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Black Teenage Girls’ Experiences with Sexual Coercion: Context, Coping, and Consequences

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Abstract

This article examines the link between sexual coercion and psychobehavioral outcomes among 117 black teenage girls. A little over half of the sample reported at least one sexually coercive experience, including experiences in which verbal and physical threats and alcohol or drugs were involved. Findings from hierarchical multiple regression analyses indicated that sexually coercive experiences accounted for a significant amount of variance in self-esteem, general mental health, and risky sexual practices; the index capturing sexually coercive experiences involving alcohol was a unique predictor of each of the three psychobehavioral indicators assessed in this study, even after we controlled for the influence of childhood sexual abuse. In addition, disengaged coping was found to mediate the relation between sexual coercion and overall mental health. Themes from brief narratives provided by a subsample of the participants are provided to further describe the types of sexual coercion that black teenage girls experience.

He begged and begged and begged so I said “yes” to shut him up . . .

Jasmine

Once I was at my boyfriend’s house and we were supposed to just be hanging out. However, he wanted to kiss and fondle. I didn’t want to but he kept trying to. We ended up kissing and touching but that’s as far as it went. I felt bad afterwards because I really didn’t want to.

Lindsey

I was seven and this boy was thirteen, and we were watching TV at his grandmother’s house (his grandmother and mine were friends). He took me in a back room and pulled a knife on me and threatened to kill me unless I performed oral sex on him.

Tera
Sexual violence is a reality for girls and women around the world. In the United States, prevalence rates for rape among adolescent girls have ranged from 18 percent to 30 percent (Coker et al. 2000; Shrier et al. 1998; Silverman et al. 2001); rates of unwanted sexual contact range from 9.5 to 66.4 per 1,000 in college women samples (Fisher, Cullen, and Turner 2000). Whether referring to incidents of rape or sexual coercion, the rates are comparable among black and white girls particularly when controlling for social class (Center for Disease Control 2007). We began this article with three comments we collected in our ongoing examination of black teenage girls’ experiences with sexual coercion to help put a human face to these statistics. Victims of sexual violence are more than a number; they are many of the girls and women in our lives. We intentionally selected quotations to represent the spectrum of sexual coercion types, from those who “give in” to having sex because of verbal pressure like Jasmine to those who are physically forced to perform a sexual act against their will like Tera.

When people think about sexual violence, the image of a woman who is raped by a stranger in a dark alley is a common narrative. However, we now know that sexual violence is much more complex, involving a range of unwanted and forced sexual encounters that are more often than not committed by someone known to the victim/survivor. In this project, we use the umbrella term sexual coercion to capture the broad array of encounters that constitute sexual violence. Sexual coercion ranges in breadth of tactic (e.g., verbal pressure, manipulation, alcohol/drug use, physical force or threat) and sexual behavior (e.g., kissing; fondling; or vaginal, oral, and anal intercourse). Regardless of the type of tactic used or the kind of unwanted sexual activity experienced, sexual coercion can have significant psychological, social, and health consequences, including increased depression (e.g., Ackard and Neumark-Sztainer 2002; Leitenberg and Saltzman 2000) and engagement in future risky sexual behavior (e.g., Biglan et al. 1995; Zweig et al. 2002).

We also recognize that black girls and women are not part of the dominant sexual violence discourse. The bodies of black girls and women are often treated as invisible or disposable in this society. Rarely are we viewed as victims of violence or as agents of resistance. Male violence against black girls and women, for example, infrequently appears in the headlines or is addressed in the mainstream media. The silence surrounding the victimization and survival of black girls and women is also often obscured within our own communities. There have been several sensationalized stories over the past few years, a small number of which have garnered some media attention, but not nearly the amount given to cases in which the victims are white. For
example, the Associated Press covered the case in which an eleven-year-old Milwaukee girl who in 2006 was coerced/forced to perform oral sex on as many as twenty males and to have sex with a forty-year-old man. And a year later, twenty-year-old Megan Williams’s horrific account of being held hostage, tortured, and repeatedly sexually assaulted outraged and mobilized some to take action against the silence around sexual violence against black girls and women. On the other end of the spectrum, though, there are everyday cases in which black girls report incest or being forced to engage in sexual activities with an acquaintance in which family and friends either do not believe their stories or blame them for their victimization. Moreover, it is a public outrage that people in our community rallied around R. Kelly in the face of claims that he had (videotaped) sex with girls as young as fourteen years old; he was indicted on and later found not guilty of twenty counts of committing sexual acts with a minor in a hotly contested trial.

