This study explored two potential barriers to college women’s sexual assertiveness: fear of sexual powerlessness and emotion dysregulation. Analyses also examined whether sexual victimization is associated with such problems. It was hypothesized that fear of sexual powerlessness would facilitate a sexually assertive response for women with strong emotion regulation skills, but would be debilitating for women high in emotion dysregulation. Results obtained from surveys completed by 502 college women indicated that fear of sexual powerlessness, and to a lesser extent emotion dysregulation, are barriers to sexual assertiveness. There was preliminary support for the notion that these two factors interact to impede assertiveness, but not to facilitate assertiveness. Sexually victimized women had greater problems with sexual assertiveness, fear of sexual powerlessness, and emotion dysregulation. Given that identified barriers can be targeted, these findings have important implications for interventions to improve sexual assertiveness and for sexual victimization risk reduction programming.
BARRIERS TO SEXUAL ASSERTIVENESS IN COLLEGE WOMEN:
A FOCUS ON FEAR OF SEXUAL POWERLESSNESS AND EMOTION DYSREGULATION

A Thesis

Submitted to the
Faculty of Miami University
in partial fulfillment of
the requirements for the degree of
Master of Arts
Department of Psychology
by
Noga Zerubavel
Miami University
Oxford, OH
2010

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Acknowledgements

This project would not have been possible without the many people who supported me through this process and have acted as guides along my path. First and foremost, I would like to thank my advisor, Dr. Terri Messman-Moore, for her mentorship in teaching me about research and for being a strong force of encouragement throughout the process. Our lively discussions and common interest in exploring these topics have helped me to stay engaged in this project. I would like to thank the members of my thesis committee, Dr. Margaret O’Dougherty Wright and Dr. Amanda Diekman, for the many ways in which their insightful questions and valuable feedback have made this a stronger project. I would especially like to thank the women who work at Domestic Violence & Rape Crisis Services of Saratoga County, where the seeds for this work were first planted: Irene Safford, my first clinical supervisor, whose gentle wisdom and guidance helped me to blossom and grow as a clinician; Maggie Fronk, the executive director, who is a role model of a multifaceted woman; Patty Dailey, for the unforgettable moments developing and facilitating the Assertiveness Group together; Christie Keegan, who showed me how to bring spunk to professional work; and Theresa Sabo, for having the kindest energy imaginable. I would also like to voice my deep appreciation for the clients I worked with there, who moved me so deeply and helped me to understand their experiences of victimization. I also want to thank my parents, Yael and Eviatar, and my brother, Noam, who read the thesis and gave me great feedback, and who have always been there, rooting for me. I am so grateful to my mother and father for raising me to be an empowered woman with a strong voice, and encouraged me to speak out about issues that people might prefer not to think or talk about. I am also very thankful for the many dear friends who supported me during this process, who have kept my heart full of love throughout this experience. And finally, I want to thank my partner, Dave, for helping me to remain balanced and being a never-ending source of encouragement and reassurance throughout this process.
Barriers to Sexual Assertiveness in College Women:
A Focus on Fear of Sexual Powerlessness and Emotion Dysregulation

For many young American women, going to college is the first time that they have had a home away from parents. The sudden shift to unsupervised autonomy is fertile ground for sexual experimentation (Lefkowitz & Gillen, 2006). The opinions of friends, peers, and sexual and/or romantic partners become increasingly central to college women, particularly as many are geographically distant from family. Sexual situations are often tinged with confusion as college women negotiate the often conflicting messages that they receive about their sexuality, their level of control regarding sexual activity, and their right to be sexually assertive. Sexual assertiveness includes a woman’s ability to delineate her parameters of comfort during sexual activity, to communicate her own sexual needs or desires, or to walk away from potentially risky sexual situations. Even in nonsexual situations, Twenge (2001) showed that as social status changes, assertiveness is affected. This is particularly relevant in the college context, where young college students have recently undergone a drop in their status (from highest status of seniority in their high school to the bottom of the totem pole as freshmen in college), which is likely to decrease assertiveness. In sexual situations, which often hold the elusive promise of raising social status (Cahill, 2001; Phillips, 2000), concerns around how the opinions of others can affect status may have a particularly strong impact on assertiveness during this developmental stage.

Unfortunately, young women’s sexual activity can also be complicated and contaminated by unpleasant or unwanted sexual experiences. Young women between the ages of 18 and 24 are more likely to have experiences of unwanted sexual activity than women in other age groups (Basile, Chen, Black, & Saltzman, 2007). Prevalence rates of sexual victimization among women in the general population have been estimated between 15-20% (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004; Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007; Koss, 1993) and between 15-25% in the college population (Fisher, Cullen, & Turner, 2000; Krebs, Lindquist, Warner, Fisher, & Martin, 2007). Alarming, some research indicates that the lifetime prevalence of rape has recently grown from 12.7% to 16.1%, a significant increase over a 15 year period (Kilpatrick et al., 2007).

For college women, national studies indicate that over 90% of rape victims knew the assailant (Fisher et al., 2000; Ullman, Karabatsos, & Koss, 1999). In fact, a national study focused on college campuses found that between 17 and 19% of forced and incapacitated rapes occurred on a date (Krebs et al., 2007). Thus, sexual assault is not often occurring in a dark alley, but rather, in the dorm room. Importantly, this is a context in which women are focusing on a social relationship, not on threats associated with sexual victimization. In order to minimize risk of sexual assault with known assailants, women must feel capable of sexual assertiveness. Sexual assertiveness allows a woman to speak up when she is uncomfortable or to walk away from potentially dangerous sexual situations, thereby contributing to safety in sexual interactions. Indeed, one important recommendation made by the National Campus Sexual Assault Study (Krebs et al., 2007) was for sexual assault prevention programs to “educate women about how to increase their assertiveness and self-efficacy” (p. xix). With the intention of further informing efforts to promote young women’s sexual assertiveness, it is of the utmost importance for clinicians and researchers to better understand relevant barriers to sexually assertive behavior.

This study posited a model of sexual assertiveness with antecedent, process, and outcome components (see Figure 1). According to this model, one antecedent of sexual assertiveness is
fear of sexual powerlessness, as this concern exists (or does not exist) prior to a sexual situation developing. The process component examines how that fear is handled via a system of emotion regulation. The outcome component is the behavioral response: sexual assertion or difficulty with sexual assertion.

The current study explored whether fear of sexual powerlessness contributes to difficulty with sexual assertiveness. This study also examined whether emotion dysregulation impedes sexual assertiveness. It was hypothesized that emotion dysregulation moderates the pathway between fear of sexual powerlessness and outcomes of sexual assertiveness, such that the fear may either promote or inhibit sexual assertiveness. Thus, it was thought that fear of sexual powerlessness may function in a protective manner, mobilizing assertive responses, or it may be paralyzing, and the proposed model examined the idea that emotion dysregulation in multiple domains will determine the behavioral outcome of the fear that is activated. Further, it was hypothesized that victims of adult sexual assault would be particularly likely to endorse a constellation of fear of sexual powerlessness and emotion dysregulation that functionally immobilizes a sexually assertive response.

The goal of the current study was to clarify the effects of these variables on sexual assertiveness – on women’s ability to speak up for themselves or walk away from potentially risky sexual situations. Fear of sexual powerlessness and emotion dysregulation are important factors to study because each represents a potential focal point for intervention, and it is critical to focus on aspects of problems that are changeable, rather than studying aspects of a problem that are fixed (Frazier, Mortensen, & Steward, 2005). Studying sexual assertiveness does not suggest that women invite or deserve sexual violence if they are non-assertive; rather, the intention is to identify facets of vulnerability that perpetrators take advantage of, and to target intervention to those areas (Livingston, Testa, & VanZile-Tamsen, 2007).

**Sexual Assertiveness**

Simply by examining dictionary definitions as indications of cultural understanding, one begins to see the disapproving undertone that can surround a choice to behave in an assertive manner. Assertiveness is defined in the Merriam Webster Online Dictionary (2008) as the noun associated with the adjective *assertive*, which means “disposed to or characterized by bold or confident assertion.” However, Dictionary.com (2008) provides a definition with a more negative connotation, characterizing the meaning of *assertive* as “confidently aggressive or self-assured; positive: aggressive; dogmatic.” Not only does assertiveness have subtle negative connotations, but it also has disparate gender norms. Twenge’s (2001) cross-temporal meta-analysis of change in assertiveness showed that assertiveness levels have been quite different for men and women historically. Women’s assertiveness has varied over time in association with changes in gender status and roles (Twenge, 2001), and shifts in norms regarding women’s roles over time correspond to changes in the personalities and conduct of women (Diekman & Eagly, 2000). Therefore, it is clear that assertiveness is socially contextualized and that it is important to research women’s assertiveness further in order to better understand the implications of recent changes.

