a double date. The group had been drinking, so they decided to get rooms for the night. Ashley reluctantly agreed to spend the night with her date in a hotel room, but made it clear she did not want to have sex. She describes her experience in the hotel room that night:

> "So all night this guy was like constantly, constantly like touching on me, feeling on me...So um eventually it was like I just said fuck it you know cause you're going to keep coming like on me like trying to penetrate, trying to kiss on me. Like this was like over an hour of 'No. Stop. No. Stop. Stop.' Finally I'm like you know what? Cause some people say like oh if I ever get like raped or whatever if I can't fight them I'll pretend like I like it and then if I can get that moment where I'll be able to get away you know [crying]. I just gave in just so I could like have a peace of mind you know."

Consistent with the *sexual division of power*, Ashley's partner had the physical and social power in the relationship to force her into having sex even when this was not what Ashley desired. Ultimately, the male partner's desire for sex was given supremacy over Ashley's desire to refrain.

Over half the women reported that their partners applied force and violence to achieve unwanted sex. This ranged from being sat on, held down, pushed, slapped, and choked. For

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example, Charlotte described the coercive strategies within her relationship as increasing in severity:

> "Well in the beginning he was real nice, taking me places and stuff like that. We've been having...and wasn't having sex and then he started wanting the sex more and more and then I just don't feel like having sex sometimes. He manhandles me."

Charlotte continued to describe how her partner physically held her down, in order to force her into having unwanted sex with him. Other women also described triggers leading up to the unwanted sex, which included engaging in illicit drug use. Rachel described a forced sexual encounter with her current boyfriend:

> "This last time like we're like using drugs back then and um it was me and like two other friends and stuff and we're all just hanging out and stuff and then I went to the bathroom or whatever to go take a shower and he came in the room just tripping out and stuff or whatever and uh just like freaking pushed me in the shower when I was trying to get out and stuff like that and did the business."

Rachel reported that drug use led to a forced sexual encounter. Notably, the culmination of physical and sexual violence is a significant hallmark of power imbalances between women and men. Additionally, drug use may serve as a marker for men who perpetrate physical and/or sexual violence, further contributing to imbalances in power.

Communication after unwanted sex

Avoid, deny, downplay, and refuse to discuss—Communication, or lack thereof, was central to the process of making sense of the unwanted sex. Many women reported that their partners both passively and actively avoided discussing the unwanted sex. Women described their partner's passive avoidance of communication as falling asleep after the sexual encounter, lying down, or carrying out daily activities without mentioning the encounter. Several women, who engaged in a conversation with their male partner surrounding the issue of unwanted sex, were met with rebuttals from men who minimized, justified, or even denied the incident.

Lisa described how her partner denied the unwanted sexual incident and refused to discuss it with her further:

> "And the next day I went home and I'm like, 'Well, we need to talk about it.' He's like, 'What is there to talk about? You said yeah when I asked you.' I'm like, 'Really? Come on now. Let's sit down and be grown adults about this. We've had this discussion many times before and I told you many times how things have went down and you follow that same trademark like really.' And he's like, 'No. No, I didn't. Don't accuse me of being like that.'"

Similarly, Jessica described her partner downplaying the unwanted sexual incident:

> "And he was trying to tell me that you know its ok because obviously, you know, because we're together, we're in a relationship and I shouldn't have so many negative connotations with something that's natural."

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Only several women described experiences of their partner apologizing. Of these apologies, only one apology resulted in the partner never again using extreme violence.

Self-silencing—The opportunity to address the coercive partner may be a unique aspect of sexual coercion within intimate relationships that is not possible with other types of sexual partners where the victim is not given the opportunity for ongoing dialogue with the perpetrator. Unfortunately, ongoing dialogue between the victim and perpetrator may smooth the tension caused by the abuse and allow the perpetrator to justify or deny his behavior—perhaps providing the opportunity for further abuse.

Some women, in relationships ranging from boyfriend to spouse, reported confronting their male partner to convey feelings of disappointment surrounding incidents of sexual coercion. Still, some women (none of whom were married to their partner) recounted saying nothing or engaging in self-silencing to avoid additional conflict. Crystal described self-silencing in order to keep her relationship:

> "It was like, like nothing. Like nothing at all. Like business as usual. Like he didn't see it as he forced me to do something that I didn't want to do. He saw it as he convinced me so he just went about his normal whatever and I was just like, 'well I guess this is what I have to do to keep my relationship.' I mean I remember thinking those things at the time you know."