In this project, we seek to address gaps in the literature by examining black girls’ experiences with sexual coercion. Instead of comparing the experiences of black girls to those of white girls, which is the dominant social science approach, we examine within-group differences. We believe black girls are worthy of study in-and-of-themselves. We are particularly interested in exploring the types and consequences of sexual coercion that black girls report and how girls’ coping strategies may ameliorate some of the negative effects of unwanted or forced sexual encounters. As a way to situate the topic, we first contextualize sexual violence against black girls and women, followed by a review of the literature on psychological and behavioral sequelae of sexual coercion.

**Black Girls’ and Women’s Sexual Coercion in Context**

To understand sexual victimization against black girls and women, it is necessary to place the experiences of black women in a sociohistorical framework. Statuses of “black” and “woman” are both historically oppressed identities in the United States. Thus, black women are seen, treated, and often internalized as having “double-minority” status, experiencing both gender and racial oppression (and their intersection). The controlling image of black girls and women as sexually loose and lascivious (e.g., Jezebel, video vixen, “ho”) represents this intersection and has historically played a role in their sexual victimization (Collins 2000; Getman 1984; Wyatt 1992). During slavery, the reproduction of Africans was essential to the economy; slave owners sought increased amounts of “labor” to either sell or use for their own service and
agricultural production. Because black women were considered property, white men, both during slavery and after emancipation, often took sexual conquest of black women. Black women who were raped under these circumstances had no protection from their rapists (West 2006).

The image of the Jezebel (and its contemporary expressions through images such as the video vixen) has historically been used and continues to be used as a means to justify the rape and sexual victimization black women; underlying these practices is the belief that because black girls and women are sexually promiscuous, they are always desirous of sex and thus cannot be raped or are not injured by sexual victimization. This controlling image has profound implications for the perception and treatment of black sexual violence victims/survivors. For example, research indicates that black sexual violence victims are perceived as suffering less harm than their white counterparts (Foley et al. 1995) and that they were more likely to be blamed for their sexual assault (Donovan 2007; George and Martinez 2002). The Jezebel image also influences black sexual violence survivors’ recovery process in a number of ways. Wyatt (1992) found that black women were significantly less likely to report incidents of sexual assault to the police, partly because of common perceptions that black women are not credible rape victims. The degree to which African American sexual assault victims internalize the Jezebel image can also influence ways in which they understand why they were assaulted and can shape psychosocial responses in dealing with sexual assault (Neville et al. 2004).

**Psychosocial Influence of Sexual Coercion**

Although race and gender have played critical roles in shaping the sexual violence of girls and women, sexually coercive encounters are stressful and can be traumatic for people irrespective of social location (e.g., race, ethnicity, gender, class). Sexual violence in adolescence has been linked to psychological maladjustment, including depressive symptoms (e.g., Leitenberg and Saltzman 2000; Rhode et al. 2001), suicidal ideation (Buzi et al. 2003), disordered eating (Ackard and Neumark-Sztainer 2002), and low overall mental well-being (Howard and Wang 2004). Adolescents who experience sexual victimization are also at greater risk for health consequences related to sexually transmitted infections (see Beck-Sague and Solomon 1999 for a review), including potentially life-threatening infections such as human papillomavirus infection (Kahn et al. 2005; Stevens-Simon et al. 2000), squamous intraepithelial lesions (Kahn et al. 2005), and HIV (Lindegren et al. 1998).
Not surprisingly, the research in this area typically focuses on more violent or aggressive forms of sexual coercion and, moreover, on predominantly white samples. Research on the outcomes of adolescent sexual coercion specifically, or nonphysical tactics of sexual victimization, is significantly less. Psychologists Cecil and Matson’s (2005) examination of psychosocial correlates of sexual violence among African American adolescent girls is a notable exception to this body of work. They found that girls who reported greater severity of sexual coercion (i.e., rape as opposed to sexual coercion) had lower levels of self-esteem and higher levels of depression.

Over the past decade or so, scholars have examined not only the link between sexual coercion and psychological outcomes but also the psychological factors that may help explain that linkage. This work is important because it acknowledges that victims are in fact survivors and that there are activities in which they engage to assist in their recovery process. Coping strategies have emerged in the psychological research as a consistent mediator between sexually coercive encounters and psychological outcomes. Findings suggest that among adult women sexual violence survivors, those who use more passive or avoidant coping strategies tend to have greater psychological distress (Boeschen et al. 2001; Frazier and Burnett 1994; Neville et al. 2004) and those with active coping strategies such as thinking positively and keeping busy show higher psychological well-being (Frazier and Burnett 1994). Various coping strategies have been found to mediate the association between negative social reactions and psychological symptoms (Ullman 1996), behavioral self-blame and distress (Frazier, Mortensen, and Steward 2005), control over recovery and distress (Frazier, Mortensen, and Steward 2005), and child sexual abuse and trauma symptoms (Arata 1999) among rape survivors. Women have also spoken about their recovery process and described coping mechanisms—such as seeking support, reframing the experience, and seeing themselves as survivors rather than victims—that help them cope with the trauma (Smith and Kelly 2001). At this point, we know very little about the potential role of coping in how adolescent girls deal with sexually coercive encounters.