For the purposes of this study, sexual assertiveness is conceptualized as having three components: (a) the degree of partner focus in sexual decision-making (relational sexual assertiveness), (b) the ability or comfort with sexual self-expression (sexual communication and agency), and (c) the degree of sexual motivation related to needs or expectations of the partner (sexual compliance). The daily experience of choices around passivity and compliance versus
agency and assertiveness is in itself a gendered process (Austin, 2005). Dominant American
cultural norms dictate gender-specific expectations regarding choices pertaining to assertiveness.
Traditional conceptions of femininity depict women without agency (Austin, 2005) and connect
assertiveness with masculinity (Twenge, 2001). Especially within a relational context, men are
often regarded as dominant and women as passive (Reinholtz, Muehlenhard, Phelps, &
Satterfield, 1995). Through such vehicles as television, women’s magazines, and stories from a
variety of formal and informal sources, young women are taught to expect and accommodate
male domination (Phillips, 2000). Judeo-Christian religious ideology can also be used to sanction
male domination, supported by a number of passages from the Bible (Reinholtz et al., 1995).
Gender norms also encourage the objectification of women in the service of fulfilling men’s
needs and desires (Austin, 2005; Phillips, 2000; Reinholtz et al., 1995). Thus, sexual
assertiveness is constrained by rigidly delineated heterosexual, gendered cultural directives.

Women are often taught that the support of relational goals should supersede personal
goals. Such societal directives can result in young women suppressing their own thoughts,
feelings, and needs in order to support the needs of significant others, and girls who do not
articulate their needs and wishes in general may be even less comfortable negotiating in sexual
situations (Impett, Schooler, & Tolman, 2006). Young women often preserve the peace in
relationships through suppression of their needs and aspirations (Impett et al., 2006). Thus,
cultural paradigms of femininity as gratifying and satisfying the needs of others may impede
sexual assertiveness.

**Dynamics of sexual assertiveness: Sexual agency and communication**

In relationships with highly scripted gender norms, such as sexual situations between a
man and a woman, the choice for a young woman to speak her mind can become complex and
problematic. Sexual assertiveness is influenced by one’s socio-cultural environment in terms of
gender roles, social expectations, and cultural norms, but it is also interpersonally negotiated on
the basis of sexual self-perceptions, motivations for sexual activity, and history of unwanted or
nonconsensual sexual experience (Messman-Moore, Ward, & Walker, 2009). For this reason, it
is important to consider cultural imperatives in terms of their relevance to personal interactions.
The cultural directives are in fact quite complicated, because as times change, norms shift
dynamically around various aspects of behavior (Diekman & Eagly, 2000). A cross-temporal
meta-analysis indicated that American sexual attitudes have become more lenient over the last 50
years (Wells & Twenge, 2005). However, in many ways the dominant cultural rhetoric has
maintained traditional sexual paradigms, despite their inherent contradictions to modern
messages. This leaves each woman to navigate her way around the discrepancies between
incompatible directives in decision-making regarding sexual agency and communication.

For young women, navigating these conflicting cultural imperatives may be especially
confusing. As individuated identity is still developing, sexual agency may be particularly
difficult to draw on. Young women are sometimes unsure of how to limit sexual activity in a
sexual situation. In interviewing adolescent girls about their first sexual experiences, Tolman
(2002) referred to a common theme that emerged of “it just happened,” indicating a lack of
agency and suggesting that assertiveness was inaccessible in the midst of a sexual situation
(Impett et al., 2006).
Dynamics of sexual assertiveness: relational sexual assertiveness and sexual compliance

Women’s sexual assertiveness is problematic in its stark contrast to traditional feminine imperatives, particularly with regard to sexual situations. Traditional sexual scripts define women as passive, with sex being demanded of them (Phillips, 2000; Reinholtz et al., 1995). Young girls undergo a process of gender socialization that includes the transmission of norms that dictate sexual rights and obligations, and prescribe submission in heterosexual relations (Impett & Peplau, 2003). Throughout their lives, women repeatedly receive the message that it is the woman’s job to meet a man’s sexual needs (Phillips, 2000). Moreover, gendered power asymmetry is woven into sexual relations and results in disparate sexual expectations (Muehlenhard & Peterson, 2005). The result of all of these factors is an atmosphere that promotes women’s compliance in sexual situations. Thus, women’s sexual assertiveness is viewed as contradictory to traditional sexual scripts (Impett & Peplau, 2003) and even as undermining heterosexual intimacy (Rudman & Fairchild, 2007).

Researchers need to clarify why women often are unable or choose not to respond in a sexually assertive manner. Despite the common misconception that resistance elevates the risk of physical harm in a sexual assault, current research supports the need for assertive verbal and physical resistance (Rozee & Koss, 2001; Ullman, 1998). While a sexually assertive response may not eliminate the potential danger of sexual victimization, it can reduce the threat or harm. Nurius (2000) notes that education regarding rape-protective skills does not necessarily translate into utilizing those skills in situations where women are more vulnerable. Thus, it is critical for researchers and clinicians to develop a better understanding of the current barriers to women’s sexually assertive responses.

Barriers to sexual assertiveness

In the context of sexual situations, there are many cultural and personal barriers to women’s assertiveness that are relevant to understanding the discrepancy between ability to assert and the difficulty doing so. To begin with, social expectations have great bearing on sexual assertiveness. Even in nonsexual situations, research shows that women who expressed high levels of guilt over assertion are significantly less likely to respond assertively than other women, specifically due to concerns about harming the other person and perceptions of personal responsibility for the other (Klass, 1981). Particularly within heterosexual relationships, women are expected to attend to the needs of their male partners. Research shows that women are more likely than men to take responsibility for the emotional climate in the relationship (Nolen-Hoeksema & Corte, 2004), and the concerns that compel women who give in to unwanted sex are often related to their investment in maintaining the relationship. In one study, the most common reason reported for consenting to unwanted sex was fear that the partner would be angry if deprived of sex (Blythe, Fortenberry, Temkit, Tu, & Orr, 2006). Similarly, other studies report fear of losing the boyfriend or partner and fear of the partner pursuing sexual satisfaction elsewhere as central barriers to sexual assertiveness (Livingston, Buddie, Testa, & VanZile-Tamsen, 2004).

Finally, assertiveness is hindered by the ambiguity of sexual situations. Sexual situations are normatively poorly delineated, creating an ambiguous, undefined context in which sexual situations (both wanted and unwanted) develop. Thus, risk of sexual victimization is born out of situations that are normal and familiar in the contexts of socializing and dating. Nurius (2000) reflects on this difficulty, stating that “the persons, behavior, and conditions that constitute risk
are very often embedded within the same circumstances within which women are pursuing common goals related to friendship, intimacy, entertainment, group membership, and self-definition” (p. 66). An assertive response to a risky situation may be impeded by beliefs that dating and social activities are fundamental to one’s interpersonal relationships, and that such activities are entertaining and sought-after (Combs-Lane & Smith, 2002). For instance, Livingston and Testa (2000) asked women to write endings to a hypothetical dating scenario that contained potential risk of sexual aggression. While many women consistently recognized potential risk, over half of the stories focused around a theme of concern for maintaining the relationship. These findings all strongly suggest that the difficulty many young women experience with sexual assertiveness is strongly related to conflicting relational goals.

**Fear of Sexual Powerlessness**

One fundamental basis for sexual assertiveness is having the perception that one can control the situation. It is critical to note that it is not only objective power, but also the perception of power, that influences how conflict is perceived as well as how an individual will choose to behave in response (Coleman, 2006). In this study, I have conceptualized and delineated the construct of fear of sexual powerlessness, drawing on relevant literature from a variety of domains, and provided theoretical groundwork for the relationship between fear of sexual powerlessness, emotion dysregulation, and sexual assertiveness. The fear of sexual powerlessness construct captures a woman’s fear regarding her own sexual self-efficacy, specifically in terms of her ability to control a sexual situation. The aim of this study is not to suggest that all women experience fear of sexual powerlessness. Rather, it is to acknowledge that young women have to navigate a cultural context in which sex is often referenced with, and thus cognitively framed by, warnings with regard to potential physical and relational risks.

Research indicates that perceptions of control and assertiveness are interrelated. Macy, Nurius, and Norris (2007) note that doubts about efficacy “serve as psychological barriers to assertively resisting sexual aggression” (p. 545). Even in nonsexual situations, experimental research shows that women with low assertiveness have lower perceptions of control over a stressor task and report feeling greater stress and negative affect than women with high levels of assertiveness (Tomaka et al., 1999). Therefore, if a woman perceives herself to be sexually powerless, that perception is likely to function as an impediment to assertive response.

In modern American culture, there are multiple sources that may generate concerns for a young woman regarding her freedom, authority, power, and ability regarding the assertion of choices in a sexual situation. Phillips (2000) argues that a person’s “sense of power and choice is context-dependent” (p. 20) and thus women who feel empowered in the classroom or at a sorority gathering may feel out of control and helpless in a sexual situation. Given that sexual situations are particularly unique in their relational composition (Messman-Moore et al., 2009), it is important to look closely at them, separately from control or powerlessness in other situations.

