

INTIMATE PARTNER SEXUAL VIOLENCE IN EMERGING ADULthood: EXPLORING SEXUAL CONSENT ATTITUDES AS A TARGET FOR SEXUAL COERCION PREVENTION

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Abstract

While intimate partner violence is now recognized as a major societal and international issue, sexual violence between partners remains understudied despite its significant prevalence rates and the specific contexts in which it occurs. The aim of this study was to analyze the links between different dimensions of sexual consent and sexual coercion experienced within intimate relationships in order to identify targets for prevention campaigns. The study was carried out during a time of transition in the sociopolitical and legislative context in Belgium linked to the implementation of a reform to the sexual criminal law, which has made the expression of sexual consent central to the qualification of sexual offenses. A total of 431 young adults (88.40% female; $M_{\text{age}} = 22.19$ years; $SD_{\text{age}} = 1.79$) were recruited from the general population through an online survey to analyze the links between attitudes and beliefs toward sexual consent, attachment style, mental health, and sexual victimization between partners. Results showed that a lack of perceived behavioral control over establishing sexual consent, as well as the avoidance of intimacy, predicted sexual victimization. The clinical implications of these findings are discussed and potential public policy responses for prevention and awareness are suggested. Future research should further investigate and conceptualize sexual consent as it relates to sexual coercion in a more representative sample from an intersectional perspective.

Introduction

Sexual violence prevention represents a major challenge in our societies. In recent years, both in Belgium and internationally, public and criminal policies have evolved in the context of intimate partner violence (IPV) and gender-based violence, notably with the Istanbul Convention on preventing and combating violence against women and domestic violence (adopted by the Council of Europe on

May 11, 2011, and entered into force on August 1, 2014). However, the study of sexual violence between intimate partners (IPSV) has been relatively neglected and inconsistent in the literature, despite significant prevalence rates (Bagwell-Gray et al., [2015](#); Garrido-Macías et al., [2020](#); Livingston et al., [2004](#); Tarzia, [2021a](#)). Located at the intersection of sexual violence and intimate partner violence, IPSV appears to share characteristics of both phenomena, but it still requires specific attention given individuals' singular experiences of it, as well as the particular specific consequences it can engender and the issues it raises, particularly in terms of impacts and needs for victims (Barker et al., [2019](#); Wright et al., [2021](#)). For these reasons, some authors advocate considering this phenomenon as a distinct construct (Barker et al., [2019](#)), while others tend to place it within a continuum of violence against women or within the context of intimate relationships (e.g., Tarzia, [2021a](#), [2021b](#)), following a logic of cumulative and polyvictimization (Glowacz et al., [2018](#)). Some sexual coercion strategies are also identified in inventories of domestic violence, notably in the Conflict Tactic Scale-Revised, which is widely used in research in this field (Straus & Douglas, [2004](#); e.g., "My partner insisted on sex when I did not want to..."). Additionally, some forms of sexual coercion, as measured in intimate partner relationships, do not fundamentally differ from those that may occur in other relational contexts (e.g., having unwanted sex or engaging in sex when unaware; Goetz & Shackelford, [2010](#)). Conversely, others seem rooted in dynamics specific to marital (or romantic) relationships (duty, proof of love, guilt-tripping; Goetz & Shackelford, [2010](#)). Our study centers on the concept of sexual coercion experienced in intimate partner relationships (thus focusing on victimization in this specific context) and examines its associations with sexual consent and romantic attachment.

Recent scientific perspectives emphasize the importance of going beyond the purely legal concepts of sexual violence (such as rape) to consider the sexual coercion range. The dynamics of sexual coercion are frequently used to impel the partner to give consent without being free of pressure (Jeffrey, [2022](#)). The study of sexual coercion is thus closely related to the issue of sexual consent, which emerges as the boundary between consensual sexual activity and rape (Pugh & Becker, [2018](#)). The links between sexual consent and different forms of sexual coercion are nevertheless complex and under examined (French & Neville, [2017](#); Muehlenhard et al., [2016](#); Pugh & Becker, [2018](#)).

Recently, a reform of the sexual criminal law has been implemented in Belgium (Law modifying the Penal Code with regard to sexual criminal law 2022/31330, effective June 1, 2022), within which the expression of consent has become a central element in the qualification of sexual offenses. The use of explicit coercion, violence, or cunning will no longer be necessary to qualify the facts of rape, but rather it is the absence of consent that is all important. This shift in paradigm entails a greater emphasis on obtaining valid consent from the initiator ("yes means yes" standard) rather than focusing on identifying resistance from the victim ("no means no" standard). This highlights the concept of affirmative consent (Brady et al., [2022](#); Burton et al., [2023](#)) as an ongoing process (Beres, [2014](#); Glace et al., [2020](#)). The law stipulates that "consent assumes that it has been given freely [...] cannot be inferred from the mere absence of resistance from the victim [...] can be withdrawn at any time before or during the sexual act." (Article 417/5, approximate translation). It emphasizes the "violation of sexual integrity" (i.e., the non-respect of individual sexual autonomy) and the victim's consent, thereby broadening the situations of vulnerability where the absence of consent may be presumed: lack of resistance (fear, paralysis, shock...), threats (moral coercion due to fear of imminent harm), physical and psychological violence, coercion, surprise (sudden and unforeseen nature of the act), deceit,

unconsciousness and sleep, the age of the victim, or the status of the perpetrator (incest, influence, or authority). However, a gray area persists in situations where consent is subtly influenced by sexual coercion. The affirmative consent paradigm does not fully inform on the elements constituting sexual coercion and the circumstances that might reasonably suggest that sexual consent is in place (Muehlenhard et al., [2016](#)); for such situations, the law remains strictly interpreted based on the circumstances at hand. It is therefore important to further analyze the links between sexual consent and experiences of sexual victimization within intimate relationships, which have been identified as a place where sexual coercion tends to be normalized (Jeffrey & Barata, [2017](#)).

INTIMATE PARTNER SEXUAL VIOLENCE AND COERCION

While IPV can take many forms, IPSV occupies a particular place and can be considered either as a form of intimate partner violence among others (e.g., Blasdel, [2021](#); Tarzia, [2021a](#), [2021b](#)) or as a distinct yet interconnected form of violence with unique determinants as well as unique consequences (Barker et al., [2019](#)). In either case, IPSV is highly prevalent. According to current figures, 1 out of 10 women will become a victim of partner rape in their lifetime (Black et al., [2011](#)). Among victims of sexual coercion, 75.4% of women name the partner as the perpetrator. In Belgium, a large survey conducted by the Institute for the Equality of Women and Men indicates that 48.4% and 12.5% of cases of sexual touching and forced sex are perpetrated by the partner among men and women, respectively (Pieters et al., [2010](#)).

In their review of terms, definitions, and prevalence rates, Bagwell-Gray et al. ([2015](#)) have pointed out the important heterogeneity in prevalence rates, as well as in the vocabulary used, its definitions, and the tools used to measure IPSV. They proffer a new taxonomy of sexual violence between partners according to the type of force and the use of penetration: sexual abuse (no physical force or penetration), sexual coercion (no physical force but penetration), physically forced sexual activity (use of physical force without penetration), and sexual assault (use of physical force and penetration). However, the concept of sexual coercion looked at more broadly encompasses the use of tactics or strategies to make someone engage in sexual behavior in the absence of free and informed consent or a clear expression of refusal (Abbey et al., [2014](#); Benbouriche & Parent, [2018](#); Farris et al., [2008](#)), and can involve psychological and verbal pressure or the use of alcohol (French et al., [2015](#)). Within intimate relationships, victimization rates also vary across studies due to differing definitions of sexual coercion and measurement tools. Among women, rates range from 15.8 to 33.1% (Breiding et al., [2014](#); Brousseau et al., [2011](#); Dubois-Couture et al., [2011](#); Jeffrey & Barata, [2021](#)). Among men, rates are lower and vary between 9.5 and 20.3% (Breiding et al., [2014](#); Dubois-Couture et al., [2011](#)).

Although the negative outcomes of sexual violence and IPV in general are well known, the specific impacts of IPSV are still understudied (Bagwell-Gray, [2021](#); Bagwell-Gray et al., [2015](#); Laskey et al., [2019](#)). Most research on the outcomes of sexual victimization has focused on types of sexual acts, including physically forced rape, which is considered the most severe tactic of sexual coercion and associated with poor physical and psychological health (Classen et al., [2005](#); French et al., [2015](#); Ullman et al., [2007](#)). Yet, other research has highlighted the deleterious consequences of other forms of sexual victimization, including those with no penetrative acts (French et al., [2015](#); Resnick et al., [1993](#)). Regarding the impact of any type of IPV (including sexual violence), a literature review

carried out by Laskey et al. ([2019](#)) highlights various psychological and relational consequences this violence can have on individuals. Data are currently lacking regarding the psychological impacts of sexual coercion strategies experienced within intimate partners relationships. Correspondingly, studies examining sexual coercion would benefit from also assessing mental health impacts such as depressive symptoms, anxiety, or suicidal ideation.