Rationale and Purpose

There is a dearth of information on black adolescent girls’ experience with sexual coercion and their recovery process. Black girls as victims/survivors of sexual violence are often hidden from public discourse in the dominant society and silenced within our own communities. Although adolescents are at heightened risk for sexual victimization and account for over 50 percent
of sexual assault victims (Catalano 2005; Tjaden and Thoennes 2000), the bulk of the sexual violence research has centered on the experiences of adults. In addition, as with most social science research, much of our knowledge is based on the experiences of white individuals. When black participants are included in study samples, researchers typically compare differences between races without contextualizing experiences and differences within groups or in a larger context. This racial comparative analysis essentially provides a white normative understanding of sexual violence experiences and responses and pathologizes experiences that fall outside of this norm. As a result, we lack a more complex understanding of culturally specific experiences and responses to sexual assault among blacks; instead, black experiences are viewed as homogenous and differences within black populations are overlooked.

There are additional methodological problems with the extant literature. What is known about the continuum of sexual coercion is minimal as researchers typically examine violent, prosecutable coercion tactics such as the threat or use of force. Although it is important to acknowledge, explore, and prevent this form of violence, there are other forms of sexual coercion that are rarely examined. Studies that have explored a variety of coercive experiences in adolescence typically report prevalence rates without examining differential psychosocial responses. We thus have limited knowledge of the potential consequences of both violent sexual coercion (such as rape) and other forms of sexual coercion (such as obtaining sexual acts via verbal pressure).

This study is designed to address the gaps in the literature by building on Cecil and Matson’s (2005) seminal work. Specifically, we add to their contributions by examining additional psychosocial outcomes such as overall mental well-being and risky sexual behavior. In addition, we explore the potential mediating effects of coping on psychosocial responses to better understand mechanisms that can improve the psychosocial response to sexual coercion. Finally, we provide brief narratives in this investigation as a way to shed light on the lived experiences of black girls who have experienced sexual coercion.

The purpose of the study is threefold. First, we examine the type and frequency of sexual coercion encounters that black girls report. To address this, we significantly modified an existing measure of sexual coercion to help differentiate not only the coercive tactics girls experienced using behaviorally specific items (e.g., verbal manipulation, physical) but also the severity of the coercive encounter (e.g., kissing, fondling, penetration). These measurement modifications allow for a fuller understanding of sexual coercion by provid-
ing descriptive scenarios for coercion assessment and exploring the breadth in outcome of coercive incidents, other than sexual intercourse only.

Second, we explore the link between specific sexually coercive experiences with psychological and behavioral adjustment. Consistent with the extant literature, we hypothesize that greater sexually coercive encounters are related to lower levels of psychological and behavioral adjustment. Because there is limited research examining the influence of specific tactics on outcomes, we do not hypothesize which, if any, tactic will account for a unique amount of variance (or the most variance) in the outcome indexes.

Last, we test whether coping mediates the link between sexual coercion and the outcomes. Research suggests that disengaged coping (i.e., passive and avoidant coping strategies) is related to lower psychological and behavioral health. On the basis of the extant literature, we also hypothesize that the relations between sexual coercion and psychosocial outcomes (i.e., self-esteem, mental well-being, risky sexual behavior) are mediated by disengaged coping, such that disengaged coping helps to explain the link between sexual coercion and psychological distress.

Method

Participants

Participants are part of a larger investigation examining sexual coercion experiences among adolescents. For the current study, only data on black adolescent girls are reported. One hundred and seven black teenage girls were recruited from two high schools (n = 24, 22 percent) and a large public university in the Midwest (n = 83, 78 percent). Participants ranged in age from fifteen to nineteen years old (M = 18.12, SD = .93).