**Perceptions of sexual powerlessness**

Young women have heard repeated warnings regarding sexual activity and the complicated exchanges that play out in the sexual arena. Many of the messages that girls receive play upon the stimulation of fear, linking sex and danger, in order to control sexual behavior (Cahill, 2001; Phillips, 2000; Roiphe, 1993; Whatley & Henken, 2000). Schmidt (1995) notes that sex is “usually perceived as being potentially or actually violent, exploitative and degrading” (p. 9). Years of warnings about situations that “get out of hand”, sexually transmitted infections
(STI’s), unwanted pregnancies, and men that will leave after they “get what they want” can easily foster a perception of sexual powerlessness in young women (Cahill, 2001; Phillips, 2000; Whatley & Henken, 2000). The messages women receive convey and reflect dominant cultural notions while simultaneously sculpting future generations’ views of women’s sexuality.

One dominant cultural discourse relevant to development of perceptions of sexual powerlessness is the pleasing woman discourse, in which the woman is portrayed as pleasant, compliant, passive, and self-sacrificing (Phillips, 2000). In this discourse, the woman is responsible for the maintenance and care of the relationship, and sexuality is viewed as a means through which women preserve and cultivate heterosexual relationships. The media often portrays women as reluctantly complying with sexual advances for the good of the relationship (Impett & Peplau, 2003). Women who have had sexual encounters in which they chose to engage in unwanted sexual activity cite many reasons relevant to this discourse, including fear that the partner would lose interest, be disappointed, end the relationship, or seek sexual fulfillment elsewhere; diminishing relationship tension; and saving the relationship (Impett & Peplau, 2003; Livingston et al., 2004). Phillips (2000) noted that in her study, participants were reluctant to tell male partners if they experienced pain, felt uncomfortable voicing their sexual desires, and felt that they could not end a sexual experience until the man had climaxed. Thus, the pleasing woman, due to her assumed sexual compliance, is powerless to change or to stop an unpleasant or unwanted sexual experience. In this perspective, any woman who wants to remain a pleasing woman must, by definition, accept a position of sexual powerlessness.

Prominent in American culture is the male sexual drive discourse, which states that once a man reaches a certain level of sexual arousal, then sexual activity cannot stop without the woman bringing him to orgasm (Phillips, 2000; Reinholtz et al., 1995). In this discourse, “boys will be boys,” suggesting that male sexual drive is intrinsically unyielding and unable to be restrained (Reinholtz et al., 1995). Given the inevitability of the male sexual drive discourse, it is natural for a woman to feel sexually powerless. Multiple research studies have confirmed that women perceive the male sex drive as uncontrollable once the man is amply aroused (Impett & Peplau, 2003). Young women are warned against being a tease, with threats from cultural myths around this as a basis of sexual assault (Phillips, 2000). Whatley and Henken (2000) reviewed folklore about sexuality and summarized, “sexual violence is often used as a warning to young women not to start any sexual activity (even kissing) because it leads to uncontrollable arousal of the male, who then may commit sexual assault” (p. 183). Phillips (2000) recounts classic (e.g., Gone with the Wind) and contemporary (e.g., magazines, soap operas) examples of culturally condoned stories of men’s aggressive sexuality overcoming a woman’s resistance and the ensuing triumphant passion. This discourse shapes an environment in which sexual coercion is concealed and framed as inescapable (Reinholtz et al., 1995), as well as legitimate within existing power structures.

Alongside the more or less implicit messages regarding sexuality that young women receive from the cultural context and the relevant cultural discourses, there is a more explicit socialization around sexual activity that occurs through the passing of information on the topic of sexual situations. That is, explicit cultural indoctrination of fear of sexual powerlessness occurs through education about sex that takes place in both formal (e.g., school programming) and informal (e.g., home, friends) settings. To understand cultural indoctrination processes, it is important to historically contextualize the participants of the current study. These young women have grown up in the post-AIDS era with a rhetoric that supports cautious, safe sex. While they were developing understandings of sexuality, communications about safe sex were most
commonly expressed through the use of fear-inducing messages (Kyes, 1995). In 1996, when this study’s participants were learning about sexuality, the National Crime Victim Survey came out with the horrifying, widely-disseminated information that every 2 minutes, someone in America is sexually assaulted (RAINN calculation based on National Crime Victim Survey, 1996). Ideas of the sexual arena as dangerous and associated with a woman’s vulnerability are, in fact, reasonable byproducts of this type of socialization (Cahill, 2001; Heiman, 1988; Phillips, 2000; Whatley & Henken, 2000). Mainstream discourses of sex as dangerous are reinforced by many cultural socializing institutions that teach about sex, such as education, religion, and media (Ince, 2005).

**Fear of sexual powerlessness**

While a great deal of attention has been paid to issues of gendered power asymmetry in the study of women’s sexual assertiveness, one area that has been overlooked is the fears that can emerge from perceptions of sexual powerlessness. In order to lay theoretical groundwork for developing the construct of fear of sexual powerlessness, a multidisciplinary approach was used. Findings from clinical psychology, social psychology, women’s studies, and sociology were explored in order to better understand fear of sexual powerlessness, and finally information from the field of public health on fear appeals and learning was incorporated to develop a theoretical understanding regarding the influence fear of sexual powerlessness would be likely to have on young women. It is important to note that while women may develop fear associated with sexual situations for different reasons (e.g., stigma, insecurity about sexual performance), this review will focus specifically on fear-inducing messages pertaining to women’s feelings of sexual powerlessness.

Sex education, passed on by schools, family members and peers, can also contribute to the development of fear of sexual powerlessness. The stories told by Phillips’ (2000) participants of both formal and informal sex education were of “just say no!” & “just leave” abstinence campaigns with messages that “good girls” do not engage in sexual activity before marriage and that once you start a sexual encounter, you cannot stop it. Selverstone (2000) points out that the abstinence campaigns that are often disseminated in schools are filled with messages that the world is dangerous, particularly around sexuality, and that the youth is not yet old enough or experienced enough to understand. To take Selverstone’s message one step further, I would add that another concern associated with the “Just Say No” campaign is that the youth will not learn to draw proper boundaries, because the only safe choice is to “say no” to everything. Furthermore, abstinence-only programs are restrictive, simplistic, and fear-based, suppressing dialogue and questions regarding sexuality (Selverstone, 2000). Such assumptions may instill in young women the fear that once sexual activity has begun, she becomes sexually powerless.

The prevailing sex education system has greater problems than the inefficacy of the abstinence stance; in fact, it appears it may be harmful. Historically, fear appeals (scare tactics) have been used as the primary approach to sex education (Witte & Morrison, 1995), although they are not always effective, and in fact at times may be detrimental (Cho & Salmon, 2006; Hastings, Stead, & Webb, 2004). Witte and Morrison (1995) use fear appeal theory to explain the potential harm of sex education, demonstrating that when teens with low self-efficacy perceptions (i.e., teens who feel that they are incapable of successfully avoiding the threat) appraise the threat level as high, they allocate resources to control their fear rather than to avoid the potential danger. Those young women who perceive the threat level as high and self-efficacy as low are likely to experience high levels of fear and anxiety regarding the potential dangers of
sex. The implications are that sex education may contribute to fear of sexual powerlessness for those young women who perceived both the threat level as high and their own efficacy as low. Fear appeal research has, in the past, remained in the study of public health campaigns, and sexual health applications have been limited to pregnancy and STI prevention. However, the framework posited in this study suggests it is critical for researchers working on sexual assertiveness and gendered power asymmetry to attend to this literature and the implications suggested here.

The dominant cultural discourses mentioned previously contribute to the likelihood that young women will be doubtful about their potential efficacy in deterring potential sexual danger. In addition, some discourses not only suggest a power asymmetry, but also encourage a woman’s fear of sexual powerlessness. The “love hurts” discourse (Phillips, 2000) threatens women with predictions of inevitable emotional struggle, thus normalizing an anticipation of pain and suffering in association with love or sex (Reinholtz et al., 1995). Women are taught to be suspicious of a man’s sexual attention, even when they are in a relationship (Heiman, 1988), with the suggestion that men take advantage of women or that they should not be trusted in sexual situations. In this perspective, men are “dogs” who only want one thing (Reinholtz et al., 1995). Sadly, women who are raised with warnings that men are untrustworthy grow up expecting men to behave in ways that may lead to emotional injury (Phillips, 2000). The commonly heard caution that “it’s a jungle out there” suggests that sexuality, like a jungle, is exciting and yet inherently dangerous (Selverstone, 2000). Within this discourse, danger and desire are enmeshed (Phillips, 2000).