EMERGING ADULTHOOD

Prevalence rates of sexual coercion appear particularly high among people under 25 years old (Breiding et al., [2014](#); de Graaf et al., [2015](#); Keygnaert et al., [2021](#)). Transition to adulthood is a developmental stage between adolescence and adulthood (18–25 years old), characterized by identity changes, newfound autonomy, and initiation into intimate relationships, often devoid of marital commitment and parenthood (Arnett, [2000](#)). It is also a life stage that involves the identification with social roles and positioning oneself in relation to the norms and conventions of the living environment (Arnett et al., [2001](#)). In parallel with these internal changes, young adults are confronted with new environments and social scenarios that encourage the experimentation and adoption of new behaviors and attitudes (Forbes & Adams-Curtis, [2001](#); Muehlenhard et al., [2016](#)). Some of these environments are associated with increased risk of coercive behaviors (Benbouriche & Parent, [2018](#); Glowacz et al., [2018](#)), especially within student and festive settings. Peers indeed play a significant role in socialization and the development of norms tolerant of sexual coercion (Ha et al., [2016](#)). In terms of intimate relationships, “marriage and other forms of deep commitment are delayed while many youth engage in short-term casual encounters or in noncommitted relationships” (Shulman & Connolly, [2013](#)). The challenge of this developmental stage is to manage and integrate dyadic relationships into other invested life domains (studies, work, activities, etc.). Successfully navigating this stage can contribute to well-being, but individuals who lack essential relational resources or skills important for navigating intimate contexts, such as those pertaining to attachment orientation and relational insecurity, may experience negative outcomes (Gómez-López et al., [2019](#); Guarnieri et al., [2014](#)).

SEXUAL CONSENT AND SEXUAL COERCION

Sexual coercion refers more to the process of constraint and influence (strategies and means employed) leading to sexual activity than the sexual activity itself (Glowacz et al., [2018](#)); thus, the concept of consent is central to it. However, a persistent challenge in research and public policy is to analyze existing conceptualizations of sexual consent, comprehend its underlying processes, and promote a culture of consent within the population (Pugh & Becker, [2018](#)). This implies understanding what constitutes sexual consent and how it is (or should be) defined. Indeed, while consent has often been invoked as an obligation to maintain a legal sexual relationship (which is not abusive), the meaning of consent has never been clearly defined and has been theorized in different ways (Muehlenhard et al., [2016](#)).

Initially, definitions of sexual consent referred to a mental act (e.g., a decision or feeling of willingness) or rather concrete (e.g., a verbal or non-verbal expression of willingness). Three conceptualizations of sexual consent arose from this dichotomy: consent as an internal state of

willingness, as an act of explicit acceptance, or as behavior that someone interprets as willingness (Muehlenhard et al., [2016](#)). In the late 1980s, the concept of affirmative consent was proposed and contrasted with the previously dominant sexual scripts of presuming consent in the absence of resistance from the victim (which refers to “no means no” standard). Men were traditionally viewed as being responsible for initiating sexual activity, while it was seen as women’s responsibility to possibly refuse such advances (Jeffrey & Barata, [2017](#); Wiederman, [2005](#)). This belief refers to the gendered role of “gatekeeper” in women, who are expected to “channel male sexuality thought to be ‘naturally’ overflowing” (Glowacz et al., [2021](#), p. 147). These sexual scripts are problematic (Muehlenhard et al., [2016](#)), especially because they place the responsibility for stopping sexual activity on the woman, who may be blamed for not having sufficiently opposed if she did not consent. Furthermore, many reasons may prevent a woman (and more generally the partner) from resisting or refusing sexual advances, such as fear or substance use. These sexual scripts also convey the idea that women’s resistance is a step in the lead up to intercourse. Men may feel that they must persist in their sexual advances despite the apparent refusal. In light of these sexual scripts, affirmative consent requires active communication of consent by the individual (the “yes means yes” standard); presumption, silence, and lack of resistance can no longer be considered valid consent.

With the aim of modeling the links between sexual consent and sexual coercion and providing a framework for preventing sexual violence among young adults, it seemed important to measure beliefs and attitudes toward establishing sexual consent with an intimate partner, in connection with the experience of sexual coercion within the couple. Data remain lacking when it comes to the studies of sexual consent, sexual coercion, and how they overlap (Humphreys & Herold, [2007](#); Pugh & Becker, [2018](#)). To address this gap, we based our study on the work of Humphreys and Brousseau ([2010](#)), who developed a scale measuring attitudes, beliefs, and behaviors related to the establishment of sexual consent. The construction of this scale is grounded in the conceptual foundation of the Theory of Planned Behavior (TPB; Ajzen, [1985](#), [1991](#), [2001](#), [2006](#)), which seeks to explain and predict the establishment of a behavior. Beyond sexual consent, TPB represents one of the most influential predictive models of human behavior (Ajzen, [2011](#)) and targets intention as the immediate antecedent of the behavior to be produced. Although often employed in the field of health, the theoretical framing of TPB has been applied to the study of sexuality to understand its connections between attitudes and behaviors (Humphreys & Brousseau, [2010](#); see also Fritz, [2022](#)). Regarding sexual consent, the central element of the theory is the intention to negotiate consent directly or indirectly with a sexual partner (considering that this intention will motivate the establishment of such consent). This intention is influenced by behavioral beliefs (positive or negative attitudes toward establishing sexual consent), normative beliefs (internalized norms regarding how and in which situations sexual consent should be established), and control beliefs (referring to the individual’s perceived self-efficacy or behavioral control regarding their ability to establish sexual consent).

In summary, individual endorsing positive attitudes and norms in favor of sexual consent, and with high perceived behavioral control, would be more likely to establish consent in their relationships, thus potentially reducing the risk of sexual victimization. A few studies have found links between the propensity for sexual consent (particularly in terms of perceived behavioral control and attitudes toward sexual consent) and less compliance with unwanted sexual activity, predominantly among college students (Katz & Tirone, [2010](#); Kennett et al., [2013](#); Kilimnik & Humphreys, [2018](#); Quinn-Nilas

& Kennett, [2018](#); Quinn-Nilas et al., [2013](#); Shi & Zheng, [2022](#)). Simultaneously, positive attitudes toward sexual consent, fostered by a perception of positive social and parental norms regarding sexual consent, are associated with the establishment of more explicit sexual consent (MacDougall et al., [2022](#)), aimed at reducing ambiguities and misunderstandings.

ROMANTIC ATTACHMENT

As highlighted earlier, romantic attachment represents a significant dimension, especially among young adults, in the ability to establish a satisfying romantic relationship during this developmental stage with new challenges. It seemed particularly pertinent for us to incorporate a measure of attachment in this study. To date, the available literature on attachment theory is vast and has been utilized across various domains of psychology. In the context of this study, we will not provide an exhaustive review and instead direct the reader to the work of Brassard et al. ([2017](#)), which offers a particularly relevant and detailed synthesis for understanding its implications in intimate relationships. As a reminder, attachment theory, initially developed by Bowlby in 1969, offers a conceptualization of “the propensity of human beings to establish strong emotional bonds with specific individuals” (Brassard et al., [2017](#)). The quality of early attachment relationships (partially stemming from the caregiver’s ability to respond to the child’s emotional and security needs) shapes the child’s initial cognitive representations of relationships (referred to as internal working models) and, consequently, their self-perception, perception of others, and their approach to forming connections. These cognitive models can be positive, giving rise to a secure attachment style, or negative, fostering an insecure attachment style. Secure children can tolerate a certain level of anxiety, allowing them to explore the world around them and develop autonomy, all while seeking their caregiver’s support when needed; this involves a regulated activation of the attachment system. Conversely, insecure children may tend to hyperactivate or deactivate their attachment system, or display ambivalent and disorganized attachment behaviors, leading to difficulties in intimacy and autonomy.

It is generally accepted that attachment style remains stable throughout an individual's life (McConnel & Moss, [2011](#); Simpson et al., [2007](#)) and reactivates through meaningful relationships in adulthood and in intimate relationships (Zayas et al., [2015](#), in Brassard et al., [2017](#)). However, patterns can be observed in the evolution of attachment style, notably a normative increase in the level of intimacy avoidance throughout development, toward the caregiver or intimate partner (Hudson et al., [2015](#); Theisen et al., [2018](#)). Concurrently, the level of abandonment anxiety tends to remain stable or decrease in the presence of positive relational experiences. Even in early adulthood, the perception of attachment to parents appears to continue influencing the dynamics of romantic relationships (Fermani et al., [2019](#)).

Among the conceptualizations of adult/romantic attachment, Bartholomew's ([1990, 1997](#)) work has received significant support in both research and clinical settings. Overall, this model theorizes attachment in four styles formed by two dimensions (see also Brennan et al., [1998](#)) inherent to positive or negative representations of self and others. The first dimension, abandonment anxiety, refers to a fear of rejection or abandonment by an individual’s partner and is characterized by the hyperactivation of the attachment system and approach behaviors when the partner is perceived as

unavailable or when the individual's integrity is threatened. The second dimension, intimacy avoidance, is characterized by a strong need for autonomy and a fear of emotional intimacy with the partner. Unlike abandonment anxiety, intimacy avoidance is characterized by the deactivation of the attachment system and a distancing from the partner in order to reduce the individual's sense of vulnerability and preserve independence (Brassard et al., [2017](#)). By combining low or high scores on these two dimensions, which refer to self (abandonment anxiety) and other (intimacy avoidance) representations, four attachment styles emerge (Bartholomew & Horowitz, [1991](#)): secure (low on both dimensions), dismissive (low in abandonment anxiety, high in intimacy avoidance), preoccupied (high in abandonment anxiety, low in intimacy avoidance), and fearful (high on both dimensions), with the characteristics resulting from the individual's position on these two axes (Bartholomew & Horowitz, [1991](#)).