Measures

BACKGROUND INFORMATION We administered a demographic information sheet that we developed for this study to identify basic background characteristics including age and year in school. We also included a scale to assess childhood sexual abuse. We wanted to control for the potential confound of previous childhood sexual abuse experience. We thus administered the Sexual Abuse Subscale of the Childhood Trauma Questionnaire (CTQ; Bernstein and Fink 1998) (five items; e.g., “Someone tried to make me do sexual things or watch sexual things”). The CTQ was slightly modified to read “An adult . . .” instead of “Someone . . .” on Sexual Abuse Subscale items for greater distinction between peer sexual coercion and childhood sexual
abuse; higher scores represent greater childhood trauma. Alpha coefficients for the Sexual Abuse Subscale have ranged from .91 (Bernstein et al. 1997) to .94 (Scher et al. 2001) among a sample of racially diverse adults and adolescents, respectively. The alpha coefficient for the current sample was .76.

**SEXUAL COERCION** The Sexual Coercion Inventory (SCI; Waldner, Vaden-Goad, and Sikka 1999) was administered to assess participants’ experience with sexually coercive incidents. The revised SCI is a seventeen-item instrument that assesses various methods of sexually coercive tactics including the use of alcohol and/or drugs, the use of verbal pressure and threats, and the threat or use of physical force as a means to have unwanted sexual activity. Participants were asked whether or not they experienced seventeen various incidents and the outcomes of such incidents, described on a continuum of sexual behaviors including kissing/fondling; attempted oral, anal, or vaginal sexual intercourse; and completed oral, anal, or vaginal intercourse. Such incidents describe sexually coercive experiences using (a) alcohol or drugs (four items; e.g., “My partner encouraged me to drink alcohol and then took advantage of me”), (b) verbal coercion (seven items; e.g., “My partner threatened to stop seeing me”), and (c) physical coercion (six items; e.g., “My partner threatened to use or did use a weapon”).

Outcomes were scored based on severity, such that kissing/fondling received a score of 1 and attempted or completed intercourse received a score of 2. Scores were averaged across items to create total severity index scores for both the total SCI and the subscale SCI. Severity indexes included 0 = no sexually coercive experience, 1 = low severity index, 2 = high severity index. Because of the behavioral nature of the SCI as an index of behavior and not a scale of attitudes, alpha coefficients to estimate reliability are not applicable in this situation (Helms et al. 2006).

Participants were asked to provide a short, paragraph-long description of a sexually coercive encounter. This was collected as part of the shortened thirty-two-item version of the Coping Strategies Inventory (CSI; Tobin 1984/1995, 1985), which we describe below. These narratives were included in the study to give voice to girls’ experiences and to uncover potential coercive tactics not assessed with current measures or discussed in the extant literature. The brief narratives were transcribed by the first author, and both authors reviewed the written narratives closely. The first author identified preliminary themes based on the line-by-line analysis of the responses. The themes were further refined through the close reading of the data by the
second author. A consensus process was used to assign the narratives to each of the themes (i.e., both authors agreed with the coding of each narrative).

**COPING** The shortened thirty-two-item version of the CSI (Tobin et al. 1989) was used to measure participants’ coping methods for handling sexually coercive incidents. First, participants were asked to describe an event or situation where they felt coerced into doing something they did not want to do, preferably referring to a sexual coercion experience. Participants then responded to thirty-two questions in a 5-point Likert format, indicating the amount to which they used the particular coping response in dealing with the previously described coercive incident. The engagement and disengagement subscales were used for the current investigation; they measure participants’ levels of action or avoidance when coping with the specific stressor (Tobin 1984, 2001). These subscales have alphas ranging from .70 to .92 (Cook and Heppner 1997; Littleton and Breitkopf 2006; Tobin 1984/1995, 1985). The alpha coefficient for the current sample was .89.

**PSYCHOLOGICAL AND BEHAVIORAL OUTCOMES** The widely used ten-item Rosenberg Self-Esteem Scale (RSES; Rosenberg 1965) was used. The internal consistency estimate for the current study was $\alpha = .85$.

The five-item version of the Mental Health Inventory (MHI-5; Berwick et al. 1991; Veit and Ware, 1983) was used to assess participants’ level of mental health functioning. Response options range from 1 (all of the time) to 6 (none of the time) for the given emotional descriptions (e.g., “Been a very nervous person,” “Been a happy person”). Reliability estimate for the current sample was $\alpha = .83$.

The Scale of Sexual Risk Taking (SSRT; Metzler, Noell, and Biglan 1992), a thirteen-item instrument, was used to assess participants’ engagement in risky sexual behavior. Response formats include “Yes,” “No,” Likert-type, and numerical indication depending on the item. The alpha reliability for the current sample was .76.

