

Sexual Coercion Risk and Women's Sport Participation

Authors' contribution:

- A) conception and design of the study
- B) acquisition of data
- C) analysis and interpretation of data
- D) manuscript preparation
- E) obtaining funding

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ABSTRACT

Sexual coercion affects approximately 58% of college-age females. Victims of sexual coercion often share similar characteristics, such as lower self-esteem, lower assertiveness, higher depressive symptoms, higher alcohol use, increased number of sexual partners, more romantic relationships, prior victimization, and relationship insecurity. Female athletes, on the other hand, have in common such protective factors as higher self-esteem, higher assertiveness, lower alcohol use, and fewer sexual partners. These, then, are assumed to guard against sexual coercion. The purpose of this study was to determine if female athletes were at a lower risk for sexual coercion and whether differences existed in levels of assertiveness, sexual assertiveness, self-esteem, sexual esteem, alcohol use, and the number of sexual partners. Participants included 174 college females (aged 19.94 ± 1.87 years). Participants were identified as an athlete if they reported a history of at least three years of athletic involvement and described themselves as either a high school athlete or having participated in competitive sports ($n=125$). From among all the participants, 49 were classified as non-athletes. Data demonstrated no differences in either forced or coerced sexual contact history. Athletes and non-athletes differed neither in global nor sexual self-esteem, nor did they differ in global or sexual assertiveness. There was a significant difference across the groups in alcohol use: athletes scored higher on the AUDIT than non-athletes. The number of years of sport involvement positively correlated with the level of alcohol use. Athletes and non-athletes reported similar numbers of sexual partners. The findings of this study imply that athletics may indirectly place females at risk for sexual coercion through an association with higher alcohol use.

KEYWORDS

self-esteem, assertiveness, alcohol consumption, sexual behavior

Introduction

Sexual coercion is a serious issue on the college campus and may affect up to 28% of the female student population (Larimer, Lydum, Anderson, & Turner, 1999). Completed sexual coercion is "any situation in which one person uses verbal or physical means (including the administration of drugs or alcohol, with or without the other person's consent) to obtain sexual activity without consent" (Adams-Curtis & Forbes, 2004). Although refraining from sexual victimization is the responsibility of the potential perpetrator as a social imperative, it may also benefit prevention efforts to identify and understand characteristics and behaviors that may increase a woman's risk for victimization. Recognizing victim characteristics and reinforcing protective factors may serve as an avenue for sexual coercion prevention.

Personality characteristics of female victims of sexual coercion include lower self-esteem, lower assertiveness, higher depressive symptoms, higher alcohol use, relationship insecurity, and belief in males having high sexual

accessibility (Hartwick, Desmarais, & Hennig, 2007; Greene & Navarro, 1998; Offman & Matheson, 2004; Testa & Dermen, 1999; Zweig, Crockett, Sayer, & Vicary, 1999). Studies are inconclusive in distinguishing how these factors differ in relationship to the degree of sexual victimization experienced. Regardless, all of these qualities increase an individual's vulnerability. Lower self-esteem and higher depressive symptoms may be associated with negative sexual self-perception (Offman & Matheson, 2004). Negative sexual self-perception may cause a woman to view her partner's sexual needs as being more important than her own; lower self-esteem and higher depressive symptoms may act as either the cause or the effect.

Behavioral factors such as higher alcohol use, an increased number of sexual partners, more romantic relationships, more provocative dress, and prior victimization are also associated with sexual coercion. In certain women, prior victimization might serve as a precipitant for the other victimization risk factors (Greene & Navarro, 1998). Traumatic sexualization describes a psychosocial process wherein victimized females develop undesirable behaviors and characteristics such as lower self-esteem, lower assertiveness, higher symptoms of depression, higher alcohol use, an increased number of sexual partners, and relationship insecurity. All of these factors contribute to future victimization.