Secure individuals have a positive self-esteem, perceive themselves as deserving of support and love, and feel comfortable with autonomy as well as in forming close and intimate relationships with others, whom they consider available and responsive. Conversely, insecure individuals may encounter various challenges and difficulties regarding these relational and self-esteem aspects. Beyond these categories, this model primarily enables a broader understanding of “attachment orientations,” which reflect the complex and dimensional nature of the attachment system. A secure attachment orientation is generally associated with better mental health, whereas an insecure attachment orientation is linked to higher levels of distress (Myers & Vetere, [2002](#)) and difficulty in forming meaningful and satisfying relationships (Bartholomew & Horowitz, [1991](#)).

ATTACHMENT AND SEXUAL VIOLENCE

Several studies have demonstrated complex links between attachment style and IP(S)V, including sexual coercion (Brassard et al., [2007](#); Dugal et al., [2021](#); Gosselin et al., [2005](#); Karantzas et al., [2016](#); Velotti et al., [2018](#), [2022](#)). Shaver and Hazan ([1988](#)) suggested that insecure attachment is likely to interfere with sexuality, as attachment and sexuality systems interact with each other (Lévesque & Lafontaine, [2017](#)). Avoidant individuals would theoretically be more likely to avoid highly intimate relationships and engage in sexual activities with casual partners. Anxious individuals, on the other hand, would be more likely to engage in sexual activities as a form of reassurance about their partner's affection or to avoid rejection and disapproval. Empirical studies have confirmed lower levels of sexual satisfaction, pleasure, and excitement in individuals characterized by an insecure attachment style (Fricker & Moore, [2002](#); Lévesque & Lafontaine, [2017](#); Morrison et al., [1997](#)). The latter would also be more prone to experiencing physical coercion and engaging in unwanted sexual activities (Gentzler & Kerns, [2004](#); Tracy et al., [2003](#)). Gosselin et al. ([2005](#)) emphasized in their literature review the links between insecure attachment styles and the perpetration of psychological and physical IPV, especially among men. However, the nature of these relationships remains inconsistent and they often involve moderating and mediating variables (see also Brassard et al., [2014](#)), including dysfunctional communication (Roberts & Noller, [1998](#), in Brassard et al., [2017](#)), marital conflicts (Dubois-Couture et al., [2011](#)), and the presence and expression of anger within the couple (Lafontaine & Lussier, [2005](#)). There also appear to be interactions between the attachment styles of both partners, with a greater risk of victimization in the case of insecure attachment styles (Kesner & McKenry, [1998](#); Lafontaine, [2002](#)).

In addition, studies tend to demonstrate that individuals with insecure attachment styles are generally more attracted to potential partners with insecure attachment styles as well (Brassard et al., [2017](#)). Despite this association between attachment and IPV, few studies have thoroughly assessed the links between attachment style and sexual violence within couples (Gosselin et al., [2005](#)). More recently, Velotti et al. ([2018](#)) reported in their systematic literature review a significant association between an insecure attachment style and victimization within intimate relationships (see also McClellan & Killeen, [2000](#)), particularly concerning abandonment anxiety. Out of the 113 studies considered, only five investigated IPSV. Among these, three studies demonstrated a moderate association between abandonment anxiety and IPSV, and three others showed a weak association between intimacy avoidance and IPSV. Similar findings are reported concerning the perpetration of IPSV (Brassard et al., [2023](#); Velotti et al., [2022](#)). Regarding sexual coercion in general, abandonment anxiety is more associated with victimization, whereas intimacy avoidance is more associated with perpetration (Karantzas et al., [2016](#)), especially among university students (Smallbone & Dadds, [2001](#)). This observation aligns with numerous studies indicating significant deficits in intimacy among individuals who commit sexual offenses (Martin & Tardif, [2014](#)). Regarding sexual coercion within intimate partner relationships, a study by Brassard et al. ([2007](#)) demonstrated significant associations among young adults. Avoidant attachment was associated with two strategies of intimacy avoidance in the relationship: avoidance of sexual relations and avoidance of partner's sexual fantasies (specifically among women). Anxious attachment interfered with comfortable intimacy, specifically among men who perceived their partners as avoiding sexual relations consequently applying more pressure and insistence to engage in sexual activities. In line with this, Dugal et al. ([2021](#)) demonstrated a direct link between intimacy avoidance and sexual coercion victimization in the relationship, as well as an indirect link through communication patterns (particularly the perception of a reduced ability to express emotions and needs constructively and to be open to negotiation and compromise, thus reflecting on the sense of self-efficacy).

Other dispositional traits are important to consider in the study of the links between attachment and sexual violence, known to be linked to the formation and adequacy of the attachment system. For instance, psychopathic, impulsive, and domineering traits may play a significant role in sexual coercion among men, whereas motivations related to intimacy and emotional needs may play a role in sexual coercion perpetrated by women (Hoffmann & Verona, [2019](#)). Insecure attachment may also play a peripheral role in the experience of IPSV, through associations that do not directly pertain to sexual victimization but rather related elements, such as the development of more significant symptoms related to sexual coercion victimization (Bruno et al., [2019](#)) or the persistence in abusive relational dynamics (Brassard et al., [2017](#); Garrido-Macías et al., [2020](#)). Thus, these various studies seem to argue in favor of a compelling link between attachment style and the experience of IPSV. This link can also be considered in the other direction, as repeated negative, traumatic, and/or abusive experiences are likely to alter attachment patterns (Brassard et al., [2017](#)). Conversely, positive longitudinal changes in romantic attachment are associated with significant changes in relational satisfaction and violent behaviors within the couple (Godbout et al., [2017](#)). Romantic attachment thus emerges as a significant target for prevention and treatment, which is why we have chosen to incorporate it into this study. All introduced dimensions have been integrated into the approach to sexual coercion and sexual consent among young adults.

OUR STUDY

This study aimed to analyze the links between dimensions of sexual consent and sexual coercion within intimate relationships in order to identify potential preventive actions. It has focused on the emerging adult population (18–25 years), which is particularly susceptible to sexual coercion.

First, we determined whether women differ from men in terms of sexual coercion in their relationship, behaviors and attitudes toward sexual consent, and attachment style. Then, we tested correlations between sexual coercion, attachment style, behaviors and attitudes toward sexual consent, and mental health. In particular, we expected that people who adhere to attitudes in favor of sexual consent would be at less risk of sexual coercion in their relationship. Similarly, we hypothesize a positive correlation between sexual coercion and anxious, depressive, and suicidal symptomatology. We identified variables that could contribute to sexual coercion victimization. In particular, we expected that people with high levels of intimacy avoidance and abandonment anxiety would be at greater risk of experiencing sexual coercion in their relationships. Finally, we tested whether sexual coercion is associated with symptoms of depression, anxiety, and suicidal ideation.

Method

PARTICIPANTS

A total of 431 young adults were recruited from the general population. Inclusion criteria consisted of being aged between 18 and 25 years old and having been in an intimate relationship for at least one month at some stage during the six months preceding the completion of the survey.

Among the sample, 88.40% ($n = 381$) were women, 11.14% ($n = 48$) were men, and 0.46% ($n = 2$) did not identify themselves as women or men. They were aged between 18 and 25 years ($M = 22.19$; $SD = 1.79$). The mean age was 22.14 ($SD = 1.78$) years in women and 22.54 ($SD = 1.86$) years in men ($SD = 1.86$). Descriptive statistics concerning the sociodemographic data of our participants are described in Table [1](#).

Table 1. Sociodemographic data.

		%	<i>n</i>
Country of residence	Belgium	94.43	407
	Other country	5.57	24
Country of birth	Belgium	84.69	375
	Other European country	12.77	55
	Other non-European country	2.55	11
Educational level	Higher education	59.16	255
	Other	40.84	176
Employment status	Employed	11.60	50
	Student	84.22	363
	Other	4.18	18
Relational status	Single	19.49	84
	Heterosexual couple without cohabitation	60.56	261
	Homosexual couple without cohabitation	4.41	19
	Married or living with a heterosexual partner	13.46	58
	Married or living with a homosexual partner	1.39	6
	Other	0.70	3
Children	With children	1.16	5
	Without children	98.84	426
Life situation	Lives alone, without children	7.42	32
	Lives in couple, without children	11.14	48
	Lives in couple, with children	0.23	1
	Lives with parents	55.22	238
	Lives in a (shared) student apartment	23.9	103
	Other	2.09	9

Participants were asked to report on an intimate relationship that they had experienced in the last 6 months and that had lasted at least one month. In the majority of cases, the duration of this relationship was between 2 and 10 years (49.65%; $n = 214$), the partners were not cohabiting (68.21%; $n = 294$), and the participants did not have any other romantic and/or sexual partners in the six months preceding their participation in the study (82.13%; $n = 354$). These characteristics were similar when isolating participants who experienced sexual coercion. Table 2 presents the detailed frequencies of these relationship characteristics.

Table 2. Relationship characteristics.