**Fear of sexual powerlessness as a barrier to sexual assertiveness**

Through the accumulation of messages from these different places, some women internalize fear of sexual powerlessness. Nurius (2000) argues that for women, historic issues of powerlessness undermine assertive resistance in dangerous sexual situations. Research has demonstrated that adolescent girls have different levels of internalized norms of traditional femininity (Impett et al., 2005). Similarly, one would expect that fear of sexual powerlessness, and related cultural discourses, would be internalized to varying degrees. Furthermore, resistance efforts depend on a woman’s appraisal of contextual factors, including her own ability to control the situation (Nurius, 2000). Research has shown that it is often social and relational factors that prevent women from using self-protective behavior to deter sexual assault (Rozee & Koss, 2001). In sexual situations, women often determine whether to make an assertive response by weighing out the risks of different potential damages or losses (e.g., physical harm, stigma, loss of relationship), employing a cost-benefit analysis as a strategy for determining action (Macy et al., 2007; Nurius & Norris, 1996). The end result of such a cost-benefit analysis is, at times, that women do not always behave in self-protective ways. Nurius (2000) notes that women have reasons for choosing not to resist or not to leave situations that may lead to sexual assault. As discussed previously, many of these fears are relational in nature. Thus, a woman’s fear of sexual powerlessness represents her perception of her own ability to exercise agency in sexual situations and to form choices around how and in what ways she is willing to share her body.

**Emotion Dysregulation**

To better understand the relationship between fear of sexual powerlessness and sexual assertiveness, this study tested the hypothesis that there is another factor, emotion dysregulation, that contributes to sexual assertiveness. When fear of sexual powerlessness is activated, a woman
must navigate intrapersonal and interpersonal needs and goals that are often conflicting. Moreover, we understand that emotion dysregulation can occur in multiple domains that are all driven by the situational context and built upon the construal of the event.

**Emotion regulation and dysregulation**

An individual may struggle with emotion dysregulation for a number of reasons: ineffective emotion regulation skills, difficulty utilizing emotion regulation abilities, or resources may be depleted. Linehan and colleagues (Linehan, Bohus, & Lynch, 2007) explain that when an individual has an emotional vulnerability, emotional stimuli often elicit strong, overwhelming reactions and a decelerated return to homeostasis. Often emotional vulnerability leads to emotion dysregulation, which is the lack of ability to modify or modulate emotional cues, feelings, behaviors, verbal responses, and/or nonverbal manifestations despite effortful attempts (Linehan et al., 2007). Kring and Werner (2004) note that it “seems likely that emotion dysregulation involves both a deficiency in regulatory processes as well as maladaptive implementation of an otherwise intact process” (p. 367). The form that emotion dysregulation takes may be related to various characteristics (e.g., strategies are too extreme, not socially acceptable, or may occur too often).

Emotion regulation is also conceptualized as a resource that requires psychic energy and that can be depleted. Empirical evidence supports this notion that the energy required for self-regulative processes can be exhausted. For instance, one study showed that containing reactions (e.g., requiring subjects to be inexpressive) significantly depleted self-regulation resources (Vohs & Ciarocco, 2004). The idea of depletion is a critical notion; it suggests that emotion dysregulation is not only context dependent but also contingent upon the existing level of resources. In a sexual situation with conflicting directives, one would expect that these resources are in particularly high demand. For this study, it is important to note that resources are especially depleted in those sexual situations in which sexual activity (or the level of sexual activity) is not desired or consensual, when sexual assertiveness is most relevant.

In the current study, emotion dysregulation was evaluated in terms of specific components that were expected to exert a particular influence on assertiveness, using Gratz and Roemer’s (2004) integrated theoretical conceptualization of emotion regulation. Gratz and Roemer developed this framework in order to highlight clinically informative components of emotion dysregulation, providing a model that is useful in explaining both intrapersonal and interpersonal difficulties. Those components of the Gratz and Roemer (2004) model of emotion dysregulation that are expected to be relevant to the activation or inhibition of behavioral response (i.e., assertiveness) are the individual’s (1) awareness of emotions, (2) clarity regarding emotions, (3) acceptance of emotional experience, and (4) ability to harness emotion regulation resources in order to behave in a goal-directed manner while enduring difficult emotions.

**Emotion dysregulation: Lack of emotional awareness.** The awareness component of emotion dysregulation emphasizes the ability to perceive and recognize one’s own emotions. The function of emotions is to provide critical, gut-level information that individuals use to generate decisions regarding subsequent behavior, motivating or inhibiting responses, and providing groundwork for interpersonal communication (Isaacs, 1998). Isaacs (1998) emphasizes that when individuals lack emotional awareness, they are likely to experience hesitation, uncertainty, and may make less accurate assessments about situations. Cloitre, Cohen, and Koenen (2006) identify emotional awareness as a prerequisite for any other aspect of emotion regulation. By identifying feelings, a person is able to modulate, accept, change, or react to that feeling (Cloitre
et al., 2006), whereas, without acknowledging an emotion, it cannot be regulated in an intentional manner (Stegge & Terwogt, 2007). Thus, without awareness of an emotion, the ability to respond to it is diminished at best. As such, if a woman experiences fear in a sexual situation, and notices and labels it, she may be more likely to think about options for response and hence more able to take action in a self-protective manner (e.g., sexual assertiveness).

Lack of emotional awareness may be intentional, unconscious, or due to lack of ability. When lack of emotional awareness is intentional or unconscious, it is often supported by strategies (e.g., distractions to prevent processing of emotions, psychic numbing to deaden emotions, dissociation) that enable emotional avoidance. As emotional avoidance successfully numbs distressful emotions (albeit briefly), it is self-perpetuating (Orcutt, Cooper, & Garcia, 2005). And while avoidant coping is effective in short-term inhibition of emotion-laden thoughts, it can often lead to negative consequences in the long-term (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996; Reddy, Pickett, & Orcutt, 2006). Thus, the avoidance of emotional awareness is both self-reinforcing and detrimental.

**Emotion dysregulation: Lack of emotional clarity.** The clarity component of emotion dysregulation describes the ability to understand and contemplate emotions, and to experience emotional insight. Clarity is related to awareness, yet they are distinct constructs. Awareness is prerequisite for clarity; without awareness of an emotion, clarity regarding emotional experience is, by definition, impossible. However, one might have awareness of an emotion without clarity regarding the emotional experience. When emotional clarity is compromised, confusion and/or ambivalence are likely to be experienced. When feelings are not well understood, inclinations and aversions are unclear, confidence is shaken, and decisions are impaired (Isaacs, 1998). Response formulation becomes vague and uninformed, making the initiation of an assertive response problematic and unlikely.

Emotional clarity is particularly important within the context of sexuality as interpretations of feelings affect how an individual experiences a sexual situation. Spiering, Everaerd, and Laan (2004) point out that sexual arousal often includes heart rate changes, experience of tension, and subjective feelings of arousal. It is important to note that these physiological aspects of sexual arousal are closely related to the physiological experience of fear or anxiety. Indeed, for some women, sexual arousal may be mislabeled as anxiety (Brody, 2003). Furthermore, Muehlenhard and Peterson (2005) propose that wantedness in sexual situations is often complicated, leaving women ambivalent. They describe many reasons that women may want (e.g., sexual arousal or attraction, enhancement of image) or not want (e.g., guilt, risk of pregnancy) sexual intercourse (Livingston et al., 2004; Muehlenhard & Peterson, 2005). Given a sexual situation with competing goals that create emotional ambivalence, women must rely on emotional clarification skills to develop a decision about behavioral response (e.g., sexual assertiveness or compliance).

**Emotion dysregulation: Emotional nonacceptance.** The emotion regulation strategy of acceptance highlights the importance of one’s evaluation of and reactions to feelings. An attitude of emotional nonacceptance is a negative evaluation of, or functionally a rejection of, one’s emotional reactions. For instance, a person may deny to herself what she is feeling, despite the fact that it was evident (e.g., “I wasn’t angry” after an outburst) (Isaacs, 1998). This sort of self-deception may reflect either conscious or unconscious nonacceptance of the emotion (Isaacs, 1998). Hayes and colleagues (Hayes, Strosahl, & Wilson, 1999) provide a framework for conceptualizing nonacceptance as an unwillingness to tolerate or endure emotional experience. When an individual rejects an emotional experience, it is unlikely that she would allow those
emotions to guide action, and is therefore less likely to act to change the situation. Instead, it is more likely that she will work to distract herself or to quash the emotion (Erber & Erber, 2001). In this way, nonacceptance can be conceptualized as accommodating and promoting emotional avoidance in a manner that is detrimental to psychological well-being (Hayes et al., 1996; Hayes et al., 1999).

Emotional nonacceptance is problematic because it misallocates attentional and psychic resources. Indeed, nonacceptance has the effect of deteriorating emotion dysregulation (Fruzzetti, Shenk, Mosco, & Lowry, 2003). This interpretation of nonacceptance as ineffectively claiming internal resources is further substantiated by the research of Tice and Bratslavsky (2000), who assert that emotion regulation “can often undermine attempts at other kinds of self-control. Specifically, focusing on regulating moods and feeling states can lead to a failure of self-control in other areas” (p. 149). Thus, when large amounts of psychic resources are delegated to the rejection of internal experience, the individual’s resources become depleted as she attempts to manage her emotion.