Women experiencing sexual coercion by their sexual partner may not want to discuss the incident in order to avoid conflict within the relationship. However, self-silencing may diminish women's power within their relationships by perpetuating a relationship dynamic where the woman's voice is de-legitimized and only the male partner's perspective is voiced.

Women's disclosure or non-disclosure of unwanted sex

Communication plays a role not only in the context of unwanted sex within the relationship but also in informing others about the incident. There was variation in disclosure experiences, with many women disclosing to family and friends and less women disclosing to professionals. Alternatively, several women did not disclose their experiences to anyone.

Family and friends—Many women disclosed their unwanted sexual experiences within trusted networks, specifically, friends and family. These women reported telling a neighbor, a sibling, a grandmother, mothers and friends. Jessica described,

> "I mentioned to my brother that he... that... The way I phrased it to my brother was that my boyfriend wanted to. I hadn't told him the experience that happened because I wanted to know if I was just being too... The way my boyfriend made me feel is that I was being too picky like it was something that I needed to get over so I talked to my brother about it just so that he could give me a male's perspective as well as someone who I care about his opinion. I know he wouldn't tell me a lie or anything."

Jessica's discussions with her brother provided a safe environment to disclose her experience of coercion.

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While Jessica was fortunate to have a supportive outlet to discuss her experiences, other women, who disclosed to friends and family, experienced negative outcomes, including blame for the incident. Shani confided in a male friend who was not supportive and placed the blame on Shani's decisions to associate with certain types of male partners. Rather than allow this experience to deter her from further disclosure, Shani subsequently told her family.

> "Um well I went to school with him since kindergarten so I let him know what happened and he actually was yelling at me telling me it's my fault that I should have never went and he was no help....I told my mom and I told my stepdad and my stepdad wanted to go kill the guy."

However, other women in sexually coercive relationships discussed feelings of isolation and uneasiness surrounding disclosure. Given that the majority of women disclosed to friends and family, educating the surrounding social network of family and friends could prove to be a vital avenue for linking these vulnerable women to additional resources.

Trained professionals—The majority of women did not disclose their experiences of unwanted sex to healthcare professionals or law enforcement agents. Of the several women who reported seeking help from medical health professionals, most experienced the unwanted sex in more casual relationships including barely knowing the perpetrator and newly dating. Notably, none of the women who experienced unwanted sex in their marriages reported seeking medical help. Of the several women who mentioned seeking medical help, all but one also reported notifying the police.

Tina who experienced a second incident by a perpetrator other than her boyfriend, met a man on the trolley. She invited him into her place where they smoked marijuana, which lead to him performing oral sex on her. She wanted him to leave thereafter, but he violently coerced her into sex. She explained,

> "I reported it to the police but because I invited him to my home, let him have oral sex on me, they said it would be hard for me to win that case so I just let it go."

Despite disclosing to the police, her disclosure did not result in punishment or consequences for the perpetrator.

Women cited various reasons for non-disclosure to police including beliefs of not having enough evidence, fear of being arrested for being under the influence of drugs, fear of retaliation from the perpetrator, and beliefs that you do not report your partner to police. Regarding medical professionals, women discussed that non-disclosure was due to lack of general inquiry and interest from medical professionals, and discomfort talking to professionals about this sensitive topic. Tamara recounts her decision to not inform health professionals about her sexual coercion incident. Specifically, health professionals have never asked Tamara about the incident, nor has she disclosed it. She emphasizes that if she were asked, she still would not disclose the incident.

> "No. no. Cause I don't know where to go after that....Cause I know they're mandated reporters and they have to report stuff like abuse and stuff like that and I

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> just wouldn't feel comfortable talking to them plus I don't know. I just don't feel comfortable talking to them about it cause I don't know them."

After experiencing unwanted sex by a man she knew, Alexis felt as though she should go to the hospital and get help, but she could not do it. She recalled:

> "And so that went through my head and um for some reason like I just didn't go. I think I was just in too much of a state of shock or maybe too embarrassed or something but I don't know why I didn't go. Like, I just didn't. Like again that voice was telling me go get some help and like I didn't do it and that's something that I regret actually."

While several women reported disclosing to medical health professionals and several women reported disclosing to police, the majority chose not to seek help professional help. Additionally, several women reported seeking alternative forms of help beyond medical professionals, police, and friends and family. These included a domestic violence class, therapy/support group, and church.