		%	<i>n</i>
Complete sample (n = 431)			
Duration of intimate relationship	1 month to 6 months	14.15	61
	6 months to 2 years	36.19	156
	2 years to 10 years	49.65	214
Duration of cohabitation	No cohabitation	68.21	294
	Less than 1 month	5.10	22
	Less than 6 months	6.50	28
	6 months to 2 years	14.15	61
	2 years to 10 years	6.03	26
Other romantic and/or sexual partner during the last six months	No	82.13	354
	Yes	17.87	77
Subgroup with sexual coercion (n = 204)			
Duration of intimate relationship	1 month to 6 months	8.82	18
	6 months to 2 years	34.80	71
	2 years to 10 years	56.37	115
Duration of cohabitation	No cohabitation	65.69	134
	Less than 1 month	4.90	10
	Less than 6 months	6.86	14
	6 months to 2 years	15.20	31
	2 years to 10 years	7.35	15
Other romantic and/or sexual partner during the last six months	No	77.94	159
	Yes	22.06	45

MEASURES

SOCIODEMOGRAPHIC AND RELATIONSHIP DATA

These data included the usual sociodemographic data, such as gender, age, country of residence and birth, educational background, presence of children, and marital status. Three items also measured the duration of the participant's intimate relationship, the duration of any cohabitation and the presence of other romantic and/or sexual partners during the last six months.

PHYSICAL AND MENTAL HEALTH-RELATED VARIABLES

Mental health was mainly assessed through the French translation (Lépine et al., [1985](#)) of the Hospital Anxiety and Depression scale (HAD; Zigmond & Snaith, [1983](#)). The HAD is a self-report scale, which helps detect depressive or anxious states. It consists of 14 items divided into two subscales; seven items for anxiety (e.g., "I'm worried") and seven items for depression (e.g., "I am no longer interested in my appearance"). Both dimensions are measured using a Likert scale ranging from 0 (never) to 3 (most of the time). A cutoff score of 8 suggests probable anxiety and/or depressive symptomatology. A cutoff score of 11 indicates proven anxiety and/or depressive symptomatology. Participants were asked to respond based on the past six months. The French version of the HAD

demonstrated acceptable internal consistency for the two subscales (in the present study: $\alpha_{\text{anxiety}} = 0.79$; $\alpha_{\text{depression}} = 0.73$).¹

Four items derived and translated from the Symptom Checklist-90-Revised (Derogatis, 1977), measuring suicidal symptomatology (e.g., "I have thought about ending my life"), were included. These assessed general death ideation, suicidal ideation, suicidal intent, and suicide attempts on a Likert scale ranging from 0 (never) to 3 (most of the time). The sum of these four items constituted the total suicidal symptomatology score. Participants were asked to respond based on the past 6 months. These four items demonstrated acceptable internal consistency (in the present study: $\alpha = 0.87$).

An additional item was also created to assess perceived general physical health on a Likert scale ranging from 1 (poor) to 4 (very good). Finally, one item was created to ask about possible chronic diseases or disabilities.

SEXUAL VICTIMIZATION WITHIN THE RELATIONSHIP

Sexual coercion was measured through a translation of the Sexual Coercion in Intimate Relationships Scale (SCIRS; Shackelford & Goetz, 2004). The SCIRS is a self-report scale that assesses experienced psychological and behavioral sexual coercion tactics leading to penetrative sex, as well as the frequency with which each tactic occurs in the romantic relationship.² It includes 34 items divided into three main components: 15 items for the manipulation of resources and violence (including withholding or giving away resources and threatening or using physical violence or force; for example, "My partner implied that he would give me gifts or other benefits if I had sex with him" and "My partner physically forced me to have sex with him"), 10 items for commitment manipulation (including tactics to portray sex as a marital duty; for example, "My partner suggested that if I loved him, I would have sex with him"), and 9 items for defection threats (includes threats of casual or permanent extramarital sex; for example, "My partner threatened to have sex with another woman if I did not have sex with him"). The frequency of coercion was measured using the following scale (adapted for the purposes of this study): 0 = did not occur; 1 = only once; 2 = some of the time; 3 = several times a month; 4 = several times a week; 5 = daily or almost daily. The higher the total score, the more sexual coercion individuals experienced from their partner. Participants were asked to respond based on the past six months and regarding only one relationship (lasting at least one month). They were also asked to pass over the gendered vocabulary of some items and to base their responses on their own relationship situation. The SCIRS demonstrated acceptable internal consistency overall (in the present study: $\alpha = 0.92$) and for each of the principal components (in the present study: $\alpha_{\text{violence}} = 0.79$; $\alpha_{\text{manipulation}} = 0.91$; $\alpha_{\text{threats}} = 0.94$).

BEHAVIORS AND ATTITUDES TOWARD SEXUAL CONSENT

¹ Nunnally and Bernstein (1994) suggest that a Cronbach's alpha of at least .70 indicates satisfactory internal consistency.

² This version of the SCIRS assesses coercion (from a male partner) experienced by a woman. Another version addresses male partners and evaluates their use of coercion tactics on female partners. In the present study, the SCIRS was distributed to both male and female participants to assess coercion tactics used by both male and female partners.

Sexual consent was assessed through a translation of the Sexual Consent Scale-Revised (SCS-R; Humphreys & Brousseau, 2010). The SCS-R is a self-report scale that assesses individual beliefs, attitudes, and behaviors regarding how sexual consent is (and should be) negotiated between sexual partners. It includes 39 items divided into five subscales: 11 items for (lack of) perceived behavioral control (e.g., "I would have difficulty asking for consent because it would spoil the mood"), 11 items for a positive attitude toward establishing consent (e.g., "I feel that sexual consent should always be obtained before the start of any sexual activity"), six items for indirect behavioral approaches to consent (e.g., "Typically I communicate sexual consent to my partner using nonverbal signals and body language"), seven items for sexual consent norms (e.g., "I think that obtaining sexual consent is more necessary in a new relationship than in a committed relationship"), and four items for sexual consent awareness and discussion (e.g., "I have discussed sexual consent issues with a friend"). The five dimensions are measured using a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores in particular subscales indicate either behaviors or attitudes in favor of or against establishing sexual consent. Participants were asked to pass over the gendered vocabulary of some items and base their scores on their own relationship situation. The SCS-R demonstrated acceptable internal consistency for each of the subscales (in the present study $\alpha_{\text{behavioral control}} = 0.87$; $\alpha_{\text{positive attitude}} = 0.87$; $\alpha_{\text{indirect behavioral approach}} = 0.77$; $\alpha_{\text{awareness}} = 0.74$), with the exception of the sexual consent norms subscale (in the present study $\alpha_{\text{norms}} = 0.70$).

ATTACHMENT STYLE

Attachment style was assessed using the brief version (ECR-12; Lafontaine et al., 2016) of the "Questionnaire sur les expériences d'attachement amoureux" (ECQ; Lafontaine & Lussier, 2003, a French translation of the Experiences in Close Relationships questionnaire, ECR; Brennan et al., 1998). The ECR-12 is a self-report scale including 12 items assessing adult attachment on two subscales; six items for abandonment anxiety (e.g., "I worry about being abandoned") and six items for intimacy avoidance (e.g., "I feel uncomfortable opening up to my partner"). Both dimensions are measured using a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The higher the score, the more abandonment anxiety and/or intimacy avoidance the individual exhibits. Participants were asked to respond based on how they generally experience their romantic relationships. The ECR-12 demonstrated acceptable internal consistency for both subscales (in the present study: $\alpha_{\text{abandonment anxiety}} = 0.81$; $\alpha_{\text{intimacy avoidance}} = 0.86$).

PROCEDURE

The data collected for this study were drawn from a web-based survey distributed between 30 March and 14 May 2022. Invitations to participate were broadly and non-selectively posted on multiple online platforms (e.g., social and professional networks, primarily in Belgian student groups) using an invitation flyer that included the study link and the inclusion criteria. To avoid initially influencing participants' perceptions regarding questions of sexual consent and sexual coercion, the study was more broadly described as research on the sexual and emotional lives of young adults and the challenges they may encounter. Additionally, the link was disseminated through word-of-mouth and snowball sampling. The questionnaire was developed in French. The experimental protocol complied with the Belgian guidelines for studies involving human beings and was approved by the Ethical

committee of the University of Liège. The data collection was conducted in accordance with the Helsinki Declaration. We complied with ethical research standards by providing information about the project and asking for consent. In order to answer any questions or deal with any inconvenience caused by the survey (feelings of discomfort, distress or danger), the researcher's e-mail address was provided at the beginning and the end of the questionnaire. Given the traumatic nature of sexual violence experiences, the contact details of specialized services for the treatment of intimate partner violence and sexual violence were provided at the end of the questionnaire, as well as the contact details of the University Psychological and Speech Therapy Clinic (University of Liège). As far as we know, none of the participants requested assistance.

DATA ANALYSIS

SAS 9.4 software (SAS Institute Inc, 2013) was used to perform the descriptive and inferential statistical analyses. First, the data file was sorted on Microsoft Excel (<https://www.microsoft.com/fr-be/microsoft-365/excel>); the mean and total scores of the scales and subscales were calculated.

We presented descriptive data for the measures used. Then, we compared the sexual coercion score, behaviors and attitudes toward sexual consent, and attachment style among genders. In order to determine if non-parametric tests needed to be considered, the normality assumption was tested for each of our variables. Due to our sample size ($n = 431$), the Kolmogorov–Smirnov test was used. Since the probabilities of exceedance were below the 0.05 uncertainty threshold, we concluded that our variables were not normally distributed. As homogeneity of variances was assumed, and parametric tests are known to be fairly robust to minor violations of normality, we employed parametric models to test our hypotheses. We performed Pearson's correlations to assess the relationships between our variables and independent-samples *t*-tests to compare these variables among genders. Only two participants did not identify themselves as either women or men. We therefore did not include them in the analysis. For information, these two participants had a total sexual coercion score of 0. Then, multiple and simple regressions were performed to test our explanatory models of sexual coercion and mental health outcomes. Cronbach's alpha was also measured for each of the scales to assess their internal consistency.

