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Perpetrators of Intimate Partner Sexual Violence: Are There Unique Characteristics Associated With Making Partners Have Sex Without a Condom?

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Abstract

This study examined correlates of making an intimate partner engage in unprotected sex among perpetrators of sexual violence. Based on the Confluence Model, we hypothesized that power and impersonal sex motives would be higher among perpetrators who made a dating partner have unprotected sex. Among a subsample of 78 male college students, significant differences were found for acceptance of verbal pressure, positive attitudes about casual sex, frequency of sexual intercourse, and physical injuries to dating partners. These findings highlight the importance of integrating theories and interventions directed at sexual assault and sexual risk reduction.

Keywords

condom use; confluence model; sexual assault

There are high rates of sexual violence in established relationships. Approximately 12% of married women have been victims of intimate partner sexual violence (Martin, Taft, & Resick, 2007). In a large nationally representative sample of the U.S. population, 4.5% of women had been physically forced to have sex by an intimate partner (Tjaden & Thoennes, 2000). Among college women, 31% were sexually assaulted by a boyfriend when they were in high school (Smith, White, & Holland, 2003). Although researchers have assessed both women's and men's sexual violence victimization and perpetration, the vast majority of victims are women and the vast majority of perpetrators are men (Forker, Myers, Catalozzi, & Schwarz, 2008; Tjaden & Thoennes, 2000).

The trauma associated with being sexually assaulted by an intimate partner is heightened when the partner also controls the use of condoms. Approximately 80% of American women diagnosed with HIV/AIDS in 2006 were infected through heterosexual contact (Centers for

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Disease Control and Prevention [CDC], 2006). Men often control the use of condoms within sexual relationships (Bowleg, Lucas, & Tschann, 2004; Kennedy, Nolen, Applewhite, & Waiter, 2007). Women who have experienced violence in their relationships may be reluctant to suggest that their partner use a condom because they are afraid of provoking further violence (Pulerwitz, Amaro, De Jong, Gortmaker, & Rudd, 2002).

Most of the literature that examines the link between sexual violence and unprotected sex relies on information from survivors. Although research that utilizes victims' reports is important, perpetrators' accounts must also be taken into consideration. Thus this article focuses on men who made a dating partner have sex without a condom. This study sought to explore whether or not perpetrators who made a dating partner have unprotected sex differed from perpetrators who had not done so. By learning more about the types of men who make intimate partners engage in unprotected sexual intercourse, primary prevention programs for men and risk reduction programs for women can be developed. The relevant literature is briefly reviewed below and then the study's hypotheses are described.

Predictors of Sexual Assault Perpetration

Perpetrators of sexual violence are a heterogeneous group and there is no one profile that easily identifies them (Hall & Hirschman, 1991; Malamuth, Sockloskie, Koss, & Tanaka, 1991). The Confluence Model (Malamuth et al., 1991) is a theoretical model of the etiology of sexual aggression that has been supported in many studies of nonincarcerated perpetrators drawn from college and community samples. The model broadly describes two domains of risk factors that increase the likelihood of sexual aggression. In these studies, men who acknowledge forcing some type of sex on a woman typically differ from men who have not done so through their greater hostility and dominance toward women and their more positive attitudes toward impersonal sex (Abbey & McAuslan, 2004; Lisak & Roth, 1988; Malamuth et al., 1991; Parkhill & Abbey, 2008; Wheeler, George, & Dahl, 2002). Specifically, these men have more hostile attitudes toward women, use sex as a way of dominating their partners, have peers who support violence toward women, have more sexual partners, and endorse more positive attitudes about casual sex (Abbey, Parkhill, BeShears, Clinton-Sherrod, & Zawacki, 2006; Capaldi, Dishion, Stoolmiller, & Yoerger, 2001; Malamuth et al., 1991; Schwartz & DeKeseredy, 1997).

In the studies described above, the victim is typically someone the perpetrator knows socially and is often a casual or steady date. Studies that focus on men who commit sexual violence against an intimate partner have documented that many of the same risk factors are relevant (Coker, Smith, McKeown, & King, 2000; Frieze, 1983; Sullivan & Mosher, 1990). In addition, physical abuse among intimate partners is often related to sexual abuse (Dienemann et al., 2000; Raj et al., 2006). In a population-based sample of women aged 18 to 45 in one state, 86.4% of the women who had experienced sexual assault in their most recent relationship had also experienced physical assault (Smith, Thornton, DeVellis, Earp, & Coker, 2002). Among a subsample of female high school students who had experienced physical and/or sexual violence, Buzy et al. (2004) found that 39.4% had experienced both. Among adolescent boys who reported engaging in physical violence in a dating relationship, 46% reported also engaging in sexual violence (Sears, Byers, & Price, 2007).