Emotional nonacceptance is particularly important to understand in the context of sexual behavior. Competing cultural expectations of women’s sexuality make it likely that a woman who tends to view her emotions with judgment and self-criticism will be likely to feel this way regarding fear of sexual powerlessness. A woman who feels fear in a sexual situation may feel guilty or ashamed for feeling afraid, and these judgments would distract her from responding to an indicator of potential threat. It is theorized that a woman in a sexual situation who does not accept her emotions (e.g., thinking about how childish she is for being uncomfortable or being unsure of whether there is actual danger) not only allocates her psychic resources into self-criticism, but also, in effect, away from thinking about possible self-protective options.

Emotion dysregulation: Difficulties engaging in goal-directed behavior. The final element of emotion dysregulation pertinent to sexual assertiveness is the ability to engage in goal-directed behavior despite negative emotions. Goals represent an individual’s motives, personal strivings, and priorities. As mentioned previously, in a sexual situation, intrapersonal and interpersonal goals may at times conflict with one another. When behaviors aimed at avoiding negative affect diverge from other self-regulatory objectives and long-term goals, individuals tend to choose those strategies aimed at reducing emotional distress (Tice, Bratslavsky, & Baumeister, 2001). Therefore, it is theorized that women with higher levels of fear of sexual powerlessness who have difficulty engaging goal-directed behavior would focus on management of emotional distress rather than behaving in a sexually assertive manner (e.g., pursuing other objectives, such as safety). Specifically, women who have difficulty engaging goal-directed behavior when they are experiencing negative emotions are likely to be immobilized by fear of sexual powerlessness.

It is important to examine closely how goals themselves can spur or impede an assertive response. Discrepancy theories suggest that emotional states are determined by the discrepancy between the current situation and the desired goal (Emmons & Kaiser, 1996). Thus, if a woman’s most highly valued goal is to find a partner or to act in accordance with discourses such as the pleasing woman discourse, her emotion regulation strategies will reflect the prioritization of those goals, and she will be less likely to respond assertively to danger cues. Ogilvie’s (1987) theory of the undesired self proposes that the discrepancy between current situation and the undesired situation may actually be more important that the desired or ideal situation. Emotional states can also be determined by that discrepancy, and thus a woman who is deeply invested in not looking like a “tease” or a “prude” may prioritize those goals and be less likely to respond
assertively to danger cues. In all of these ways, the goal itself is central to determining inhibition or activation of goal-directed behavior.

In a sexual situation, fear related to safety goals (e.g., risk of sexual victimization) may interfere with competing goals (e.g., maintaining or creating a relationship, not wanting to look stupid or childish). Bandura, Caprara, Barbaranelli, Gerbino, and Pastorelli (2003) found that adolescents who perceived themselves as having less emotion regulation efficacy were less likely to resist social pressures. Likewise, fear that sexual assertiveness will produce conflict often guides women toward taking a more socially pleasant compliant stance (Austin, 2005; Phillips, 2000).

While often overlooked in the study of sexual assertiveness, observations from the field of conflict resolution can be used to inform the understanding of sexual assertiveness and compliance. In situations of interpersonal conflict, goals and contexts are particularly important (Lindner, 2006). Lindner (2006) contends that one barrier to emotionally-informed goal-directed behavior is the specific conflict tactic utilized. For instance, strategies of intimidation, blame, or humiliation, which produce fear, guilt, and shame respectively, are often used as tools of control, and act as obstacles to mutually beneficial conflict resolution. It is important to add that these qualities that Lindner mentions are precisely those that women cite in submitting to or complying with unwanted sex. Some women will be more sensitive to these tactics than others, and I would suggest that this vulnerability may reflect a woman’s resources for navigating and prioritizing competing emotion regulation goals.

**Emotion dysregulation in relational context**

It is important to note that emotion dysregulation often takes place in a relational context, laden with incentives for socially normative modulation of emotions. In fact, an individual regulates her emotions by negotiating between actual feelings and socially expected emotions (Fischer, Manstead, Evers, Timmers, & Valk, 2004). Erber and Erber (2001) note that contextual factors “can often act as powerful constraints on our emotional experience and expression” (p. 279). They propose a model in which goal attainment guides the regulation of emotion, noting that social constraints may at times take priority over the personal emotional valence of a situation. Out of this model emerged the theory of “the coolness effect,” in which individuals maintain moods when alone, but work to modify moods in a social context; this is particularly true when the other is critical of the appropriateness of the mood in question (Erber & Erber, 2001). Given the strong presence of conventional sexual scripts that outline socially prescribed suitable behavior (O’Sullivan & Byers, 1996), it would be expected that emotion regulation motivations that are focused on the appropriateness of particular emotions would be particularly relevant to sexual situations. Therefore, sexually assertive behaviors are in and of themselves difficult to perform in such a cultural context. In addition, we can conceptualize women with higher levels of emotion dysregulation as lacking the emotional scaffolding to motivate and support socially proscribed sexually assertive behavior.

It is also important to consider emotion dysregulation within the context of relational outcomes and consequences. Relational power in romantic relationships is often determined by which partner is less invested in the relationship, or has less to lose if the relationship ends (Diekman, Goodfriend, & Goodwin, 2004). Thus, in a partnership where a woman works harder to self-regulate in order to accommodate the needs of the other, as women are often socially encouraged to do, her resource depletion may function as an investment that lessens her relational power. The dominant cultural context described earlier utilizes gendered rules for the
regulation of emotion that support the delineation of femininity in ways that are incongruent with assertiveness, particularly in relationships or sexual situations. Thus, these social norms, such as the expectation that women set their feelings aside to take care of a man’s needs, actually put women in a disadvantaged position in terms of interpersonal emotion regulation and thereby further diminish their relational power.

**Emotion dysregulation and sexual assertiveness**

The current study posits that the capacity for sexual assertiveness emerges out of the context of an individual’s emotion regulation resources. Sexual assertiveness was conceptualized as requiring both the motivation or desire and the ability to assert effectively; ultimately, the ability to express one’s feelings is strongly related to emotion regulation. For example, Rimé (2007) stated that emotions elicit behaviors that function interpersonally to inform one’s social partners of thoughts and feelings. This suggests that emotion dysregulation may be related to lack of assertiveness. When one suppresses or rejects emotions, these information functions are not carried out, and social partners are left unaware of thoughts and feelings. Finally, the sense of agency that is often generated in the midst of powerful emotions (Austin, 2005) may be absent without awareness or understanding of surges of emotion, or negated by rejection of the emotional experience.

It is likely that potential sexual conflicts are often avoided for emotional reasons. In fact, both the tendency toward conflict avoidance and the notion that it is easier to comply may represent emotion regulation strategies in themselves. Impett and Peplau (2003) found that anxiously attached women are more likely to consent to unwanted sex in a hypothetical scenario than women with secure attachment styles, with reasons focusing on conflict avoidance and keeping a partner interested, and women attached in an avoidant manner showed a tendency to comply out of a sense of obligation and because it is easier than noncompliance (Impett & Peplau, 2003). Furthermore, because people who are unassertive expect outcomes of assertive behavior to be more negative than do assertive individuals (Kuperminc & Heimberg, 1983 as cited in Josefowitz, 1989), these expectations are likely to affect choices regarding behavioral response (e.g., sexual assertiveness or compliance).

For women with higher levels of fear of sexual powerlessness, emotion regulation capacity is critical. For these women, when fears are triggered by the context of the sexual situation, they must call upon their ability to regulate emotion to manage that fear. Each component of emotion regulation contributes to the choice to initiate or inhibit an assertive response. To begin with, there must be awareness of the emotion in order to motivate a reaction. Following that, there must be clarity regarding the feelings evoked, as this understanding then determines the objective, which in turn guides response choice. The woman must accept her emotional experience, otherwise her nonacceptance will preclude a sexually assertive response. In a similar vein, if the woman has difficulty engaging in goal-directed behavior, intentions to behave assertively are likely to be impeded. This study seeks to analyze the manner in which well-regulated emotion or emotion dysregulation differentially impact the processing of fear of sexual powerlessness, mobilizing or impeding an assertive response.
Women with a History of Sexual Victimization

**Sexual victimization and barriers to sexual assertiveness**

Understanding the barriers to sexual assertiveness is central to decreasing vulnerability to sexual victimization and revictimization. Research has reliably demonstrated strong links between sexual assertiveness and sexual victimization, and longitudinal studies have demonstrated that the association between these factors consistently reveals a reciprocal nature, with a history of sexual victimization leading to diminished sexual assertiveness, and likewise, difficulty with sexual assertiveness predicting later sexual victimization (Greene & Navarro, 1998; Livingston et al., 2007). This finding has been upheld in both a college sample (Greene & Navarro, 1998) and a randomly selected community sample (Livingston et al., 2007). Thus, understanding the relationship between sexual victimization and relevant barriers to sexual assertiveness may elucidate one pathway to increased risk of revictimization after sexual assault. This study focuses on the relationship between fear of sexual powerlessness and emotion dysregulation as barriers to sexual assertiveness, and investigates the hypothesis that women with a history of sexual victimization represent a population in which this constellation of difficulties is likely to be seen, contributing to risk of revictimization.