Results

DESCRIPTIVES

Regarding our primary variable of interest, the sexual victimization score on the SCIRS (Shackelford & Goetz, 2004), 52.67% of participants ($n = 227$) reported having never experienced sexual coercion in their relationship in the past six months, whereas 47.33% of participants ($n=204$) reported experiences of sexual coercion (49.08% of women and 35.47% of men). Mean score of victimization was 3.92 ($SD=8.65$) for the entire sample and 8.28 ($SD=11.06$) when considering only participants who experienced sexual coercion in their intimate relationships ($n=204$). Relationship

commitment manipulation (involving sexuality as a marital duty) was the most common type of coercive strategy. Table 3 presents the means and standard deviations for each of the sub-dimensions.

Table 3. Means and standard deviations of the SCIRS sub-dimensions scores.

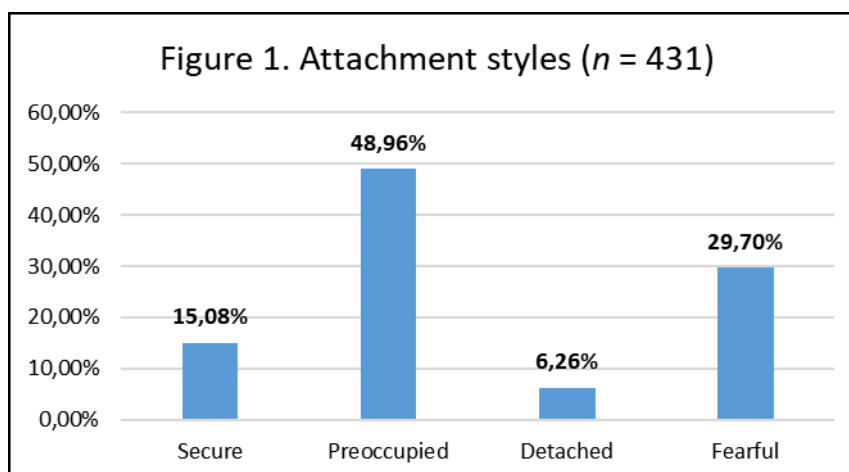
	Total (<i>n</i> = 204)		Women (<i>n</i> = 187)		Men (<i>n</i> = 17)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Manipulation of resources and violence (15 items)^a	1.22	3.00	1.18	2.85	1.76	4.38
Relationship commitment manipulation (10 items)^b	5.71	6.57	5.84	6.59	4.23	6.35
Defection threat (9 items)^c	1.34	3.74	1.20	3.54	2.88	5.39

Note. Observed ranges were [0 – 24], [0 – 40], and [0 – 18] for the total sample; [0 – 24], [0 – 40], and [0 – 18] for the women subgroup; and [0 – 18], [0 – 24], and [0 – 17] for the men subgroup.

^aAbsolute range: [0 – 75]. ^bAbsolute range: [0 – 50]. ^cAbsolute range: [0 – 45].

Regarding attitudes and behaviors toward sexual consent as assessed by the SCS-R (Humphreys & Brousseau, 2010), scores appeared relatively homogeneous across all items (*n*=431). The subscale-by-subscale analysis revealed that a majority of participants demonstrated attitudes in favor of establishing sexual consent. However, some items are more nuanced. For instance, 37.12% of participants expressed lack of confidence in seeking consent from a new sexual partner or indicated neither agreement nor disagreement with this statement. Only 57.77% of participants advocated for the necessity of verbal affirmative consent before engaging in any sexual activity, and 45.24% of participants refrained from explicitly endorsing that one should always presume the absence of sexual consent. Furthermore, 34.34% of participants entertain the perspective that not seeking sexual consent is occasionally acceptable, and 14.39% neither affirm nor negate this viewpoint. This perspective is particularly salient in the context of activities such as kissing and petting. Therefore, it appears that while a majority of participants seem to acknowledge the necessity of sexual consent, the manner and contexts in which it should be obtained vary among individuals. In practice, it seems that an indirect approach to sexual consent is favored over an explicitly verbal approach. Indeed, a predominant percentage of participants, ranging from 70.77 to 94.66%, reported employing non-verbal cues, body language, or sexual advances as a general means of communicating consent, with a perceived ease in discerning signals from their partners. Approximately 59.63% of participants asserted that they deem explicit communication of sexual consent unnecessary within their relationships due to a perceived mutual understanding, while 65.89% express confidence in their partners' ability to act appropriately. Nevertheless, only 25.06% of participants consistently seek explicit consent prior to initiating sexual activity, whereas 60.09% contested this assertion, and 14.85% remained neutral. Moreover, 56.61% of participants posit a correlation between the duration of an intimate relationship and a perceived decrease in the imperative to establish consent. Similarly, 78.65% of participants contend that the longer partners are in a committed relationship, the less likely they are to establish consent. The intimate relationship appears to be a context where consent is necessary but complex in terms of how it should be given and/or requested. It is embedded within a relational dynamic. Readers can find the detailed response frequencies to the SCS-R in the supplementary materials.

Concerning attachment, our sample was mainly characterized by an insecure type of attachment (84.92%; $n=366$), mostly marked by a high level of abandonment anxiety ($M=4.70$; $SD=1.40$) rather than a high level of intimacy avoidance ($M=2.34$; $SD=1.16$). Figure 1 displays the classification into four attachment styles within the sample. Cutoff scores are set at 3.5 for abandonment anxiety and 2.5 for intimacy avoidance (Brassard et al., 2012).



PEARSON'S CORRELATIONS OVERVIEW

To gain insight into the relationships among our variables, Pearson's correlations were conducted (see Table 4). Experienced sexual coercion was significantly and positively associated with (lack of) perceived behavioral control in negotiating sexual consent, abandonment anxiety, intimacy avoidance, as well as with depressive, anxious, and suicidal symptomatology. Positive attitudes toward establishing sexual consent were also significantly but negatively associated with experienced sexual coercion.

They were also significant associations between abandonment anxiety, intimacy avoidance and (lack of) perceived behavioral control, and sexual consent norms. Significant but negative associations are observed between these attachment dimensions and positive attitudes toward establishing sexual. Finally, abandonment anxiety was negatively correlated with awareness about sexual consent and intimacy avoidance was negatively correlated with indirect behavioral approach to consent.

SEXUAL COERCION VICTIMIZATION, SEXUAL CONSENT ATTITUDES, AND ATTACHMENT AMONG GENDERS

To compare women and men on experienced sexual coercion, independent samples t -test was performed. On average, women ($M = 4.04$, $SD = 8.59$) scored higher than men ($M = 3.15$, $SD = 9.27$). However, this difference was not statistically significant ($t(427) = 0.67$, $p = .0527$). Independent samples t -tests were also performed for each sexual coercion sub-dimension and Satterthwaite's approximation was applied, taking into account the inequality of variances within the three sub-dimensions. No statistically significant differences were observed for the manipulation of resources and violence ($t(54.27) = -0.12$, $p = .9065$), and defection threat ($t(53.68) = -0.84$, $p = .4060$) sub-

dimensions. However, women ($M = 2.87$, $SD = 5.46$) scored on average higher than men ($M = 1.50$, $SD = 4.23$) in the relationship commitment manipulation type of sexual coercion. This difference was statistically significant ($t(68.38) = 2.04$, $p = .0455$).

Table 4. Pearson's correlations.

	Coer.	Aban.	Avoi.	Cont.	Atti.	Indi.	Norm.	Awar.	Anxi.	Depr.	Suic.
Coer.	-										
Aban.	.10 *	-									
Evit.	.29 ***	.18 ***	-								
Cont.	.24 ***	.21 ***	.31 ***	-							
Atti.	-.11 *	-.11 *	-.11 *	-.45 ***	-						
Indi.	-.02	.08	-.12 **	.22 ***	-.35 ***	-					
Norm.	.06	.16 **	.07	.18 **	-.16 **	.41 ***	-				
Awar.	-.03	-.11 *	-.04	-.29 ***	.39 ***	-.19 ***	-.09	-			
Anxi.	.12 *	.40 ***	.17 **	.17 **	.01	-.03	-.01	.01	-		
Depr.	.10 *	.34 ***	.27 ***	.23 ***	-.13 **	-.02	.03	-.01	.50 ***	-	
Suic.	.18 **	.29 ***	.24 ***	.11 *	-.01	-.06	.00	.06	.41 ***	.37 ***	-

Note. $n = 431$. Coer = Sexual coercion. Aban = abandonment anxiety. Avoi = Avoidance of intimacy. Cont = (Lack of) Perceived behavioral control. Atti = Positive attitude towards establishing consent. Indi = Indirect behavioral approach to consent. Norm = Sexual consent norms. Awar = Awareness and discussion. Anxi = Anxiety. Depr = Depression. Suic = Suicidal symptomatology.

* $p < .05$. ** $p < .01$. *** $p < .0001$.

To compare women and men on sexual consent attitudes, independent samples t -tests were performed for each subscales. No statistically significant differences were observed for perceived behavioral control ($t(427) = -0.27$, $p = .8018$), positive attitudes ($t(427) = 0.98$, $p = .3298$), indirect behavioral approach ($t(427) = 0.67$, $p = .5014$), sexual consent norms ($t(427) = -0.74$, $p = .4575$), and awareness ($t(427) = -1.48$, $p = .1408$). Table 5 displays the means and standard deviations for each subscale.