While certain subgroups of females may exhibit these risk factors, other subgroups possess protective factors against sexual coercion. While some studies have shown that college female athletes use alcohol less than other student populations, others have found that female athletes may be at a higher risk for binge drinking due to a strong need for social approval (Evans, Weinberg, & Jackson, 1992; Ford, 2007; Prichard, Milligan, Elgin, Rush, & Shea, 2007; Waldron & Krane, 2005; Wilson, Pritchard, & Schaffer, 2004). For example, Wilson et al. (2004) found that female athletes drank in lower quantities and to intoxication less often than female non-athletes, male athletes, and male non-athletes. On the other hand, Waldron & Krane (2005) suggested that female athletes binge drink at higher rates than in the past due to overconformity to the culture of sport. In addition to alcohol use, some studies have found that female athletes have elevated levels of self-esteem (Dodge & Jaccard, 2002; Ellis, Riley, & Gordon, 2003; Hall, Durborow, & Progen, 1986). Women in athletics view higher self-esteem as a by-product of sport participation (Ellis et al., 2003). The athletic environment encourages females to exhibit both feminine and masculine qualities, which empowers them with a distinct plasticity resulting in higher self-esteem (Del Rey & Sheppard, 1981). In line with higher self-esteem, female athletes at the high school level have been shown to engage in less risky sexual behavior (Dodge & Jaccard, 2002; Miller, Sabo, Farrell, Barnes, & Melnick, 1998). For example, an adolescent's fear of pregnancy is greater in athletes than non-athletes because pregnancy would be a hindrance to sport participation.

Assertiveness is another important quality that may help guard against sexual coercion. Aggression refers to a spoken or physical action designed to hurt another person, while assertiveness uses powerful and confident actions to obtain a goal without causing harm to another individual (Shapcott, Bloom, & Loughhead, 2007). Shapcott et al. (2007) made it clear that female ice hockey players held positive attitudes towards aggression and assertiveness and believed both were necessary in order to win. The females also indicated feelings of pleasure when acting aggressively or assertively. Also, competitive swimmers have demonstrated higher levels of aggression and authoritarianism than recreational or non-swimmers (Riddick, 1984). Assertiveness is an important quality that may help guard against sexual coercion (Greene & Navarro, 1998).

It was conjectured here that differences in self-esteem and assertiveness between athletic and non-athletic women noted in previous studies would affect risk of sexual coercion, reducing the frequency of coercion. Specifically, it was hypothesized that female athletes and female non-athletes would differ in global self-esteem, sexual esteem, global assertiveness, sexual assertiveness, alcohol use, and number of sexual partners. A follow-on hypothesis was that female athletes would be at a lower risk for sexual coercion, which would be indicated by fewer reports of experiencing coercive events.

Methods

Participants

Participants comprised 174 female college students between the ages of 18 and 25 years. Participants were classified as an athlete if they reported a history of at least three years of athletic involvement and described themselves as either a high-school athlete or having participated in competitive sports. Fifteen participants were NCAA Division II female athletes competing in soccer, softball, tennis, basketball, volleyball, cycling, and cross-country. Table 2 presents the demographics of the total sample and subsamples of athletes and non-athletes. The ethnic/racial composition differed across the groups of athletes and non-athletes: χ^2 (df=4)=19.89, $p=0.0005$. Athletes more frequently reported a history of sexual activity than non-athletes: χ^2 (df=1)=4.37, $p=0.04$. No other descriptive variables differed across the group of athletes and non-athletes.

Measures

The *Demographic Questionnaire* included direct questions regarding age, ethnicity, number of sexual partners, age of first intercourse, number of sexual experiences, sport affiliation, affiliation with a sorority organization, parent's social economic status, parent's education level, dating experience, and sexual orientation.

The *Rosenberg Self-Esteem Scale (RSE)* is a 10-item questionnaire that assesses global self-esteem (Rosenberg, 1965). Each item is scored on a 4-point Likert scale ranging from 1 = strongly disagree to 4 = strongly agree.

The *Rathus Assertiveness Schedule (RAS)* is a 30-item inventory that measures global assertiveness (Rathus, 1973). The RAS uses a 6-point Likert scale with responses ranging from -3 ("unlike my character, it is not completely true") to +3 ("just like my character, it is very much true"), without zero. A lower score indicates a lower level of assertiveness, while a higher score translates into a greater level of assertiveness.