Non-disclosure of unwanted sex—Several women discussed their decision to not disclose their unwanted sexual encounter to anyone. The women, who described not disclosing their encounter with anyone, included women who experienced unwanted sex with on-again/off-again partners, an undefined relationship, and a long-term relationship. Reasons for non-disclosure included concerns surrounding confidentiality, desire to ignore the incident and move on, being under the influence of drugs or alcohol, and perceptions of being blamed for incident. Crystal experienced unwanted sex with a former partner. She shared that she did not disclose the incident to her friends for fear that they would blame it on her drug use:

> "I knew what I was going through was crap and plus by then everybody knew that I was doing drugs so all my sober friends, they wanted to just put everything that was going on into the lump sum, 'it's because of the drugs' you know. 'This is happening because of the drugs.' No job, drugs. And it's like I didn't feel like trying to talk and explain to them all the intricacies that was going on just for them to judge 'it was the drugs' so I would rather just shut you the hell out and just deal with my own."

DISCUSSION

This is the first study that examines how women and men communicate before *and* after unwanted sex and women's experiences with disclosure of these incidents. The study also focused on an underserved population of women disproportionately affected by sexual violence – African American women. We found that men enacted sexual coercion through a variety of verbal and nonverbal tactics. Women responded by clearly saying no, subtly implying no, and eventually ceasing to actively resist their partner's attempts at unwanted sex. Following an incident of unwanted sex, men actively and passively avoided discussing the event. In cases where a discussion ensued, men minimized and denied the incident. Only several men apologized. And only one apology resulted in a change in behavior. Women

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reported disclosing the incident to family and friends but admitted reticence to disclose to medical professionals and police.

Consistent with the *sexual division of power* from the *Theory of Gender and Power*, our study found that women's descriptions of the male partners' verbal, non-verbal, and violent strategies before the unwanted sex and their partner's minimization, silence, and justification after the unwanted sex depicted a deep inequality in the sexual relationships between women and their male partners. Women's descriptions of their partner's coercive strategies exemplified how women's needs, opinions, and well-being were relegated a lower priority than their male partner's needs (Connell, 1987).

The identified communication tactics used by men and women *before* the sexual incident extend previous research on tactics used by perpetrators and victims to pressure for and against sex (Beres, 2010; Katz & Myhr, 2008; Livingston et al., 2004). Women from our sample indicated men used a diverse array of verbal persuasion tactics in addition to nonverbal tactics to pressure their partners for sex. These findings are consistent with the *sexual division of power* in which men frame their desires as more important than women's desires because men have more power in the relationship. The finding that men used both verbal and nonverbal persuasion tactics is consistent with previous qualitative literature reporting that almost half of the women experienced nonverbal sexual coercion, typically combined with verbal persuasion (Livingston et al., 2004).

Women used both overt sexual refusals (i.e., saying no) and covert sexual refusals (i.e., using excuses), confirming previous qualitative study findings that both men and women use a complex combination of strategies to refuse or accept sex (e.g., acting tense or moving away) (Beres, 2010). However, many women described eventually ceasing to resist their partner's attempts at unwanted sex and engaging in unwanted sex to appease their partner. These findings coincide with previous literature on victim and perpetrator tactics, which postulates that women engage in unwanted sex to stop their male partner's pestering and harassment, keep the partner from leaving the relationship, or to prevent further violence (Livingston et al., 2004).

In regards to communication *after* unwanted sex, to our knowledge, no previous research has examined women's reporting of men's active and passive avoidance of discussing sexual coercion after the incident. As such, this information adds to the current literature and further elucidates partner communication in this context. Women's reports that men minimize, justify, deny, and rarely apologize after the unwanted sex extends previous research on partner risk factors for sexual violence. Specifically, previous research has shown that certain characteristics of a perpetrator's intimate relationships may serve as indictors of increased risk for sexual and physical violence, including minimizing the conflict, controlling behavior and partner blame (Goetz & Shackelford, 2009; Scott & Straus, 2007; Tharp et al., 2012). The similarity between these previously identified perpetrator risk factors and our findings may indicate that men who have these risk factors further manifest these behaviors in the communication following the unwanted sex. As such, these findings support the importance of targeting men when attempting to address sexual violence against women. Recent work has begun to explore gender-transformative

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interventions, which target men's masculinity norms in order to promote equitable relations between men and women. In fact, a previous systematic review of gender-transformative interventions with heterosexual men to reduce HIV risk and violence found that gender-transformative interventions reduced the perpetuation of physical and sexual violence against women (Dworkin, Treves-Kagan, & Lippman, 2013).