Pressure to Have Unprotected Sex

Little attention has been given to the role of condom use in sexual assault. Complicating the issue is the low frequency of condom use within steady relationships (Cooper & Orcutt, 2000). In addition, abusive relationships are associated with decreased condom use (Roberts, Auinger, & Klein, 2005) and abusive men are more likely to have other sexual partners (Coker, 2007; El-Bassel et al., 2001), further increasing women's vulnerability to sexually transmitted infections. Because of the power dynamics within abusive relationships, women in these relationships may be less likely to request condoms for fear of upsetting their partner (Coker, 2007).

Only a handful of studies have examined the relationship between sexual violence perpetration and forced unprotected sex. Raj and colleagues (Raj et al., 2006; Santana, Raj, Decker, La Marche, & Silverman, 2006) conducted analyses with a sample of 283 sexually active men aged 18 to 35 years who had a steady dating partner and had visited an urban community health center. Twenty-four percent of these young men reported that they had forced a female partner to have sexual intercourse without a condom. Perpetrators of physical and/or sexual violence with a dating partner were significantly more likely than nonperpetrators to have forced sex without a condom during the past year. Contrary to what was hypothesized, men who strongly endorsed traditional masculine gender roles were not more likely to force partners to have sex without a condom. No other predictors were examined.

Davis, Schraufnagel, George, and Norris (2008) surveyed 115 young community men about sexual assaults perpetrated since age 15. Approximately 70% of the men who had forced penetrative sexual assault reported that they did not always use a condom when they committed sexually aggressive acts. Although this study did not ask specifically about forcing unprotected sex, presumably all sexual assault victims would want the protection a condom provides. In addition, alcohol use was not associated with condom use among less severe incidents of sexual assault; however, it was strongly positively correlated with frequency of not using a condom among incidents involving forcible rape.

Current Study and Hypotheses

The goal of this study was to compare the characteristics of perpetrators of intimate partner sexual violence who also made dating partners have sex without a condom to perpetrators of intimate partner sexual violence who did not make dating partners have sex without a condom. As described above, past research has documented that perpetrators of sexual assault differ from nonperpetrators on a variety of risk factors (Abbey et al., 2006; Capaldi et al., 2001; Malamuth et al., 2001; Schwartz & DeKeseredy, 1997). We sought to determine if sexually violent men who made partners engage in unprotected sex have a unique profile as compared to other sexually violent men. This information is important because of the increased risk of transmitting sexual infections to their victims. We viewed this as an exploratory study because there has been so little relevant past research. Overall, our hypotheses were guided by the Confluence Model (Malamuth et al., 1991) such that we expected perpetrators who made partners have unprotected sex would score higher than

other perpetrators on risk factors associated with hostility toward women and impersonal sex as well as have a history of using physical violence in dating relationships. Making a dating partner have sex without a condom is a demonstration of power over one's partner; thus we anticipated that common indicators of hostile masculinity, including sexual dominance and acceptance of using verbal pressure to obtain sex, would be higher among these perpetrators (Abbey & McAuslan, 2004; Malamuth et al., 2001). Forcing a dating partner to have sex without a condom might also be an indicator of putting sexual pleasure over safety; thus we also anticipated that common indicators of the impersonal sex path, including positive attitudes toward casual sex, frequent sexual intercourse, and alcohol use in sexual situations, would be higher among these perpetrators (Malamuth et al., 1991; Parkhill & Abbey, 2008). Usual condom use was included as a covariate to insure that any differences found were not simply due to individual differences in condom use.

Method

Participants

Male college students from a large urban university participated in this study ($N = 225$). Only men who indicated they had used a coercive strategy to force some type of sex on a female dating partner were included in the analyses described in this article, reducing the sample size to 78. Among this subsample, 44.9% were African American, 38.5% were White, 6.4% were Arabic or Middle Eastern, 5.1% were Asian or Pacific Islander, 1.3% were Hispanic, 1.3% were multiracial, and the remaining 2.6% had another ethnic background. Participants' ages ranged from 21 to 41, with an average age of 25.4 years ($SD = 4.2$).