To compare women and men on attachment dimensions, independent-samples t -tests were performed. No statistically significant difference was observed for either abandonment anxiety ($t(427) = 0.90$, $p = .3688$) or intimacy avoidance ($t(427) = 0.04$, $p = .9704$). The means for men and women were nearly identical for both abandonment anxiety ($M_{\text{women}} = 4.73$, $SD_{\text{women}} = 1.38$; $M_{\text{men}} = 4.54$, $SD_{\text{men}} = 1.56$) and intimacy avoidance ($M_{\text{women}} = 2.34$, $SD_{\text{women}} = 1.16$; $M_{\text{men}} = 2.34$, $SD_{\text{men}} = 1.15$).

Table 5. Means and standard deviations of the SCS-R sub-dimensions scores within genders.

	Total (<i>n</i> = 431)		Women (<i>n</i> = 381)		Men (<i>n</i> = 48)		Others (<i>n</i> = 2)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Cont.^a	22.03	11.21	22.03	11.24	22.46	11.11	13.50	0.71
Atti.^b	58.84	12.11	58.97	11.91	57.17	13.47	74.00	0.00
Indi.^c	31.94	7.22	32.08	7.22	31.33	7.14	21.50	2.12
Norm.^d	29.97	7.76	29.88	7.77	30.77	7.88	27.00	2.83
Awar.^e	17.84	6.67	17.66	6.79	19.17	5.59	20.00	2.83

Note. Cont = (Lack of) Perceived behavioral control. Atti = Positive attitude towards establishing consent. Indi = Indirect behavioral approach to consent. Norm = Sexual consent norms. Awar = Awareness and discussion.

^aAbsolute range: [11 – 77]. ^bAbsolute range: [11 – 77]. ^cAbsolute range: [6 – 42]. ^dAbsolute range: [7 – 49]. ^eAbsolute range: [4 – 28]

PREDICTIVE MODEL OF SEXUAL COERCION IN THE RELATIONSHIP

A multiple linear regression was used to determine whether scores of sexual consent and attachment could predict sexual coercion (Fig. 2). Analyses showed that the model did explain a significant amount of the variance in the experienced sexual coercion score ($F(7, 423) = 7.77, p < .001, R^2 = 0.1140, R^2_{\text{adjusted}} = 0.0675$). Perceived behavioral control and intimacy avoidance scores were significant predictors of sexual coercion. In contrast, the other variables were not significant predictors of experienced sexual coercion score. Table 6 presents the regression results.

Figure 2. Modeling the Links Between (i) Sexual Coercion Victimization, Sexual Consent Attitudes, and Attachment, and (ii) Sexual Coercion Victimization and Mental Health Outcomes

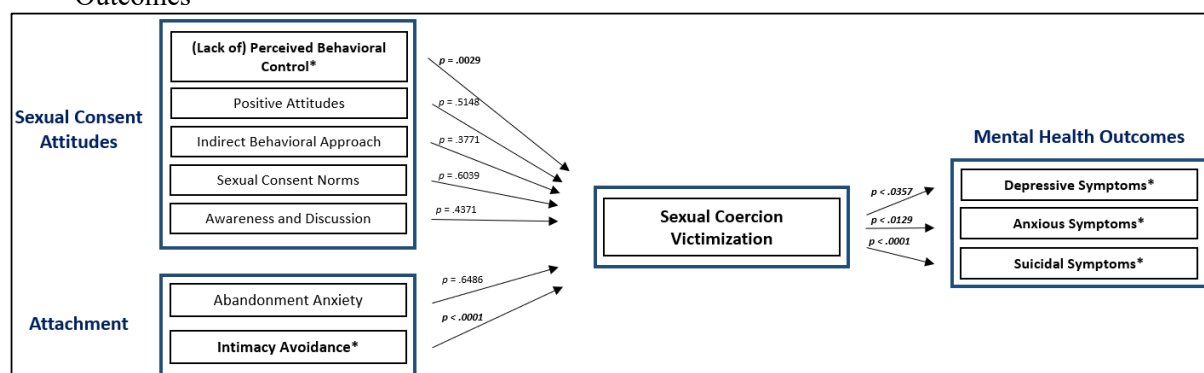


Table 6. Multiple regression *t*-test results for sexual coercion victimization.

	β	t-Statistic	Probability of exceedance
Cont.	$\beta = 0.13$	$t(430) = 2.99$	$p = .0029$
Atti.	$\beta = -0.03$	$t(430) = -0.65$	$p = .5148$
Indi.	$\beta = -0.06$	$t(430) = -0.88$	$p = .3771$
Norm.	$\beta = 0.03$	$t(430) = 0.52$	$p = .6039$
Awar.	$\beta = 0.05$	$t(430) = 0.78$	$p = .4371$
Aban.	$\beta = 0.13$	$t(430) = 0.46$	$p = .6486$
Avoi.	$\beta = 1.71$	$t(430) = 4.58$	$p < .0001$

Note. Cont. = (Lack of) Perceived behavioral control. Atti = Positive attitude towards establishing consent. Indi = Indirect behavioral approach to consent. Norm = Sexual consent norms. Awar = Awareness and discussion. Aban = abandonment anxiety. Avoi = Avoidance of intimacy.

SEXUAL COERCION AND (MENTAL) HEALTH OUTCOMES

Health-related variables were assessed to determine the negative outcomes of experienced sexual coercions within the relationship. In general, 58.24% ($n = 251$) of the participants perceived their physical health as fairly good, 20.88% ($n = 90$) perceived it as very good, 18.56% ($n = 80$) perceived it as fragile, and 2.32% ($n = 10$) perceived it as poor. 26.22% ($n = 113$) had a chronic illness or disability, including 41.59% ($n = 47$) of participants suffering from allergies, 22.12% ($n = 25$) from asthma, and 9.73% ($n = 11$) from endometriosis.

Regarding mental health as assessed by the HAD (Zigmond & Snaith, 1983), 33.18% ($n = 143$) displayed a significant level of anxious symptoms ($M = 9.00$; $SD = 4.13$) and 16.94% ($n = 73$) displayed a significant level of depressive symptoms ($M = 6.77$; $SD = 3.55$). Regarding suicidal symptomatology, 45.71% ($n = 197$) had had thoughts of death, 34.57% ($n = 149$) had thought of ending their lives, 16.24% ($n = 70$) had had the intention to do so, and 8.12% ($n = 35$) had tried.

Simple linear regressions were used to predict mental health outcomes using their experienced sexual coercion score (Fig. 2). Analyses showed that the sexual coercion scores did explain a significant amount of the variance in the depressive symptoms scores ($F(1, 429) = 4.44$, $p < .357$, $R^2 = 0.0102$, $R^2_{\text{adjusted}} = 0.0079$), anxious symptoms scores ($F(1, 429) = 6.24$, $p < .129$, $R^2 = 0.0143$, $R^2_{\text{adjusted}} = 0.0120$), and suicidal symptoms scores ($F(1, 429) = 14.70$, $p < .001$, $R = 0.0331$, $R^2_{\text{adjusted}} = 0.0308$). Table 7 presents the regressions results.

Table 7. Simple linear regressions *t*-tests results for mental health outcomes.

	β	t-Statistic	Probability of exceedance
Coer. – depr.	$\beta = 0.04$	$t(430) = 2.11$	$p = .0357$
Coer. – anxi.	$\beta = 0.06$	$t(430) = 2.50$	$p = .0129$
Coer. – suic.	$\beta = 0.05$	$t(430) = 3.83$	$p < .0001$

Note. Coer. = Sexual coercion victimization. depr = Depressive symptoms. Anxi = Anxious symptoms. Suic. = Suicidal symptoms.

Discussion

While there has been a growing interest in recent years within the scientific community in studying sexual violence and coercion within intimate partner relationships, this type of violence remains understudied relative to the magnitude of the problem, though the current manuscript represents a step in seeking to address this gap. This study aimed to examine these forms of violence among young adults, in association with sexual consent attitudes and romantic attachment. It also measured the extent of the phenomenon in terms of sexual coercion and sexual consent on the eve of the implementation of a new reform to Belgium's sexual criminal law (effective June 1, 2022).

SEXUAL CONSENT ATTITUDES AS RISK FACTOR OF SEXUAL COERCION VICTIMIZATION

A particular emphasis was placed on attitudes toward sexual consent, which constitutes a central issue to both criminal and prevention policies implemented to combat sexual violence. Among this study's most important findings was that a lack of perceived behavioral control (LPBC) in establishing sexual consent was a predictor of sexual victimization between partners. This concept refers to an individuals' sense of self-efficacy regarding their ability to establish sexual consent under the right circumstances. An LPBC results from attitudes such as being too shy to dare to ask for or give sexual consent, thinking it would spoil the mood, fearing that it would look weird, or that it would reduce pleasure (Humphreys & Brousseau, 2010). This result suggests that while a majority of young people endorse general positive attitudes toward sexual consent, a discrepancy is observed at the behavioral level. It appears important to focus, particularly in prevention programs, on the more subtle dimensions of consent that do not pertain to the general validity and adherence to sexual consent but rather to how young individuals may feel capable of translating these attitudes into behaviors with the aim of effectively establishing or negotiating sexual consent with their intimate partners. This finding is consistent with the theory of planned behavior (Ajzen, 1985) on which the measurement scale is based, as an LPBC is the only component both associated with the intention to perform the behavior, but also directly associated with the performance of the behavior itself (here, sexual consent establishment). In theory, the other subscales should be indirectly associated with sexual coercion through the intention to establish sexual consent, which would avoid ambiguous situations and misunderstandings (Jozkowski et al., 2014; Walsh et al., 2021).