**Results**

Sexual Coercive Encounters: Type and Frequency Approximately 16 percent ($n = 17$) of the sample experienced childhood sexual abuse. Over half (52 percent) of the sample experienced at least one sexually coercive incident (see Table 1). The most frequently experienced sexually coercive incident was
physical coercion (43 percent), followed closely by verbal coercion (37 percent). Only 9 percent experienced substance coercion. High school students and college students showed comparable rates of coercion encounters, with no significant differences. With regard to severity, of those who experienced verbal coercion, 38 percent had low mean severity (i.e., coercion resulted in kissing or fondling on average), and 62 percent had a mid-level mean severity (i.e., coercion resulted in attempted sexual intercourse on average). For those who experienced physical coercion, 80 percent had a low mean severity with the remaining experiencing mid-level mean severity, and for the small amount who experienced substance coercion, all resulted in low mean severity. High school and college severity rates were comparable.

Thirty-two participants provided brief narratives of a sexually coercive encounter. In these narratives, girls’ wrote about verbal pressure/manipulation and physical force, both of which were assessed with the scale used in this study. With respect to the verbal pressure/manipulation (six responses out of thirty-two, or 18 percent), participants wrote about experiences in which their partner argued, begged, or manipulated them into having sexual intercourse or other intimate behaviors. One of the participants described the use of an array of verbal tactics that older men use to manipulate adolescents into having sex, including lying about age and using insults:

I was dealing with an older man. He lied about his age. I thought he was younger but he was still in his twenties. He told me that he loved me. He said in order for our relationship to work we had to have sex. I was practically a virgin. I hadn’t really had sex before but he said if I didn’t try I would be a baby. But a month into the relationship I realized I couldn’t take it anymore and we got into fight. I left, and when he called, [1] never answered the phone again.

Preying on younger girls is unfortunately all too common, and it was one of the main reasons why statutory rape laws were put in place (Oberman 1994). In this example, we see how older men use the inexperience and naiveté of

<table>
<thead>
<tr>
<th>Type of coercion</th>
<th>Total sample (N = 107)</th>
<th>High school (n = 24)</th>
<th>College (n = 83)</th>
<th>F&lt;sup&gt;a&lt;/sup&gt;</th>
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<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>P</td>
<td>M</td>
</tr>
<tr>
<td>Total coercion</td>
<td>3.3</td>
<td>5.3</td>
<td>52%&lt;sup&gt;a&lt;/sup&gt;</td>
<td>3.3</td>
</tr>
<tr>
<td>Physical coercion</td>
<td>1.2</td>
<td>2.0</td>
<td>43%&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.87</td>
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<tr>
<td>Verbal coercion</td>
<td>1.9</td>
<td>3.5</td>
<td>37%&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.3</td>
</tr>
<tr>
<td>Substance coercion</td>
<td>.22</td>
<td>.78</td>
<td>9%&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.21</td>
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Note: *Percentage experiencing at least one sexually coercive incident. **None of the F tests are significant.
younger girls to their advantage, while using their age and developmental capacity to exert power over younger girls.

A little over a third \((n = 12)\) of the narratives were coded as involving some form of physical or behavioral force to obtain sex. These tactics included brute force such as in these two examples:

My sexual partner attempted to have sex with me by holding my arms to the bed, using force with his hands.

I visited an old friend, who knew I was in another relationship. They forced me with strength into having sex with them, since they felt they “deserved it.” I left, feeling disgusted, and told my boyfriend.

Unfortunately, examples such as these are replete in the literature. We also uncovered another form of physical or behavioral coercion that has received less attention. A few of the participants described situations in which a male physically prevented them from leaving the situation through tactics such as not providing transportation to return home. One participant indicated that “I was forced to spend a night at my boyfriend’s house because he wouldn’t let me leave.”

In two of the examples provided by the participants, girls talked about the role of alcohol and drugs in the incident, as exemplified in Kelli’s story:

Well once I was out with this guy I liked. We were riding around for a while then we picked up some of my friends and his friends. We got some alcohol and went back to his house. He wouldn’t let me use the bathroom unless I finished my drink. He took me to his room and tried to have sex with me although I refused. Afterwards he said he would not take me home unless he nutted, so I touched him... The end.

Kelli’s story speaks to the complexity of sexual coercion. Although none of the participants in our sample identified alcohol and/or drugs as the primary tactic used in their sexually coercive experience, both played a critical role in the scenario. In these instances, males encouraged drinking or drug use as a way to impair the participants’ judgment and mobility.

About a third of the participants \((n = 11)\) described incidents in which the type of coercive tactic used was relatively ambiguous (e.g., “I was pressured into having sex with someone I had known for a while”). In some of these ambiguous incidents, it was unclear whether the sexual activity was coerced or consensual:

I was talking to this boy on the phone and he was steady trying to get me to come over and to be with him. I didn’t want to but he was so fine and
eventually I just went and chilled at his house. We were talking in his room and then we started kissing and all that good stuff. We were kissing and he started teaching me and I just let it happen.