Procedures

Participants were recruited for a larger alcohol administration study using lists provided by the registrar's office and flyers posted on campus. Interested individuals were screened by telephone to determine their eligibility. Given the requirements of the larger study, participants were required to be age 21 or older, to be single and interested in dating women, and to be social drinkers. Eligible individuals were mailed an information sheet describing the study, a self-administered questionnaire and two prestamped envelopes. Participants mailed back the questionnaires and payment sheets separately so that identifying information and questionnaire responses remained separate. Participants were paid US\$25 on receipt of the payment sheet or were given research credit in a psychology course. All aspects of the study were approved by the University's Human Investigations Committee.

Measures

Sexual dominance—Participants answered questions from the 8-item Power subscale of Nelson's (1979) Sexual Dominance Scale. The scale was designed to capture whether or not men have sex because it gives them power over women. An example item includes, "I have sexual relations because I like the feeling of having another person submit to me." Responses were made on a 4-point Likert-type scale and ranged from 1 (*not important at all*) to 4 (*very important*). In the current study, Cronbach's alpha was .85.

Acceptance of verbal pressure—Abbey and McAuslan’s (2004) Acceptance of Verbal Pressure Scale was used. This measure asks participants to imagine that a man and woman are out on a date and he has become sexually aroused. Twenty different circumstances are presented and the participant must indicate the degree to which using verbal pressure to get the woman to have sex with him is acceptable. A sample item includes, “They have had sex before.” Responses were made on 7-point scales, with options ranging from 1 (*not at all acceptable*) to 7 (*very acceptable*). Cronbach’s alpha was .97 in the current study.

Positive attitudes about casual sexual relationships—Participants’ attitudes toward casual sexual relationships were evaluated with 10 items from the Sexual Attitudes Scale developed by Hendrick and Hendrick (1987). A sample item includes, “Sex without love is ok.” Responses were made on 5-point Likert-type scales with options that ranged from 1 (*strongly disagree*) to 5 (*strongly agree*). Cronbach’s alpha was .87 in the current study.

Frequency of sexual intercourse—Participants were asked how often they currently had sexual intercourse. Responses were presented on a 6-point scale ranging from 1 (*less than once a month*) to 6 (*four or more times a week*).

Alcohol use during sexual situations—Participants were asked how often they drank alcohol in sexual situations and how much alcohol they typically consumed in these situations (Abbey, McAuslan, & Ross, 1998). These two items were multiplied to form an index of alcohol consumption in sexual situations (Jacques-Tiura, Abbey, Parkhill, & Zawacki, 2007; Parkhill & Abbey, 2008).

Physical assault perpetration against a dating partner—The Physical Assault Perpetration subscale of the Conflict Tactics Scale-2 (CTS-2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) was used to measure how often the man used physical force with a partner. A sample item includes, “I choked my partner.” Responses were made on a 9-point Likert-type scale, with response options ranging from 1 (*this has never happened before*) to 9 (*more than 20 times in the past year*). Responses were recoded following procedures outlined in Straus et al. (1996). The scale score was heavily skewed; thus it was transformed using a base 10 log transformation (Tabachnick & Fidell, 2007). Overall, 38.5% of the men indicated they had perpetrated some form of physical violence against a dating partner.

Physical injury against a dating partner—The Partner Injury subscale of the CTS-2 (Straus et al., 1996) was used to measure the extent of a partner’s injuries due to the man’s past violence. A sample item includes, “My partner passed out from being hit on the head in a fight with me.” Responses were made on a 9-point Likert-type scale ranging from 1 (*this has never happened before*) to 9 (*more than 20 times in the past year*). Responses were recoded following procedures outlined in Straus et al. (1996). The scale score was heavily skewed; thus it was transformed using a base 10 log transformation (Tabachnick & Fidell, 2007). Overall, 11.5% of men indicated they had physically injured a partner in the past.

Sexual assault perpetration against a dating partner—Six of the seven questions from the Sexual Coercion subscale of the CTS-2 (Straus et al., 1996) were used to measure sexual assault perpetration (see below for explanation of omitted item). Sample items include, “I used force (like hitting, holding down, or using a weapon) to make my partner have sex” and “I insisted my partner have oral or anal sex (but did not use physical force).” Responses were made on a 9-point Likert-type scale ranging from 1 (*this has never happened before*) to (*more than 20 times in the past year*). Men who answered yes to any of the questions were classified as perpetrators and were included in the current analyses.