Some research on the mechanisms for revictimization has highlighted the interaction between risk factors that this study seeks to elucidate. For instance, Messman-Moore and Brown (2006) conducted a prospective study of risk perception in sexual assault scenarios and demonstrated that while threat detection is an element of the problem, a more critical aspect of risk is the inability to produce a self-protective behavioral response (i.e., leave) in a potentially dangerous situation. In fact, they found that women who had a history of sexual victimization were nearly twice as likely as those without a history of victimization to stay in a hypothetical risky situation past the point of heightened risk (i.e., isolation) (Messman-Moore & Brown, 2006). Further support for this study’s identified mechanisms comes from Chu (1992), who pointed to an interaction between emotion dysregulation after victimization and risk perception. He suggested that hyperarousal symptoms of PTSD enhance the ability of previously victimized women to perceive risk, while numbing symptoms impair the ability to detect danger. Such findings are consistent with the notion put forth in this study that it may be precisely in the interaction of fear of sexual powerlessness and emotion dysregulation that vulnerability is produced, impeding a sexually assertive behavioral response (e.g., leaving, physical self-protection).

**Sexual victimization and fear of sexual powerlessness**

The current study will test the hypothesis that women with a history of sexual victimization will have greater fear of sexual powerlessness than women who have not been victimized. For many rape victims, sex becomes associated with fear (Foa & Rothbaum, 1998). Herman (1992) noted that overwhelming helplessness during trauma often leads to a heightened sensitivity to the triggering of feelings of helplessness, suggesting that experiences of victimization may be internalized as evidence of powerlessness. In fact, Macy and colleagues (2007) demonstrated that one important distinguishing factor between four statistically distinct groups of women who had experienced sexual assault was the level of perceived powerlessness. Foa, Zinbarg, and Olasov-Rothbaum (1992) theorized that after suffering recurring experiences of powerlessness in the face of a traumatic event, people are more likely to expect that they will be helpless in the future. Furthermore, Bolstad and Zinbarg (1997) showed that even a single experience of sexual victimization associated with diminished generalized control...
was associated with greater posttraumatic symptom severity. However, while it is informative to look at the impact of powerlessness on victims in a generalized manner, research suggests that sexual assertiveness and its barriers are specific to sexual situations (Greene & Navarro, 1998). Therefore, this study seeks to further the work of these previous studies, narrowing from an examination of generalized control to a focus on situation-specific perceptions of diminished control in sexual situations.

It is expected that fear of sexual powerlessness will be contextually activated, and particularly stirred by situations reminiscent of prior experiences of sexual powerlessness. Thus, experiences of sexual victimization are likely to promote fear of sexual powerlessness and have a behavioral impact on future sexual situations. Indeed, women who have been sexually victimized are less likely than other women to use condoms in sexual situations, suggesting that experiences of powerlessness beget behaviors that are likely based in assumptions of powerlessness (Wayment & Aronson, 2002). Similarly, past experience with a coercive male partner promotes the likelihood that, in future sexual situations, a woman will behave in a compliant manner as a conflict avoidance strategy (Impett & Peplau, 2003).

**Sexual victimization and emotion dysregulation**

It has been shown that traumatic experiences can often prompt emotion dysregulation (Agaibi & Wilson, 2005). Studies exploring the relationship between sexual victimization and emotion dysregulation have historically concentrated on victims of childhood sexual abuse and have shown a strong association (Cloitre, Miranda, Stovall-McClough, & Han, 2005; Marx, Heidt, & Gold, 2005; Messman-Moore & Long, 2003). Research demonstrates clear empirical support for the relationship between a history of childhood sexual abuse and the deployment of emotionally avoidant approaches (Marx et al., 2005). In addition, Marx et al. (2005) theorize that because childhood sexual abuse survivors often experience sexual situations as triggers that remind them of the trauma, great amounts of energy are invested in the regulation of emotion in such situations. This depletion of self-regulatory energy resources might distract these survivors from protecting themselves and thus make them more vulnerable to revictimization. It is likely that these findings apply to adult sexual victimization as well, but there is less research concentrating on this area; this study hopes to contribute to filling that gap.

Sexual victimization does not necessitate emotion dysregulation. On the contrary, trauma studies indicate that the positive end of the coping continuum includes “the capacity for affect modulation (i.e., affect balance)” (Agaibi & Wilson, 2005, p. 211). As emotion regulation strategies can be taught (Cloitre et al., 2006; Linehan et al., 2007), there is strong potential for treatment of trauma to be approached through a focus on strengthening emotion regulation resources.

**Statement of Purpose**

Sexual assertiveness can, in certain situations, reduce vulnerability to sexual assault (Rozee & Koss, 2001; Ullman, 1998), and yet women often do not engage in sexually assertive behavior (Nurius, 2000; Phillips, 2000). Thus, it is critical for researchers to better understand barriers to women’s sexual assertiveness. The main purpose of this study is to elucidate the barriers to sexual assertiveness by clarifying the manner in which fear of sexual powerlessness and emotion dysregulation impact sexual assertiveness. In addition, it is important to examine each aspect of emotion dysregulation separately in order to better understand what components of emotion dysregulation, when undermined, have a strong influence on sexual assertiveness.
Another goal is to confirm that women with a history of sexual victimization will be particularly vulnerable to having both fear of sexual powerlessness and emotion dysregulation.

To better understand the barriers that impede sexual assertiveness, we must examine not only the independent role of relevant factors, but also the way they interact to impact assertiveness. Witte and Morrison (1995) use fear appeal theory to explain the impact of the current model of sex education, and demonstrate that when teens with low self-efficacy perceptions (e.g., teens who feel that they are incapable of successfully avoiding the threat) appraise the threat level as high, they attempt to control their fear rather than avoid the potential danger (e.g., using condoms). Building on the foundation of fear appeal theory, I propose that women who perceive themselves as sexually powerless are also likely to perceive sexual situations with a high level of threat. Furthermore, the cultural context and its dominant discourses contribute to both the high threat and the low perception of efficacy. By nature of this composition of appraisals, they are thereby more apt to focus energy on regulation of the fear they are feeling, rather than on evaluation of the situation. In spite of this, I expect that women with strong emotion regulation resources will be more readily able to transition from management of the emotion to a sexually assertive response.

Findings of this study may suggest important points of focus for prevention of and interventions for sexual violence. If indeed emotion dysregulation interacts with fear of sexual powerlessness such that assertive responses are immobilized, risk reduction programs and interventions can address this particular struggle. This study hopes to develop a better understanding of the process leading up to choices regarding sexual assertiveness, as well as to inform revictimization prevention work by contributing a better understanding of the considerations women with a history of sexual victimization take with regards to sexual assertiveness. In this way, informing targeted intervention may help to reduce vulnerability to future victimization as well as women’s subjective feelings of sexual vulnerability.

**Hypotheses**

The study begins with primary hypotheses that lay the foundation on which the other hypotheses build. The first hypothesis is that fear of sexual powerlessness acts as a barrier to sexual assertiveness, which includes degree of partner focus in sexual decision-making, ability or comfort with sexual self-expression, and sexual compliance. It is anticipated that women who experience high levels of fear of sexual powerlessness will have lower levels of sexual assertiveness, while those who perceive themselves as having more sexual power are likely to indicate higher levels of sexual assertiveness. The second primary hypothesis is that emotion dysregulation will contribute to difficulties with sexual assertiveness. Although all included domains of emotion dysregulation are expected be associated with sexual assertiveness, additional analyses will examine whether certain components of emotion dysregulation are better predictors of low levels of sexual assertiveness.

The next set of hypotheses will examine these factors in relation to a history of sexual victimization. It is hypothesized that women with a history of sexual victimization will have higher levels of fear of sexual powerlessness than other women. In accordance with other research, it is also expected that sexually victimized women will experience greater difficulties with emotion dysregulation. Furthermore, it is expected that analyses will replicate previous research showing that sexually victimized women struggle with sexual assertiveness more than other women.
Building on these relationships, the central hypothesis of the study posits that emotion dysregulation will moderate the relationship between fear of sexual powerlessness and sexual assertiveness (see Figure 1). Specifically, it is anticipated that among women with fear of sexual powerlessness, those who have strong emotion regulation resources will be more likely to have higher levels of sexual assertiveness than women with fear of sexual powerlessness who struggle with emotion dysregulation. It is hypothesized that when the regulation of emotion is effective, fear may act as a mobilizing agent promoting sexual assertiveness. However, for women with emotion dysregulation, it is expected that fear will have an incapacitating impact on sexual assertion. Finally, it is anticipated that sexually victimized women will be more likely than other women to struggle with both fear of sexual powerlessness and emotion dysregulation, and that these difficulties may be obstacles to sexual assertiveness (See Figure 2).