The *Multidimensional Sexual Self-Concept Questionnaire (MSSCQ)* is a 100-item inventory that measures several dimensions of self-concept regarding one's sexuality (Snell, 1995). This study used the sexual assertiveness (i.e. "I'm very assertive about the sexual aspects of my life") and sexual self-esteem (i.e. "When it comes to sex, I usually ask for what I want") subscales. Each question is scored on a 5-point Likert scale ranging from 0-4, for a total scoring range of 0-400.

Sexual Experiences Survey (SES) is a 10-item questionnaire designed to identify victims of sexual aggression (Koss, Abbey, Campbell, Cook, Norris, Ullman, West, & White, 2007). This measure uses a 4-point Likert scale with choices ranging from 0 (not in the past year) to 4 (three or more times). If a participant denied victimization on all questions, they were not considered a victim of any type of sexual victimization in the past year. Item responses were summed to create scaled scores indicating the frequency of experiencing rape or attempted rape, forced sexual contact, and coerced sexual contact. Categorical variables indicating whether or not the respondents had experienced certain events in the past year were also created. Respondents were categorized as victims of sexual coercion if they reported any attempted or completed unwanted sexual contact that was coerced by another person showing displeasure, criticizing her sexuality or attractiveness, or getting angry (but not using physical force). Respondents were categorized as experiencing forced sexual contact if she reported being fondled, kissed or rubbed up against the private areas of her body (lips, breast/chest, crotch, or buttocks) or having her clothing removed without her consent, if gained by threatened or actual physical force or taking advantage of her under the influence of substances. Respondents were categorized as experiencing rape or attempted rape if they reported that sexual penetration occurred or was attempted but did not occur without her consent gained by threat or force or use of substances.

Alcohol Use Disorders Identification Test (AUDIT) is a 10-item questionnaire designed to measure hazardous and harmful alcohol use (Saunders et al., 1993). The questions are based on consumption, dependence, and consequences of hazardous alcohol use. The AUDIT is score on a 5-point Likert scale ranging from 0-4, for a total scoring range of 0-40. A lower number indicates a lower risk for hazardous alcohol use and a higher number signifies a greater risk.

Procedures

Participants were recruited through a variety of undergraduate classes at a southern public state university. Courses targeted for recruitment included psychology, sociology, biology, speech, English, kinesiology, and physical education activity classes. At the discretion of course instructors, some subjects were compensated for participation with extra credit. Data collection was advertised with flyers, posters, and classroom announcements. Subjects who chose to participate came to a designated room to complete a packet of questionnaires. The room was kept relatively silent and participants were seated several feet from each other to ensure privacy and minimal distractions. Research assistants were present to monitor data collection and answer any questions. Subjects turned in consent forms prior to receiving their questionnaire packet.

Differences between athletes and non-athletes on continuous variables were examined using an independent groups *t*-test. The Satterthwaite *t*-test was used when the variances were unequal across the groups. Pearson product-moment correlations were computed for continuous variables.

Results

Alpha was set *a priori* at 0.05 for all analyses and two-tailed tests were used for group comparisons. Table 1 includes means and standard deviations of the continuous variables for athletes and non-athletes, along with group comparison statistics. Athletes were more likely to report incidents of rape or attempted rape than non-athletes (0.5 ± 0.4 vs. 0.2 ± 0.5 ; $p = 0.02$). However, there were no differences in either forced or coerced sexual contact. Athletes and non-

athletes differed neither in global or sexual self-esteem. Nor did they differ in global or sexual assertiveness. There was a significant difference across the groups in alcohol use: athletes scored higher on the AUDIT than non-athletes (6.6 ± 5.2 vs. 4.0 ± 3.8 ; $p=0.001$). Table 3 includes means, standard deviations, and correlations between study variables. The number of years of sport involvement was positively correlated with the level of harmful alcohol use ($p < 0.01$). Alcohol use also correlated with SES scores for reporting rape, sexual contact, and coercion ($p < 0.01$). Athletes and non-athletes reported similar numbers of sexual partners. Means, standard deviations, and correlations for all continuous study variables are presented in Table 2 for the total sample.