Making a dating partner have sex without a condom—The item from the CTS-2 sexual assault perpetration scale that asks if participants had ever made a dating partner have sexual intercourse without a condom was used to assess this dimension of sexual violence (Straus et al., 1996). Responses were made on a 9-point Likert-type scale ranging from 1 (*this has never happened before*) to 9 (*more than 20 times in the past year*).

Condom use—Five questions regarding condom use were combined to form a scale indicating usual condom use: past year frequency of condom use, frequency of condom use with new partner when sober and when intoxicated, and frequency of condom use with a primary partner when sober and when intoxicated. Responses were given on 7-point Likert-type scales ranging from 1 (*never*) to 7 (*always*). Cronbach’s alpha was .88.

Results

Men who reported that they had forced sex on a dating partner at least once were divided into two mutually exclusive groups. Forty-seven percent of participants ($n = 37$) made a dating partner have sex without a condom and 53% ($n = 41$) had not. A multivariate analysis of covariance (MANCOVA) was conducted using this dichotomous measure as the independent variable and frequency of condom use as the control variable. The dependent variables were sexual dominance, acceptance of verbal pressure, positive attitudes toward casual sex, frequency of engaging in sexual intercourse, alcohol use during sexual situations, physical assaults against a dating partner, and physical injuries of a dating partner. The MANCOVA was significant, $F(7, 69) = 3.32, p < .01$; thus univariate ANCOVAs were conducted as follow-up.

As can be seen in Table 1, there were significant differences between the two groups on many of the measures. Perpetrators who made a dating partner have unprotected sex were more accepting of using verbal pressure against women, held more positive attitudes toward casual sex, had sexual intercourse more frequently, had physically assaulted a dating partner more frequently (marginal effect), and more frequently injured their dating partner than perpetrators who had not made a dating partner have unprotected sex. There were no differences in sexual dominance or alcohol consumption during sexual situations.

Discussion

The primary goal of this study was to determine what characteristics differentiated sexual assault perpetrators who made a partner have unprotected sexual intercourse from sexual

assault perpetrators who had not. Although our analyses were largely exploratory, we based our hypotheses on the Confluence Model of sexual aggression (Malamuth et al., 1991), which hypothesizes that men with a history of forcing sex have a greater desire to exert control over women and are strongly motivated to enhance their own sexual pleasure. These exploratory hypotheses were largely confirmed in analyses that controlled for frequency of condom use. There were significant or marginally significant differences for all the power-associated variables except one. In comparison to perpetrators who had not made a partner have unprotected sex, perpetrators who had done so were more accepting of verbal pressure, had engaged in (marginally) more physically assaultive behavior toward partners and had more frequently physically injured a partner. There were no differences in sexual dominance motives, suggesting that these are equally high in both groups of perpetrators. There were also significant differences for all of the impersonal sex variables except one. In comparison to perpetrators who had not made a partner have unprotected sex, perpetrators who had done so expressed more positive attitudes about casual sex and had sexual intercourse more frequently. Rates of alcohol use in sexual situations were equally high among both groups of perpetrators. Although alcohol use is frequently associated with sexual risk taking and sexual assault perpetration (Abbey, 2002; Cooper, 2002), its association with these outcomes is complex and may interact with other individual difference factors, such as impulsivity or alcohol expectancies.

It is also worth noting how common this behavior was. Almost half of the men who had forced a partner to engage in some type of unwanted sex also made a partner have sex without a condom. Sexual assault and sexual risk reduction researchers do not tend to collaborate, yet the co-occurrence of these two problem behaviors requires the development of integrative theories and interventions. For example, theoretical models of sexual assault perpetration include many cognitive and behavioral risk factors; however, most ignore situational predictors. The Cognitive Mediation Model of sexual risk-taking (Norris, Masters, & Zawacki, 2004) focuses on situational influences and cognitive processes that occur in-the-moment. Integration of the Confluence Model and the Cognitive Mediation Model provides researchers with a powerful theoretical framework for predicting the likelihood of using a condom during sexual aggression.