Perceived pressure to engage in sexual activity from peers and society \((n = 4)\) was another theme we uncovered that captures the complexities involved in understanding the topic. Lori described the way in which societal expectations made her feel somewhat obligated to engage in sexual activity: “The issue of sex was constantly discussed in the relationship. I felt like I was supposed to do it, like it was something that was supposed to happen in relationships.” Shante highlighted the role that childhood games can play in unwanted sexual activity: “I was in eighth grade and my friends and I were playing spin the bottle and I had to kiss this boy and didn’t like and didn’t want to kiss.” At this point, researchers have yet to examine these types of pressures on health outcomes, particularly among adolescents. Moreover, little theorizing about the boundaries of coercion exists. Participants identified peer and societal pressure to have sex as a form of coercion; however, it seems important to engage the question of whether perceived pressure from others who are not responsible for the sexual act is the same as a coercive act enacted by a person(s) for the end goal of engaging in some form of sexual activity.

From the narrative data, we see that multiple tactics were used to engage in sexual activity with an unwilling partner; some of the tactics uncovered have received limited consideration in the literature. We also uncovered gray areas between coercive and consensual sexual activity that warrant further exploration.

**Is there a link between the type of sexually coercive experiences and psychosocial outcomes?** Initial examination of relations between sexual coercion and outcomes were explored through exploration of zero-order correlations. Verbal coercion and substance coercion were both significantly correlated with each of the psychosocial outcomes (i.e., self-esteem: \(r = -.28\) and \(.42\); mental health: \(r = -.28\) and \(-.37\); risky sexual behavior: \(r = .50\) and \(.31\); respectively). Physical coercion was significantly correlated with mental health \((r = -.21)\) and risky sexual practices \((r = .26)\), but not with self-esteem. In addition, disengaged coping was significantly correlated with verbal coercion \((r = .41)\) and all three of the psychosocial outcomes \((r = -.26 [\text{self-esteem}], r = -.34 [\text{mental health}], r = .25 [\text{risky sexual practices}])\).

To further examine more complex relations between sexual coercion and
psychosocial adjustment, a series of hierarchical multiple regression analyses were conducted. Three separate hierarchical multiple regression models were conducted, with the three psychosocial outcomes as the criterion variables in the analyses. In the first step of each analysis, background factors (i.e., education context [high school vs. college], childhood sexual abuse) were entered as control variables. In the second step, sexual coercion types and disengaged coping were entered into the model. Because three regression models were conducted, a Bonferroni correction was computed for a more conservative $F$ statistic. A significance level of $\alpha = .017$ was used for the overall model in the regression equations; the .05 alpha significance level was used for beta weights (see Table 2).

Each of the three models was significant: self-esteem ($F [4, 89] = 4.39, p < .001$), mental health ($F [4, 89] = 4.80, p = .001$), and risky sexual behavior ($F [4, 89] = 6.92, p < .001$). The first model accounted for 23 percent of the total variance in self-esteem, with alcohol coercion showing a significant negative beta weight in the equation. In the mental health model, a total of 16 percent of the variance was accounted for, with disengaged coping and alcohol coercion showing significant contributions. Finally, 24 percent of the variance was accounted for in risky sexual practices, with verbal coercion as a significant contributor.

**DOES DISENGAGED COPING MEDIATE THE LINK BETWEEN SEXUAL COERCION AND PSYCHOLOGICAL OUTCOMES?** We followed the guidelines provided by Baron and Kenny (1986) and Frazier, Tix, and Barron (2004) to test the potential mediating role of disengaged coping through a series of regression analyses: (1) In the first step, path C is tested, regressing the outcome variable onto the predictor variables. (2) If a significant relation is found, then path A is tested, regressing the mediator (i.e., disengaged coping) onto the predictor variables. (3) If a significant relation is found in the second step, then the third step, path B, is tested, regressing each of the outcomes onto the mediator variable. (4) If this step shows a significant relation, then the final step is conducted, showing that the strength of the relation between the predictors and outcome (path C) is significantly or partially reduced when the mediator is added to the model (path C). Our findings suggest that disengaged coping partially mediated the relation between sexual coercion and overall mental health (see Table 3). No other mediating effects were found with the other examined psychosocial outcomes for participants.
Table 2. Hierarchical multiple regressions analyses of education, childhood sexual abuse, and sexual coercion tactics on psychosocial outcomes