In regards to *disclosure*, our finding that women most often reported disclosing to friends and family versus formal support resources is consistent with the literature on help-seeking and disclosure of IPV (Bent-Goodley, 2007; Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000). Among Black women with experiences of physical and/or sexual intimate partner violence, formal support resource utilization has been reported to be relatively low, with health care and domestic violence-specific use rarely reported, 13% and 18%, respectively (Lucea et al., 2013). This indicates that many women do not disclose their experience, and of those who do, few seek professional help. Possible underlying explanations for non-disclosure to formal support resources may be related to medical mistrust, perceived discrimination, and racism. These factors have been cited in previous research with African Americans (Campesino, Saenz, Choi, & Krouse, 2012; Hammond, 2010), but not in the context of unwanted sex. Further research is needed to elucidate how these cultural factors may impede disclosure among African American women with experiences of unwanted sex in order to create culturally-tailored programs for this vulnerable group. Nonetheless, the issue of disclosure is not without debate. Recent work has begun to critically examine the state involvement in violence against women (Bumiller, 2008). Specifically, this work has called into question the expansion of the legal and governmental agencies that have addressed domestic violence, suggesting that these efforts may have perpetuated “problematic state control over the disrupted lives of victims” (Bumiller, 2008, p. xiv). Instead, this work calls for a focus on empowering women by removing social and economic barriers.

Limitations

Several considerations should be taken into account when interpreting the findings of this study. Firstly, many of our participants had affiliations with the military. As previously mentioned, the study site was located near two large military facilities. Furthermore, when asked for military affiliation (i.e., none, active duty, dependent, or reserve), 52.6% of the participant's reported that they were former military dependents. Participant's affiliation to the military is noteworthy because the male-dominated nature of the military can foster hyper-masculinity and rigid sex roles, in which male dominance and power are emphasized and women are objectified (Archer, 2012; Turchik & Wilson, 2010; Weitz, 2015). Additionally, a review of literature assessing sexual assault in the US military found that 9.5% to 33% of women in the military experienced a completed or attempted rape during their service (Turchik & Wilson, 2010). Given the high incidence of military sexual violence and the opportunity for hyper-masculinity and rigid sex roles to develop, it is likely that our participants’ experiences with sexual coercion and unwanted sex may have been influenced by their military association. Future qualitative work will need to further assess the relationships between military association/dependency and experiences with sexual coercion and unwanted sex in intimate partner relationships.

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Secondly, women in the study described their communication with their partner leading up to the unwanted sexual encounter as well as their communication directly after the encounter. As such, the broader communication dynamics of the relationship as a whole were not examined in this study. Further research would benefit from an examination of how communication dynamics over time may influence and even potentially perpetuate unwanted sex in intimate partner relationships.

Thirdly, participants were included in the study if they had *ever* experienced forced or coerced sex by a current or former intimate partner since the age of 18 (as well as if they fit the other inclusion and exclusion criteria listed above). Consequently, our sample contained participants who were currently in abusive relationships as well as participants whose former partners were abusive. However, the current study did not specifically examine the regularity of the patterns of abuse (i.e., victimization by multiple partners and/or re-victimization by the same partner). Examining partner communication in the context of re-victimization would have provided additional understanding for how/if certain types of communication behaviors may perpetuate abuse.

Fourthly, because the study sampled women with experiences of unwanted sex, we were unable to capture the views and perceptions of the current or former intimate partners. Thus, there is the risk of misattribution. However, it would have been difficult to address unwanted sex with intimate partners because of the potential difficulty recruiting them since some of the relationships had ended and more commonly because of the potential unwillingness to characterize these incidents as unwanted sexual incidents. For example, a recent study indicated that, although 53% of the men enrolled in a domestic violence program had engaged in sexual violence against their partner, only 8% self-identified their actions as sexually abusive (Bergen & Bukovec, 2006).

Fifthly, we did not systematically ask participants to report demographic information about their partners, such as their partner's affiliation with the military, drug use, employment and education status. This information about the participants' partners would have better contextualized the findings and provided both information about the partners and the relationships in which unwanted sex was present.

Sixthly, we did not ask participants what would have helped them to best address the unwanted sex in their intimate partner relationships. It would have been helpful to elucidate what the participants themselves would consider best practices for addressing, targeting, and preventing unwanted sex in intimate partner relationships.

Lastly, there may be important implications from the women who were deemed eligible for the study, but did not complete their interview for the following reasons: employment scheduling conflicts, death in the family, lack of childcare, and unable to contact participants following a missed appointment (i.e., phone was disconnected). When necessary, study staff accommodated participant schedules by conducting interviews outside of business hours; however, we were not able to accommodate childcare needs, which should be noted for future studies working with similar populations.