Although positive attitudes toward establishing sexual consent were not significant predictor, they were also correlated with a reduction in sexual coercion. Presumably, such an attitude partially fosters a greater sense of self-efficacy in establishing sexual consent in a relationship. As demonstrated by Fritz ([2022](#)), attitudes, subjective norms, and perceived behavioral control fully mediate the relationship between exposure to sexual assault preventive and educational messaging and the intention to negotiate sexual consent. Prevention programs based on affirmative sexual consent should therefore be implemented in the educational trajectories of young adults and take into account interactions between intimate partners, in a dyadic perspective. Indeed, descriptive data showed that few participants discussed or thought about the topic of sexual consent. While most participants generally agreed with the belief that establishing sexual consent is important, there was little agreement on the attitudes supporting action, especially in the case of affirmative verbal consent. This is particularly important, since the new sexual criminal law in Belgium uses this framework to classify sexual offences. To make sense, it must be able to relate to youth's own experiences and representations.

The intricacies are heightened in the intimate realm of couples, as results indicate that young adults frequently convey consent through indirect behavioral cues and demonstrate a reliance on their partner to interpret them accurately. These behaviors are underpinned by a normative belief suggesting that the necessity of explicitly establishing consent diminishes over the course of a relationship. It appears that sexual consent then operates in a specific way and is embedded within a relational dynamic. Cultural codes related to gender, couple dynamics, and heteronormativity are factors that could influence how "normal consent" might be perceived within a couple. The complexity increases further when some behaviors are considered "given" in the intimate sphere, such as affectionate gestures, cuddling, kissing, and caressing. How, then, does one navigate asking for or giving consent for behaviors that are socially normalized and viewed as romantic? More complex statistical models should be considered to explore these attitudinal factors in a more robust way, but our finding suggests that attitudes toward sexual consent are necessary but not sufficient to foster a culture of consent. Emphasis should also be placed on changes in behavior and the perceived efficacy of young individuals (as well as internalized social norms) in actively establishing consent in their relationships.

Sexual assertiveness, which other authors have linked to LPBC, may represent a noteworthy construct in this regard. The latter is defined by Loshek and Terrel ([2015](#)) as an individual's ability to initiate and communicate desired sexual relationships, refuse unwanted sexual activities, and communicate about sexual history and risks. Humphreys and Brousseau ([2010](#)) have demonstrated that the more an individual's openness, communication, and comfort about sexuality increase, the more likely they are to perceive themselves as having the skills necessary to negotiate sexual consent. Other results associated sexual assertiveness with behaviors promoting sexual consent and less sexual compliance (Darden et al., [2019](#)) through more affirmative communication of sexual consent (McKenna et al., [2021a](#)). Sexual assertiveness is therefore an important predictor of attitudes and behaviors in favor of sexual consent (McKenna et al., [2021b](#)). Fostering sexual assertiveness seems particularly important in intimate relationships, as sexual consent behaviors are underpinned by normative beliefs supporting indirect approach of consent. While an indisputable consensus is gradually forming in our societies regarding the necessity of obtaining consent for sexual activities,

thereby providing a clearly established explicit framework, this is less clear and grounded in the context of intimate relationships. Consequently, sexual coercion is observed as a subtle means of diverting consent. Moreover, relationships must also contend with an underlying attachment system that intertwines with the sexual system.

ATTACHMENT AS A RISK FACTOR FOR SEXUAL COERCION VICTIMIZATION

As another predictor of sexual victimization, intimacy avoidance is the second major finding of our study. Consistent with the literature (see in particular: Gosselin et al., [2005](#); Velotti et al., [2018](#)), our statistical analyses showed a predictive link between insecure attachment and sexual coercion experienced in a relationship. However, in contrast with the majority of studies, it was individuals whose attachment orientation was marked by high levels of intimacy avoidance who were at greater risk of experiencing sexual coercion, rather than those displaying abandonment anxiety. Our findings thus concur with those of Dugal et al., ([2021](#), see also Kesner & McKenry, [1998](#)) and emphasize the importance of intimacy avoidance in sexual victimization within intimate relationships. This association could be explained by the avoidance of situations of emotional and sexual closeness, in response to which a partner might exert pressure to fulfill unmet sexual desires (Brassard et al., [2007](#)). When intimacy needs and/or expectations are not met, feelings of anxiety, anger or sadness can lead to coercive or threatening behaviors toward the romantic partner (Fernet et al., [2023](#)). Intimacy avoidance also increases the risk of poor conflict management strategies (Cherrier et al., [2023](#)) and dysfunctional communication patterns (Bonache et al., [2019](#); Brassard et al., [2017](#); Dugal et al., [2021](#)).

The inconsistency of studies in demonstrating predictive links between abandonment anxiety and experienced sexual coercion could be due to more complex indirect associations (Paradis-Lavallée, [2020](#)), the measurement tools used (IPV assessment in general or more specific measures, including subtle forms of sexual coercion), or particular characteristics inherent to the samples analyzed (e.g., university students, dyads, relationship duration, etc.). This could also be explained by the fact that the measurement scale used includes partner pressure strategies, which lead to an external attribution of responsibility. These may less correspond to how individuals with abandonment anxiety themselves might feel internally motivated to satisfy their partner's desires, aligning more with the concept of sexual compliance (Pugh & Becker, [2018](#)). Faced with the partner's desire, even in the absence of personal desire, anxious individuals may feel compelled to respond in order to foster the necessary emotional closeness for their sense of security or to prevent the partner from distancing themselves or displaying signs of disappointment or rejection. These more implicit forms of constraint highlight additional gray areas surrounding the concepts of sexual consent and sexual coercion. Sexual assertiveness, and more broadly relational assertiveness, could enable these individuals to meta-communicate about their needs, desires, and underlying constraints within a dyadic perspective that considers both partners. The same applies to perpetrators of sexual coercion; it is known that sexual violence is often associated with deficits in intimacy management and social skills (Martin & Tardif, [2014](#)). Therefore, it is crucial to strengthen relational skills to enable partners to explore and navigate healthy mutually consensual sexuality.

PREVALENCE OF SEXUAL COERCION VICTIMIZATION

Our sample consisted of 431 emerging adults, 88.40% of women, 11.14% of men, and 0.46% of participants who did not identify themselves as a woman or man. In the overall sample, 47.33% (49.08% of women and 35.47% of men) reported experiences of sexual coercion in their relationship in the past six months. These rates are relatively high, probably because the measures did not focus on the sexual acts but on the coercive strategies employed. Students in transition to adulthood have also been identified as a population, particularly at risk of sexual coercion (Benbouriche & Parent, [2018](#); Forbes & Adam-Curtis, [2001](#); Muehlenhard et al., [2016](#)). Furthermore, it is possible that a majority of respondents had been previously concerned or familiar with issues of sexual consent and coercion. Highly similar rates of sexual victimization were demonstrated by Breiding et al. ([2014](#)) regarding sexual coercion experienced in general, but remain quite rare in other studies focusing on intimate relationships (see in particular: Brousseau et al., [2011](#); Jeffrey & Barata, [2021](#)). The considerable variance observed in the prevalence rates is thought to be primarily due to the variety of tools and definitions of sexual victimization used by researchers (Bagwell-Gray et al., [2015](#)). Nevertheless, our findings underline the importance of taking sexual coercion strategies seriously in the specific context of couples.

Unlike other studies (see especially Brousseau et al., [2011](#); Glowacz et al., [2018](#); Hall & Knox, [2013](#); Poitras & Lavoie, [1995](#); Serquina-Ramiro, [2005](#)), statistical analyses did not show a greater risk of sexual coercion in women. A gender symmetry is observed for victimization during this transitional period into adulthood, similar to what is observed in dating violence among adolescents (Courtain & Glowacz, [2018](#); Fernández-Fuertes et al., [2018](#)). However, this does not imply that women and men experience the same forms or severity of sexual coercion strategies. Results revealed that women significantly experienced more coercion related to manipulation concerning relational commitment and the associated expectations of sexual duty. This appears consistent with gender and sexual roles, wherein women are expected to conform to their male partner's sexuality. An unanswered question is understanding the tipping point between the gender symmetry observed in youth and the asymmetry seen in intimate partner violence among adults. It is likely that gendered socialization, characterized by a power imbalance between men and women, plays a role in this shift that may occur during the transition to adulthood. Note, however, that gender symmetry is also observed in some studies with an adult population (Bonnet, [2015](#); Straus & Gelles, [1986](#); Tolan et al., [2006](#)). In this case, the focus would be more on the dysfunctional relational dynamics of the couple rather than gender inequality. As our results demonstrate, consent within an intimate partner relationship appears to be embedded within a broader relational dynamic and therefore must consider the quality and functionality of interactions between partners. However, these conclusions should be interpreted with caution due to sampling bias and the very small number of men who participated in this study ($n = 48$). It is nevertheless interesting to note that men are also victims and should therefore not be excluded from research carried out in the field, nor from the concern of clinicians and practitioners.