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<th>Step 1</th>
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<td></td>
<td>B</td>
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<td>Self-esteem</td>
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<td>CTQ</td>
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<td>.26</td>
<td>−.37**</td>
<td>7.11**</td>
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<td>Education</td>
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<td>.06</td>
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<td>CTQ</td>
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<td>.25</td>
<td>−.22</td>
<td>4.13**</td>
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<tr>
<td>Risky Sexual Practices</td>
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<tr>
<td>Education</td>
<td>−.84</td>
<td>1.41</td>
<td>−.06</td>
<td></td>
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<tr>
<td>CTQ</td>
<td>.75</td>
<td>.31</td>
<td>.24*</td>
<td>2.30*</td>
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Note: *Overall F tests: Self-esteem F = 5.69, p < .001; Mental Health F = 4.13, p < .01; Risky Sexual Practices F = 5.89, p < .001; CTQ = Childhood Trauma Questionnaire; SCI-P = Revised Sexual Coercion Inventory Physical Coercion; SCI-V = Revised Sexual Coercion Inventory Verbal Coercion; SCI-S = Revised Sexual Coercion Inventory Substance Coercion; CSI = Coping Strategies Inventory, Disengagement Subscale.

*p < .05, ** p < .016, *** p < .001.
Discussion

The purpose of this study was to address gaps in the literature by exploring the type and consequences of black girls’ experiences with sexual coercion. Our findings are consistent with the extant literature with respect to the rates and types of sexual coercion reported by the participants. Moreover, we add to the literature with our findings that sexual coercion tactics were differentially related to psychological and behavioral outcomes and that disengaged coping helped to explain this linkage for overall mental health. Over half the sample reported experiencing at least one incident of sexual coercion. Four out of ten participants experienced physical coercion, with rates of verbal coercion not far behind. The rates of verbal and physical coercion in the present study are consistent with a number of studies on adolescent rates of sexual victimization (e.g., Coker et al. 2000; Shrier et al. 1998; Silverman et al. 2001) and with previous literature examining broader definitions and experiences with sexual coercion (e.g., Poitras and Lavoie 1996).

The overall rates of sexual coercion reported in this sample, however, were somewhat higher than those reported among the Cecil and Matson’s (2005) sample of African American adolescent girls. The difference in the measure of sexual coercion most likely accounts for this discrepancy. Cecil and Matson used the Sexual Experiences Survey (Koss, Gidycz, and Winiewski 1987; Koss and Oros 1982), a widely employed scale to assess sexual coercion experiences. The scale has been criticized, however, for its lack of ability to fully assess sexual coercion (see Koss et al. 2007). The assessment used in the present study included a broader range of behaviors, and thus participants

Table 3. Testing Disengaged Coping as a Mediator between Sexual Coercion and Mental Health

<table>
<thead>
<tr>
<th>Path</th>
<th>Standardized Estimate</th>
<th>Unstandardized Estimate</th>
<th>SE (Unstandardized)</th>
<th>Sobel’s Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Coercion to Mental Health</td>
<td>-.27***</td>
<td>-.23</td>
<td>.08</td>
<td></td>
</tr>
<tr>
<td>Sexual Coercion to Disengaged Coping</td>
<td>.34**</td>
<td>.82</td>
<td>.26</td>
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<tr>
<td>Coping to Mental Health</td>
<td>-.31**</td>
<td>.03</td>
<td>-.10</td>
<td>-.19*</td>
</tr>
<tr>
<td>Sexual Coercion to Mental Health (with coping in model)</td>
<td>-.19</td>
<td>-.16</td>
<td>.09</td>
<td>-.19*</td>
</tr>
</tbody>
</table>

Note: *p < .05, **p < .01, ***p < .001.
may have better identified with a given incident, thereby accounting for greater levels of reported sexual coercion experiences. Conversely, though, we found lower rates of alcohol use as a sexual coercion tactic (see Abbey et al. 2001), also most likely due to measurement issues. In the current study, we did not assess potential sexual experiences that participants may have had while intoxicated, as was done in previous studies; we only examined whether or not alcohol was used to compel someone to engage in sexual activity.