Table 1. Means (\pm SD) of study variables for athletes and non-athletes

Variable	Athletes	Non-athletes	t	df	p
SES - Rape	0.5 ± 0.4	0.2 ± 0.5	2.24	152	0.02
SES - Forced Contact	0.3 ± 0.6	0.2 ± 0.4	1.12	111	0.27
SES - Coercion	0.8 ± 1.8	0.9 ± 1.9	0.32	170	0.75
Global self-esteem (RSEI)	24.4 ± 1.8	24.6 ± 2.1	0.66	169	0.50
Sexual self-esteem (MSSCQ-se)	3.5 ± 0.9	3.6 ± 1.0	0.61	167	0.54
Global assertiveness (RATHUS)	4.1 ± 0.7	4.1 ± 0.8	0.07	168	0.94
Sexual assertiveness (MSSCQ-as)	3.2 ± 0.8	3.1 ± 0.9	0.68	167	0.50
Alcohol abuse (AUDIT)	6.6 ± 5.2	4.0 ± 3.8	3.52	116	0.001
Number of sexual partners	2.84 ± 2.98	3.41 ± 5.53	0.66	55	0.51

Source: own study.

Table 2. Demographics and descriptive variables for total sample and athlete vs. non-athletes

Variable	Total Sample (n=174) Mean \pm SD or %	Athletes (n=125) Mean \pm SD or %	Non-athletes (n=49) Mean \pm SD or %
Age	19.94 ± 1.87	19.87 ± 1.93	20.12 ± 1.74
Years in athletics	5.97 ± 4.81	8.00 ± 4.14	0.77 ± 0.98
Ethnicity			
White	67%	74%	48%
Black	17%	14%	27%
Asian	9%	4%	20%
Hispanic	5%	6%	2%
Other	2%	2%	2%
Classification			
Freshman	48%	49%	47%
Sophomore	20%	19%	22%
Junior	19%	18%	22%
Senior	13%	14%	8%
In a relationship	64%	63%	66%
Number of dating partners	1.58 ± 0.87	1.55 ± 0.80	1.66 ± 1.00
Ever sexually active	75%	80%	65%
Maltreated as child	8%	8%	6%
Witnessed IPV as child	17%	17%	17%

Source: own study.

Discussion

Contrary to predictions, female athletes reported significantly more incidences of rape and attempted rape than non-athletes. One explanation may be the peer groups in which athletes socialize. Athletes tend to isolate themselves from other peer groups and primarily socialize with their teammates and other athletes, including male athletes (Ford, 2007). Male athletes have been shown to be at a higher risk for sexually aggressive behavior (Forbes, Adams-Curtis, Pakalka, & White, 2006). By primarily socializing with a group that is at a higher risk of being sexual aggressors, college female athletes may put themselves at a greater risk for sexual coercion. Another explanation may be the increased levels of alcohol use reported by the female athletes. Alcohol use has been found to be a significant predictor for sexual coercion (Greene & Navarro, 1998; Synovitz & Byrne, 1998; Testa & Dermen, 1999). Social norms and peer influence may explain the higher levels of alcohol use in female athletes (Ford, 2007). People tend to adopt the prescribed norms of groups. The norm of the group will often dictate the behavior of the individual. If alcohol use is the norm of the group, athletes may feel pressured to conform. A strong desire to fit in with their peers may persuade the

athlete to partake in risky behavior (Waldron & Krane, 2005). In addition, the athletes may have learned to use alcohol as a coping mechanism to deal with elevated stress from athletic competition, training, and other external factors (Wilson et al., 2004). Wilson et al. also found that female athletes who drank at a higher quantity, higher frequency, and to intoxication more often did so for coping reasons. Alcohol may be used as a way to “feel better” or to “just get through it”.