Limitations and Directions for Future Research

This was an exploratory study with a small sample size. These findings need to be replicated with larger samples and with community samples. In addition, this study focused on sexual violence with dating partners. Future research should utilize measures that assess sexual assault perpetration and forced unprotected sex toward any victim, not just intimate partners. With a larger sample, comparisons could be made between men who used different tactics (e.g., physical force vs. verbal coercion) to determine if men who use more extreme tactics to obtain sex are even more likely than other perpetrators to use force or pressure to make partners have sex without a condom. The full range of measures commonly used to assess hostile masculinity and impersonal sex were not included in this study; thus future research should also include a broader range of measures, including peer support and personality characteristics.

Implications for Treatment and Prevention Programs

This study demonstrates that some women's fears about provoking a violent response if they ask their partner to use a condom are justified (Pulerwitz et al., 2002). Sexually violent men who made their partners have sex without a condom were more physically injurious. This suggests that these men sought to have power over certain aspects of their partners' life, including their physical health by placing them at increased risk for pregnancy and sexually transmitted infections. Given the high rates of sexual assault perpetration, both prevention and treatment programs need to address cultural norms that condone men's violence against women and condom use as a power issue. General sexual risk reduction and sexual education programs for men need to emphasize the importance of respect and accepting partners' wishes regarding condom use without verbal pressure. Nonaggressive men may not realize that partners who have a history of sexual violence may be terrified about bringing up the topic or seeming to disagree with them even mildly. Although primary prevention programs must focus on men, risk reduction programs for women need to be sensitive to the effects of past violence on women's ability to be sexually assertive. More intensive services should be available to survivors of past partner violence to help them protect themselves in future relationships.

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Biographies

Michele Parkhill Purdie is an assistant professor at Oakland University in Rochester, Michigan. She received her PhD in social psychology from Wayne State University in 2006 and completed a postdoctoral fellowship in the Alcohol and Drug Abuse Institute at the University of Washington. Her research interests related to sexual aggression include identifying behavioral and attitudinal risk factors that interact with situational characteristics, such as alcohol use. She is also interested in how alcohol influences condom use during sexual assault perpetration. Her research interests related to sexual victimization include identifying how alcohol increases a woman's risk for being sexually revictimized and how alcohol interacts with victimization experiences to influence women's risky sexual decision making.

Antonia Abbey is a professor of psychology at Wayne State University. She received her PhD in social psychology from Northwestern University. She has a longstanding interest in women's health and reducing violence against women. Recent sexual assault research focuses on the etiology of perpetration, including alcohol's role; measurement issues; and survivors' recovery process. Much of this research has been funded by the National Institute on Alcohol Abuse and Alcoholism. She has published more than 90 journal articles and book chapters and has served on a variety of national advisory committees.

Angela J. Jacques-Tiura is a social psychology doctoral student at Wayne State University with a focus on health. Her research interests focus on the precursors and consequences of sexual assault. She is interested in ascertaining the cognitive, behavioral, and situational risk factors for perpetrating sexual aggression against women. She is also interested in

examining the factors that impact women's recovery process following a sexual assault experience and the influence of the assault on sexual behaviors.

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Table 1

Multivariate Analysis of Covariance and Analyses of Covariance Among Sexual Assault Perpetrators Examining the Relationship Between Making a Partner Engage in Unprotected Sex and Attitudinal and Behavioral Variables

	Made Partner Have Sex Without a Condom		<i>F</i>
	No (<i>n</i> = 41)	Yes (<i>n</i> = 37)	
	<i>M (SE)</i>	<i>M (SE)</i>	
Sexual dominance	2.23 (0.10)	2.43 (0.11)	1.90
Acceptance of verbal pressure	3.29 (0.22)	4.05 (0.23)	5.59**
Positive attitudes toward casual sex	3.17 (0.16)	3.67 (0.12)	8.93***
Frequency of sexual intercourse	2.56 (0.25)	3.38 (0.27)	4.93**
Alcohol use during sexual situations	9.58 (1.15)	10.36 (1.21)	0.22
Physical assault against partner	0.21 (0.08)	0.42 (0.08)	3.30*
Physically injuring partner	0.02 (0.05)	0.18 (0.05)	4.60**

Note: Means presented are adjusted for condom use. Multivariate *F* ratios were generated from Pillai's statistic. Univariate *df* = 1, 75.

* $p = .07$.

** $p < .05$.

*** $p < .01$.