Consistent with the growing literature, we found that sexual coercion was significantly related to self-esteem, mental health (e.g., Ackard and Neumark-Sztainer 2002; Cecil and Matson 2005), and risky sexual behavior (e.g., Biglan et al. 1995; Erickson and Rapkin 1991). One of the strengths of this study centers on the findings related to the differential relations between sexual coercion tactics and psychological and behavioral outcomes. Specifically, verbal coercion was significantly related to risky sexual practices. In previous studies, verbal coercion in rape and attempted rape incidents was differentially related to lowered self-esteem (Testa and Dermer 1999). While verbal coercion was not a significant contributor to self-esteem, engaging in risky sex might be a behavioral manifestation of a lowered sense of self-worth or value. Thus, experiencing verbal pressure and manipulation to have sex may become internalized as girls begin to see themselves as sexual objects of desire and/or feel disempowered to require their sexual partners to practice safe sex (e.g., wear a condom, inquire about sexual health, etc.).

Increased encounters with substance coercion were significantly related to lower self-esteem and mental health. Considering the incapacitated state of an individual while intoxicated, it would make sense that this experience would have harmful effects. In addition, a girl who consumed alcohol prior to a nonconsensual sexual act may blame herself for the consequences, believing that it was her responsibility not to drink as opposed to the perpetrator’s responsibility not to coerce her. Much more research is needed to better understand the process in which alcohol and drugs are used as a specific tactic to sexually coerce girls. This tactic should be considered in conjunction with the ways in which “voluntary” alcohol or drug consumption impairs girls’ judgments and increases the threat of coercion to occur.

Girls can engage in activities that can promote or hinder their recovery process. In this study, disengaged coping partially mediated the relations between sexual coercion and mental health. Thus, girls who used fewer avoidant coping strategies, such as denying the sexually coercive incident(s) happened, spending time alone, and blaming themselves, were least likely to experience greater levels of mental distress. This finding is consistent
with Neville and her colleagues’ (2004) results indicating an indirect relation between avoidant coping and psychological adjustment among black and white rape survivors. Examination of coping is particularly important when thinking about ways to lessen the negative aftermath of sexual coercion. Encouraging healthy coping, such as seeking support and processing emotions around the event, can lead to better mental well-being and can promote resiliency despite potentially traumatic experiences.

Although the statistical findings in this study provide useful empirical data on the scope and influence of sexual coercion among this sample of black teenage girls, the brief coercion narratives add depth to our findings. Through written reflection, girls shared a range of difficult experiences, providing examples of being physically forced, verbally pressured, and manipulated into engaging in a range of sexual activity. These narratives illuminated the complexities of girls’ experiences and highlighted issues rarely interrogated in the social science literature. Specifically, girls in our study talked about ways in which alcohol and drugs can be used to assist perpetrators in physically preventing girls from leaving the threatening situation. The findings also point to the gray areas and “messiness” involved in understanding the distinction between coercion and consent. After we presented the findings at a conference, one male asked how one knows what constitutes coercion/consent, because acts such as “begging” are perceived as part of the dance of intimacy and negotiation. Moreover, little is known about the influence of perceived peer and societal pressure in girls’ sexual activity. Our findings suggest that this issue is relevant for girls and worthy of further attention.

As with all studies, this study is not free of its limitations. The self-report nature of the study may have affected accuracy of reporting particularly given its sensitive nature in the examination of sexual coercion experiences. Retrospective data are another limitation in the present study. Asking participants to accurately recall specific incidents may be challenging and lead to inaccuracy of reporting. Other scales have assessed sexual coercion incidents within the past six months to one year to get a more accurate estimate through a shorter recall period. Because we wanted a more comprehensive assessment of lifetime coercion experience, and because the scale was complex enough, we did not add this question to the measure. Future research might utilize a shorter recall period to assess recent sexual coercive experience. Furthermore, this study used a cross-section design, so causalities cannot be made. Longitudinal research is needed to help further our understanding of sexual coercion and its psychosocial consequences.
Conclusion

Black girls’ experiences with sexual coercion are overlooked and under-theorized in public and scholarly discourses. Findings from this investigation highlight the breadth of sexual coercion among black teenage girls and encourage us to rethink what forms sexual pressure and coercion can take. Empirical support highlights the relation between sexual coercion and all of the explored outcome variables, including mental health, risky sexual behavior, and self-esteem. Coping was empirically supported as a mediator variable between sexual coercion and mental health; this finding has important implications that can inform future intervention work with this population. The brief narratives give voice to black girls’ experiences in naming their reality. We encourage school and community institutions to (a) work to develop culturally relevant intervention materials to assist in community education about the boundaries of sexual coercion and (b) help black girls and their families to name sexual coercion as harmful and to find ways to confront potential shame and silence around being abused. We have an obligation to work within our communities to challenge and end sexual exploitation of our youth and to assist individuals to become active participants/supporters in the sexual violence recovery process.

References


Berwick, Donald M., Jane M. Murphy, Paula A. Goldman, John E. Ware, Arthur J. Barsky,