Table 3. Means, standard deviations, and correlations between continuous study variables (* $p < 0.05$, ** $p < 0.01$)

Variable	M \pm SD	SES Rape	SES Contact	SES Coercion	Assertiveness ss (RATHUS)	Sexual Assertiveness ss	Self-Esteem (RSEI)	Sexual Esteem	AUDIT	Sexual partners
Years in Athletics	6.0 \pm 4.8	0.18*	0.09	0.01	-0.05	-0.12	-0.08	-0.11	0.22**	0.02
SES-Rape	0.4 \pm 0.9	--	0.58**	0.44**	-0.02	-0.12	0.11	-0.07	0.47**	0.12
SES-Contact	0.2 \pm 0.5		--	0.26**	0.08	-0.05	0.17*	0.02	0.46**	0.17*
SES-Coercion	0.8 \pm 1.9			--	0.05	-0.05	0.15	-0.03	0.22**	0.12
Assertiveness (RATHUS)	4.1 \pm 0.8				--	0.45**	-0.28	0.26**	0.1	0.33**
Sexual Assertiveness	3.1 \pm 0.8					--	-0.06	0.48**	-0.05	0.19*
Self-Esteem (RSEI)	24.4 \pm 1.9						--	-0.19	0.09	-0.16
Sexual Esteem	3.5 \pm 0.9							--	-0.13	-0.02
AUDIT	5.9 \pm 5.0								--	0.38**
Number of Sexual Partners	3.0 \pm 3.8									--

Source: own study.

There were no significant differences in global and sexual esteem, nor were there differences between global and sexual assertiveness. This stands in contrast to a study of 13 female athletes in which Colker & Widom (1980) found a significant increase in global self-esteem when tested in-season as compared to preseason. Global self-esteem and global assertiveness may only be elevated during times of competition, and as the majority of the athletes in this study were no longer involved in higher level sports, the results may have been affected. Also, how an individual interprets the sexual aspects of one's life may be completely independent of the global dimension. It is also possible that non-athletes may have experienced similar socialization processes in regards to assertiveness and self-esteem, such as in various leadership roles.

The lack of differences in the number of sexual partners might be attributed to the variance in the level of competition and involvement in athletics among those classified as athletes. A majority of the sample met the criteria for inclusion in the athlete category. In comparing those who had at least three years of sport involvement, there is likely a wide variability in the characteristics of the different sports (e.g., cheerleading may differ from basketball) as well as the level of involvement and commitment to the sport. The relatively small sample size here did not allow examination of specific subgroups of athletes. More precise measurement of the extent of athletic involvement and a larger sample size is recommended for follow-up studies. Another explanation may be the small sample size. Out of 188 participants, only 40 were currently participating in sport.

A limitation of this study was the varying level of competitiveness among the females. Those who have competed at higher levels may have varied significantly in behavioral and personality characteristics (data not assessed). The data obtained and the analyses conducted produced findings that were correlational in nature, thus a causal relation between personality characteristics, athlete status, and sexual experiences cannot be assumed. It is informative to note that athletic involvement was associated with higher levels of reported rape and attempted rape. It may be useful in future research to focus on ways to strengthen women's resistance to coercion, possibly through assertiveness training or workshops involving alternatives to alcohol use and abuse. It is important to look for prospective measures that may aid in the prevention of sexual coercive behavior among males. Future research should also more clearly define and incorporate a more precise determinant of who is considered an athlete.

The findings of this study are important with regards to the prevention of sexual coercion. Professionals should encourage females, especially females at a young age, to participate in activities that increase assertiveness and self-esteem, as the benefits of such are well reported. While sports may provide an environment where females may develop higher levels of assertiveness in order to succeed, it is also a setting in which peer influence is a factor. In the present study, the positive correlation of athletic participation with alcohol use and abuse may have negated any positive self-esteem and assertiveness relative to sexual coercion risk and report. Sport and health professionals should be aware of

the higher levels of alcohol use reported in athletes. Female athletes should be taught better ways of coping with stress and how to resist the pressures of negative peer influence.

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