MENTAL HEALTH OUTCOMES

Our study also aimed to explore the mental health outcomes of sexual coercion victimization within the specific context of intimate relationships, which has been understudied. Consistent with many studies (see among others French et al., [2015](#); Keygnaert et al., [2021](#); Laskey et al., [2019](#)), sexual coercion victimization predicted depressive, anxious, and suicidal symptoms. These findings are important as they demonstrate that major impacts are associated with subtle coercive acts that are often normalized and legitimized in our societies (Gavey, [2005](#); Johnstone, [2016](#)); the study and prevention of sexual coercion within intimate relationships thus emerge as a public health imperative. It should be noted that our sample showed relatively high prevalence rates of suicidal symptomatology, with 45.71% of participants having had thoughts of death, 34.57% having thought about ending their lives, 16.24% having intended to do so, and 8.12% having attempted to end their lives. The increase in suicidal symptoms related to the recent Covid-19 pandemic (Czeisler et al., [2020](#)) could potentially explain these rates, particularly among a sample of young students in transition to adulthood (Glowacz & Schmits, [2020](#); Schmits & Glowacz, [2022](#)).

It is conceivable that these suicidal symptoms are associated with the pronounced propensity in the sample to display an insecure attachment. Secure attachment represents around 50% of the general population, detached and preoccupied styles group around 15–20%, and the fearful style represents between 10 and 20% (Brassard et al., [2017](#)). However, our sample included only 15% of secure individuals, with a majority of preoccupied attachment style. These significant rates of abandonment anxiety are likely associated with our overall findings, particularly in relation to high levels of victimization rates and mental health symptoms. It is plausible that this type of research on sexual coercion may have particularly attracted respondents with abandonment anxiety, as difficulties in intimate relationships are a concern for these individuals. Conversely, more detached profiles would be more inclined to avoid intimacy-related questions. In any case, this may reflect a predisposition to relational difficulties, particularly in the sphere of relationships between intimate partners. Indeed, insecure orientation weakens an individual's ability to regulate negative emotions, manage conflicts and difficulties in the relationship, and cope with adversity. Other authors have already highlighted the mediating role of some coping strategies on the anxiety-depressive impacts of IPV (Calvete et al., [2008](#)). Intimacy avoidance and abandonment anxiety were both significantly correlated with suicidal, anxious, and depressive symptoms. Consequently, these two dimensions probably moderate/mediate the association between sexual victimization and these symptoms (Brassard et al., [2017](#); Bruno et al., [2019](#)).

IMPLICATIONS FOR PREVENTION

Achieving healthy sexual and romantic relationships is a major developmental milestone for adolescents and young adults. Yet, primary prevention targets are still understudied in this field (Couture et al., [2023](#)). Our results highlight the importance of taking relational and attachment dynamics into account in prevention programs and promoting healthy intimate relationship education. These findings also prompt reflection on how intimacy among young adults should be reconsidered in the era of social media. These online platforms offer opportunities for new relational modalities and serve as a setting for the staging of intimacy, with developmental potential but also a risk of violent

transactions, especially of a sexual and sexist nature (Glowacz et al., [2021](#)). Navigating the conceptualization and management of intimacy in contemporary contexts, and integrating it into prevention programs alongside the broader psychosocial skills associated with it (Cherrier et al., [2023](#)), emerges as a crucial consideration. Rather than focusing solely on the risks, preventive policies should promote positive aspects of sexuality based on what young adults experience in real life (Guyon et al., [2022](#)), thus allowing them to develop skills and assertiveness (particularly the ability to discuss and negotiate sexuality) in their intimate relationships (Couture et al., [2023](#); Fernet et al., [2023](#)). Many prevention programs currently focus on different targets, but few of them have been scientifically validated. In their meta-analysis, Anderson and Whiston ([2005](#)) showed the effectiveness of programs treating general information about sexuality and sexual coercion, (false) beliefs, and strategies to reduce one's risk. However, if these programs promote greater awareness and an ability to understand and identify situations of sexual coercion, they do not necessarily foster better perceived behavioral control and a sense of sexual assertiveness (Fuertes Martin et al., [2013](#)), which nevertheless appear to be essential targets.

Studies on violent behaviors, particularly in the realm of intimate partner violence and sexual violence, typically focus either on perpetration or victimization. In this study, we have chosen to concentrate on victimization in an attempt to model the links between sexual coercion, sexual consent, attachment, and mental health among victims. However, this does not imply any form of victim blaming but rather underscores a research focus on the victim's intrapersonal aspects. More research should be conducted on interindividual and dyadic aspects, and our model should be tested with sexual coercion perpetrators. The contemplated prevention strategies should also encompass predispositions and factors related to these individuals who engage in sexual coercion. Various prevention targets among perpetrators have been highlighted, including adherence to rape myths (Trottier et al., [2021](#), which are rooted in a gendered perspective of sexual scripts), the need for control and power (also found as a risk factor for IPV in adults), normative beliefs regarding sexual coercion, hostile sexism (Fernández-Fuertes et al., [2018](#)), and alcohol-use including alcohol-related cognitive factors (Bonneville & Trottier, [2021](#)). Sexual consent also appears to play a role in the sexual coercion perpetration, as demonstrated by Zinzow and Thompson ([2019](#)). Their study revealed that the endorsement of active verbal consent was negatively associated with the perpetration of sexual abuse, whereas the endorsement of passive consent ("no means no" standard) was strongly associated with the perpetration of coercive sexual abuse. Similarly, attachment appears to be an equally relevant target for perpetrators prevention. The meta-analysis by Karantzas et al. ([2016](#)) demonstrated a significant link between intimacy avoidance and sexual coercion perpetration. This association may be explained by the attitudes and predispositions of these individuals, who engage in sexual activities with little regard for the emotional states and vulnerability of their partners, as well as the desire to maintain control in the relationship to avoid any state of dependence. These various avenues, highlighted by other authors, are crucial to consider in the study of sexual coercion and sexual consent, as it is important to remember that there are no victims without perpetrators.

LIMITATIONS

The present study had several limitations, such as it being based on a non-representative sample with an overrepresentation of heterosexual women (which is common in online

questionnaires; Smith, [2008](#)) and students in higher education. More precarious populations may also be less accessible through our method of data collection, as well as clinical populations or victims of the most severe forms of IPSV (Kaukinen, [2020](#); Straus et al., [1996](#)). Our results therefore appear to have little generalizability. Further research should replicate this study with a more representative sample. Also, exploratory data on representations of sexual consent should be collected from older age groups given the over-representation of emerging adults in the literature.

Another limitation of our study pertains to the measurement scales used in our questionnaire, the French translation of which has not been empirically validated for sexual consent and sexual coercion. These two scales included gendered vocabulary, which despite the instructions given could have led to some confusion among participants who were not female victims of a male partner. Several criticisms were made in the additional comments, indicating resistance to heteronormative considerations among emerging adults, and they called for greater inclusiveness in terms of gender and sexual orientation. Thus, future research should consider LGBTQIA+ populations and adopt an intersectional perspective (Barrios et al., [2021](#)). Our questionnaire also had a high dropout rate, particularly on the sexual consent and sexual coercion scales, containing 39 and 34 items, respectively, which could have resulted from feelings of repetition, weariness, and length, as evidenced by the additional comments. The terms used to designate sexual activities (e.g., "relation sexuelle" or "rapport sexuel") should also be specified and clarified to reflect their diversity.

Finally, we highlighted that our variables, including attachment, are connected to a variety of other psychosocial and relational concepts and constructs, such as emotional regulation, conflict resolution strategies, communication skills, etc. However, we did not include these third-party variables in our study. Therefore, further research should incorporate these variables into the modeling of the links between sexual coercion among relationships, attachment, and sexual consent, using more complex statistical models.

Conclusions

This study contributes to the development of knowledge about sexual coercion and offers a better understanding of the predictive factors of sexual victimization within couples, its impacts, and the links between sexual consent, attachment and sexual coercion. It also provides a set of descriptive data on the extent of the phenomenon, as well as on beliefs and attitudes toward sexual consent on the emerging adult population in Belgium. The results highlight the relevance of affirmative consent standards in the prevention of sexual violence and coercion in line with the new reform of the sexual criminal law, where consent becomes central to the prosecution of sexual offenses. However, merely adhering to general consent norms does not appear to be sufficient in preventing victimization within the specific context of intimate partner relationships. Normative beliefs, in fact, endorse a reduced necessity for explicit consent within committed and long-term relationships, favoring instead a model of implicit consent primary based on the interpretation of bodily signals. Our results suggest that public prevention policies should be considered to raise awareness about the importance of establishing sexual consent, including within intimate relationships. The prevention programs should promote positive attitudes toward sexual consent, and target the more subtle dimensions of consent, such as

the sense of efficacy in negotiating, establishing, and discussing sexual consent and its implications with one's partner. Attachment dynamics, particularly those related to the management of intimacy, also emerge as relevant and necessary prevention targets to consider in relationships. While the reform of sexual criminal law provides an explicit framework around sexual consent and sexual violence, it may not necessarily align with the lived realities of these young adults, whose sexual relationships may exist in gray areas where consent can be subtly coerced. Nevertheless, our results also emphasize that these forms of sexual coercion, although not penalized and frequently normalized in our Western societies, exhibit significant prevalence rates and are associated with substantial impacts on mental health. This evidence encourages the shift from a rape culture to a culture of consent, no longer limited to the resistance of the victim but to the active communication between partners within the relationship.

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