Method

Participants

Participants included 546 undergraduate women between the ages of 18 and 23 (M = 18.73 SD = 0.71) at a medium-sized, Midwestern university. The women were relatively early in their college careers, as 63.7% of the women in the sample were freshmen and 29.3% were sophomores. Approximately 93.8% of the women in the sample were Caucasian. Hispanic participants represented 0.6% of the sample, Asian participants accounted for 1.6% of the sample, and African-American/Black participants comprised 2.2% of the sample. Native American and biracial participants represented 0.2% and 0.8% of the sample respectively. The majority of participants endorsed a Christian denomination, with 40.4% indicating a Catholic religious background, 29.7% reporting Protestant religion, in addition to 4.2% endorsing Judaism, and 14.1% indicating that their religion is non-affiliated. The majority of participants reported upper middle class socioeconomic status, with 50.2% reporting a family income of greater the $100k a year. Notably, 23.4% of the sample reported that they did not know the annual family income. While the demographic characteristics of this sample are not representative of diverse ethnic and economic backgrounds, this level of diversity is consistent with this university’s population.

Design

All variables were assessed using confidential self-report questionnaires. Given the sensitive nature of the study, it was ethically important to select methods with attention to the participant’s experience. In a review of empirical studies on the costs and benefits of participating in research on trauma, there do not appear to be methodologies that cause more or less distress than others (Newman, Risch, & Kassam-Adams, 2006). Written formats can have the advantage of seeming less intrusive because there is a level of anonymity when one is not facing another person, and this may provide some participants with a feeling of safety or protection from exposure. Furthermore, if a participant feels unduly distressed, it may be easier for her to withdraw from a study in a non-interview setting than in an interview setting where the researcher and participant may develop a bond.
**Procedure**

Miami University’s Committee on Human Subjects in Research (CUHSR) authorized the procedures for this study. Women were recruited through an online system and received course credit in an introductory psychology class for participating. Participants were given verbal and written information regarding the rights of a research participant. They gave informed consent and were debriefed once they had finished participating in the study. Data were collected within group settings in which between two and 30 women participated, overseen by two female research assistants. Participants received a large envelope, marked with a participant number, which contained the questionnaires, also marked with participant number. Participant identities were kept anonymous and no documentation was kept regarding the assignment of participant numbers. To account for order effects, different permutations of measure order were used. Participants were provided information both in writing and verbally about the general objectives of the study and their rights as research participants. They were reminded that they could withdraw from the study at any time.

**Measures**

*Adult sexual victimization.* Adult sexual victimization was assessed with a modified version of the Sexual Experiences Survey (SES; Koss & Gidycz, 1985; Koss, Gidycz & Wisniewski, 1987). The SES asks questions regarding unwanted sexual contact, sexual coercion, and experiences of attempted and completed rape since the age of 14. The SES was developed in order to study national rape prevalence and has been shown to possess external validity (Koss et al., 1987). It has been used to assess adult sexual victimization in many studies, prospectively predicting women’s sexual victimization (e.g., Testa, VanZile-Tamsen, & Livingston, 2007), and specifically assessing verbal coercion (e.g., Livingston et al., 2004). It has demonstrated strong internal validity and test-retest reliability (Koss et al., 1987; Koss & Gidycz, 1985). The original 10-item SES was modified to include 14 additional questions assessing for various forms of sexual contact (e.g., kissing and fondling, oral-genital contact) attempted or accomplished through various methods of coercion (e.g., persistent arguments, alcohol or drug use, or physical force). Questions regarding alcohol and substance use were altered using phrasing developed by Muehlenhard, Powch, Phelps, and Giusti (1992).

Consistent with previous usage, sexual victimization (since the age of 14) was coded as a 2-level (yes/no) variable. A participant was considered victimized if she reported being subjected to nonconsensual sexual activity that included oral sex, vaginal or anal intercourse due to verbal coercion, threats or use of physical force, or because she was incapable of giving consent or resisting due to alcohol or drugs. Attempted but not completed sexual victimization was not included, as findings suggest (i.e., Fisher et al., 2000; Rozee & Koss, 2001; Ullman, 1998) that assertiveness may in fact play a role in the distinction between attempted and completed victimization.

*Emotion dysregulation.* Emotion dysregulation was assessed using the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004). The DERS is a 36-item self-report measure that has been shown to have good validity and reliability (Gratz & Roemer, 2004). Participants use a 5-point likert scale to indicate how often the statements apply to themselves. Scores are computed such that higher scores signifying more extensive difficulty with that particular area of emotion regulation. The DERS assesses six factors of emotion dysregulation, four of which are particularly relevant to the understanding of the questions at hand: (a) Lack of
Emotional Awareness ($\alpha = .83$), (b) Lack of Emotional Clarity ($\alpha = .82$), (3) Emotional Nonacceptance ($\alpha = .90$), and (d) Difficulties Engaging in Goal-Directed Behavior ($\alpha = .89$).

Each of the four scales was examined separately to better understand which aspects of dysregulated emotion affect sexual assertiveness. The first subscale, Lack of Emotional Awareness, consists of assertions such as “I pay attention to how I feel” (reverse-scored). The second subscale, Lack of Emotional Clarity, is comprised of statements including “I have difficulty making sense out of my feelings.” The third subscale, Emotional Nonacceptance, includes statements such as “When I am upset, I become irritated with myself for feeling that way.” The fourth subscale, Difficulties Engaging in Goal-Directed Behavior, consists of statements such as “When I’m upset, I have difficulty thinking about anything else.”

Fear of sexual powerlessness. Fear of sexual powerlessness was assessed using the control subscale of the Sexual Self-Esteem Inventory for Women Short Form (SSEI-W-S; Zeanah & Schwarz, 1996). The SSEI-W has been used to evaluate women’s experiences of themselves in sexual situations, and has shown good validity and reliability. Participants are asked to rate their reactions to and feelings about their sexual experiences, rather than rate actual experiences, by indicating the degree of agreement with each statement on a 6-point Likert scale. The control subscale includes statements such as “I feel physically vulnerable in a sexual encounter” and “I worry that I won’t be able to stop something I don’t want to do in a sexual situation” (see Appendix A: SSEI-W-S control subscale). The control subscale has good internal consistency (Zeanah & Schwarz, 1996) and had a Cronbach’s alpha of .84 in the current study.

Sexual assertiveness. The construct of sexual assertiveness was comprised of three components: relational sexual assertiveness, sexual agency and communication, and sexual compliance. The Relational Sexual Assertiveness and Agency Questionnaire (RSAAQ; Messman-Moore et al., 2009), a self-report instrument that has demonstrated good to excellent internal consistency as well as both convergent and divergent validity, was used to assess the first two components. For the RSAAQ, participants use a 5-point Likert scale to indicate their level of agreement with each statement. Sums of scores are computed with higher scores signifying more adaptive functioning or greater ability in that area of sexual assertiveness. The first component was assessed using the Relational Sexual Assertiveness subscale of the RSAAQ, which indicates a level of partner focus in sexual decision-making, and had a Cronbach’s alpha of .94. High scores of relational sexual assertiveness correspond with lower scores of agreement on statements such as the following items: “I engage in unwanted sexual activity to avoid hurting my partner’s feelings,” and “I agree to have sex when I don’t feel like it.”

The second component of sexual assertiveness was assessed using the Sexual Agency and Communication subscale of the RSAAQ, which indicates a level of ability or comfort with sexual self-expression, and had a Cronbach’s alpha of .90. High scores of sexual agency and communication correspond with higher scores of agreement to statements such as “I know what I want sexually,” and “I am good at expressing my sexual needs and wants.”

The third component of sexual assertiveness, sexual compliance, was measured using the Partner Approval subscale of the Sexual Motivation Scale (SMS; Cooper, Shapiro & Powers, 1998), which had a Cronbach’s alpha of .91. Participants use a 5-point Likert scale to indicate how often they engage in sexual activity due to a particular motivation. High scores signify greater motivational investment in the particular category; thus, motivations for partner approval are, by definition, sexual compliance. High scores of sexual compliance correspond with greater frequency indications to statements such as “How often do you have sex because you don’t want
your partner to be angry with you?” or “How often do you have sex because you’re afraid that your partner will leave you if you don’t?”