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Implications

Future research may benefit from our findings, which capture descriptions of verbal and nonverbal communication before and after the unwanted sex. The results provide greater insight into the communication context surrounding, and perhaps perpetuating, unwanted sexual incidents in intimate partner relationships. Furthermore, our findings have significant implications for interventions designed to reduce experiences of unwanted sex and increase disclosure of such incidents. Given the pervasiveness of engaging in unwanted sex because sex is considered a "wifely duty", no longer actively resisting unwanted sex to appease the partner, and reduced disclosure of these incidents among African American women, culturally tailored strategies are needed at the individual, community and structural levels.

At the individual level, approaches should account for the complex relationship dynamics according to their style of communication, self-empowerment methods for women, and provide education for men on understanding the varying degrees of sexual coercion. Recent approaches to increase disclosure of sexual assault have utilized mobile technology methods (i.e., cell phone applications) to offer women with such experiences information about their options in a discreet manner. Similar applications can be culturally tailored and modified for men who are invested in understanding how such behavior affects their partners and learning about methods to reduce such behaviors. Additionally, our findings that men justify, deny, minimize and avoid discussions of perpetrating unwanted sex with their partners, highlights the need for gender-transforming interventions targeting men themselves. As described above, the success of previous gender-transformative programs in reducing violence against women emphasizes the need to target men and, more specifically, to target the norms of masculinity that promote violence against women (Dworkin et al., 2013). In the African American community, programs should be created to modify accepted social norms and gender roles that are highly prevalent and contribute to victimization and perpetration of sexual coercion. Also, since African American women disclose to informal support networks, it may be beneficial to develop a social support network system where women with experiences of unwanted sex can reach out and help other women in need.

At the structural level, interventions for law enforcement and health professionals are urgently needed. In light of the recent series of police-involved shootings of unarmed Black men, there is even more of a reluctance to view law enforcement as a positive resource in terms of disclosing forced sex acts. Equally important are programs designed for health professionals that account for issues of medical mistrust in the African American community. Given that medical professionals in the emergency room setting are often first responders for women with severe experiences of sexual violence, ensuring that there is a gatekeeper or community advocate may serve to bridge the gap between victims of sexual violence and receiving short- and long-term assistance from health professionals and social workers.

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Table 1

Sample Interview Guide Questions Broken Down by Domain

Domain	Example Questions and Probes
General Relationship History	I'd like to talk about your current relationship, but what can I call your partner when I ask about him? Tell me about your relationship with him?
	Probes:
	How did you meet?
	How long have you been together?
	What kinds of things do you do together?
	How has your relationship changed or developed over time?
	Do you have any children together?
Experiences of sexual coercion	How often have you had unwanted sex with [name]?
	If only one time: How would you describe the severity of the incident?
	Probes:
	Did you feel pressured?
	Did he threaten to hurt you if you did not have sex?
	Did he use physical force, like hitting, slapping, or beating you, in order to have sex?
	Now, thinking back to the events right before the last incident, maybe 1-2 hours before, can you describe what was going on between you and [*name*]?
	Probes:
	Were you arguing? What were you arguing about?
	How did the mood change?
	Was [*name*] drinking or using drugs?
Facilitators and barriers to help-seeking behaviors	First, have you ever received health care or treatment from a clinic, hospital, or emergency room after a sexual or physical violent attack by [name]?
	If yes: What made you decide to go to the clinic, hospital, or emergency room?
	Who took you?
	How did you feel asking this person to take you?
	Did you stay to receive treatment?
	How did you feel talking to the nurses and doctors?
	If no: Why didn't you go to the clinic, hospital, or emergency room?
	Did you have anybody to take you? Watch your children?
	Did you feel comfortable talking to nurses and doctors about the abuse?
	Were you afraid of retaliation from partner?
	Did your partner apologize?
Cultural context	Growing up, how often did you go to the doctors? What were some of the reasons for going or not going to the doctors when you were growing up?

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Table 2

Demographic Characteristics and Sexual Coercion Experiences among African American Women in San Diego, CA, 2011 (n=19)

Characteristic/Experience	Number of women (%) (n=19)
Mean age, years (range)	35 (23-44)
Children 18 years living in household	7 (36.8)
Former military dependent	10 (52.6)
Lifetime illicit drug use	13 (68.4)
Lifetime history of health care use	
Routine physical examination	14 (73.7)
Gynecological exam	5 (26.3)
Mental health services	8 (42.1)
Sexual Coercion/Violence Experiences*	
Pressured	19 (100)
Threatened or forced	17 (89.5)
Physically forced **	11 (57.8)

*Since the age of 18

**physical force is defined as being hit, held down, or use of a weapon