Analyses
Statistical analyses for the study were as follows. Zero-order correlation coefficients (Howell, 2007) were computed to evaluate whether fear of sexual powerlessness was related to sexual assertiveness and whether the different components of emotion regulation were associated with sexual assertiveness. Regression analyses (Howell, 2007) were conducted to examine which components of emotion dysregulation most strongly predict sexual assertiveness. Additional analyses were conducted using a MANOVA (Tabachnick & Fidell, 2007) to examine whether women with a history of sexual victimization experience higher levels of fear of sexual powerlessness, greater emotion dysregulation in each of the four subscales, and lower sexual assertiveness than women who have not experienced sexual victimization.

Finally, given that preliminary analyses revealed significant associations among factors (Holmbeck, 1997), hierarchical regression analyses (Frazier, Tix, & Barron, 2004) were used to determine whether emotion dysregulation moderates the relationship between fear of sexual powerlessness and sexual assertiveness for women with and without a history of sexual victimization. Each component of emotion dysregulation was tested separately in order to enhance the clinical usefulness of results. The moderation analyses were tested using continuous variables (Holmbeck, 1997), and potential issues of multicollinearity were minimized by centering fear of sexual powerlessness and emotion dysregulation variables (Frazier et al., 2004). For each analysis, the main effect and moderating variable were entered in the first step, and the interaction term was entered in the second step (Holmbeck, 1997). Significant moderation effects were determined by testing the statistical significance of the slopes for the simple regression lines in each significant moderation (Frazier et al., 2004; Holmbeck, 1997). The moderation analyses used Jose’s (2008) ModGraph program for continuous variables to generate figures depicting significant interactions. Analyses also used the ModGraph (Jose, 2008) program to compute significance levels for the simple slopes of the moderation lines to establish whether the slope of each line was different from zero.

Results

Descriptive Statistics
The original sample consisted of 546 women. Given that the central analyses compared women with and without histories of sexual victimization, 44 women were excluded from the study due to not meeting eligibility for either victimization status. Of the 44 excluded women, five had been victims of attempted but not completed sexual coercion, 34 of these women had been sexually victimized in ways that did not meet the severity requirements for this study (e.g., unwanted kissing or fondling), and five women were excluded for both reasons. Of the remaining 502 women, 39% (N = 194) had a history of sexual victimization. It is also important to note that the majority of women were not endorsing high levels of sexual compliance. Nonetheless, a number of informative findings did emerge regarding sexual compliance.

Across the sexual victimization groups, women tended to have comparable demographic information. The one notable distinction was in a history of sexual intercourse. While 64.2% of women without a history of sexual victimization (i.e., nonvictims) reported having sex and 35.8% reported no history of sexual intercourse, among women with a history of sexual
victimization, 88.1% reported having sex and 11.9% reported no history of sexual intercourse. More broadly, when grouped together, the women in the sample were more likely to have had sexual intercourse than not, with 73.4% endorsing that they have had sex with a male partner. 45.8% of the women in the sample reported being in a current relationship. Accordingly, victims were more likely than expected to have had sexual intercourse, $\chi^2(1, n = 502) = 34.79, p < .001$, whereas nonvictims were less likely than expected that have had sexual intercourse.

**Primary Hypotheses**

The initial hypotheses sought to establish a relationship between sexual assertiveness and the proposed impediments to assertiveness. Pearson correlations demonstrated that fear of sexual powerlessness was significantly associated with all three measures of sexual assertiveness (absolute values of correlations ranged from $r = .47$ to $r = .62, p < .001$; see Table 1 for the full correlation matrix). The correlation analyses also demonstrated significant associations between each of the components of emotion dysregulation and each of the measures of sexual assertiveness (correlations ranged from $r = .12, p < .05$ to $r = .44, p < .001$; see Table 1 for the full correlation matrix). These analyses indicate that there is an association between each component of sexual assertiveness and each of the hypothesized barriers to sexual assertiveness, thus laying the necessary foundation for the moderation analyses. Women with greater fear of sexual powerlessness were less sexually assertive and more sexually compliant than women with less fear of sexual powerlessness. Likewise, women with greater emotion dysregulation were also less sexually assertive and more sexually compliant than women with less emotion dysregulation.

**Emotion Dysregulation Predicting Problems with Sexual Assertiveness**

Exploratory regression analyses were conducted to examine which components of emotion dysregulation predicted problems with sexual assertiveness. The four components of emotion dysregulation (lack of emotional awareness, lack of emotional clarity, emotional nonacceptance, and difficulties engaging in goal-directed behavior) were entered simultaneously into a regression analysis predicting each aspect of sexual assertiveness. Emotion dysregulation significantly predicted relational sexual assertiveness scores ($R^2 = .14, F(4, 437) = 17.31, p < .001$). Lack of emotional clarity emerged as the strongest predictor of problems with relational sexual assertiveness ($\beta = -.21, t(437) = -3.67, p < .001$). Emotional nonacceptance ($\beta = -.13, t(437) = -2.44, p < .05$) and difficulties engaging in goal-directed behavior ($\beta = -.11, t(437) = -2.32, p < .05$) were also significant predictors of problems with relational sexual assertiveness. Lack of emotional awareness did not predict relational sexual assertiveness.

Emotion dysregulation significantly predicted sexual agency and communication scores ($R^2 = .12, F(4, 433) = 29.29, p < .001$). In this regression, the only statistically significant predictor of difficulties with sexual agency and communication was lack of emotional clarity ($\beta = -.36, t(433) = -6.53, p < .001$). Lack of emotional awareness, emotional nonacceptance, and difficulties engaging in goal-directed behavior did not predict sexual agency and communication.

Emotion dysregulation also significantly predicted sexual compliance scores ($R^2 = .13, F(4, 448) = 16.95, p < .001$). Again, lack of emotional clarity emerged as the strongest predictor of sexual compliance ($\beta = .21, t(448) = 3.82, p < .001$). Emotional nonacceptance ($\beta = .15, t(448) = 2.93, p < .01$) and difficulties engaging in goal-directed behavior ($\beta = .12, t(448) = 2.39, p < .05$) were also significant predictors of sexual compliance. Lack of emotional awareness did not predict sexual compliance. Overall, across aspects of sexual assertiveness, lack of emotional
clarity was the strongest predictor of difficulties with sexual assertiveness, whereas emotional awareness was not related to sexual assertiveness.

Comparative Analyses: Looking at Differences between Women with a History of Sexual Victimization and Other Women

The next set of analyses used a multivariate analysis of variance (MANOVA) to evaluate whether women with a history of sexual victimization differ from women without such a history on aspects of sexual assertiveness, fear of sexual powerlessness, and components of emotion dysregulation. Comparing the means of women in each group (see Table 2), results of the MANOVA indicated the presence of significant differences in sexual assertiveness, fear of sexual powerlessness, and three out of four components of emotion dysregulation (Wilks’ Lambda = .81, $F(8, 417) = 12.43, p < .001$). For all three aspects of sexual assertiveness, women with a history of sexual victimization experienced more difficulty than nonvictims (all $p$’s < .05), as indicated by lower relational sexual assertiveness and sexual agency and communication, and higher sexual compliance. Women with a history of sexual victimization also indicated greater fear of sexual powerlessness than other women ($F(1, 417) = 26.92, p < .001$). Women with a history of sexual victimization experienced more difficulty than other women in all components of emotion dysregulation (all $p$’s < .05) except lack of emotional awareness, which did not differentiate between the two groups.

Evaluating the Interaction of Fear of Sexual Powerlessness and Emotion Dysregulation Predicting Sexual Assertiveness

Finally, hierarchical regression analyses were used to determine whether emotion dysregulation moderates the relationship between fear of sexual powerlessness and sexual assertiveness. Victims and nonvictims were evaluated separately in order to evaluate what relationships exist for each group. Significant interactions were charted to clarify the moderation relationships and the simple slopes of the regression lines were tested for significant differences.

Relational sexual assertiveness. For relational sexual assertiveness, fear of sexual powerlessness showed a significant main effect with every component of emotion dysregulation (see Table 3). The four components of emotion dysregulation did not show a significant main effect in any of the analyses. For women with a history of sexual victimization, lack of emotional awareness moderated the relationship between fear of sexual powerlessness and relational sexual assertiveness ($t(162) = -2.24, p < .05$) (see Figure 3). For victims, the influence of fear of sexual powerlessness on relational sexual assertiveness attenuates across levels of emotional awareness such that for those who lacked emotional awareness, the relationship was stronger than for those with greater emotional awareness. It is notable that for women with low fear of sexual powerlessness, greater lack of emotional awareness was associated with greater relational sexual assertiveness, but that relationship was reversed for women with high fear of sexual powerlessness. Thus, victims who lacked emotional awareness were more strongly influenced by level of fear of sexual powerlessness, contributing to lower relational sexual assertiveness, than women with greater emotional awareness. Among victims, at all levels of lack of emotional awareness, simple slope significance tests showed that as fear of sexual powerlessness increased, relational sexual assertiveness lessened ($p < .001$), with the effect being strongest for women with high levels of lack of emotional awareness. For nonvictims, none of the components of emotion dysregulation moderated the relationship between fear of sexual powerlessness and relational sexual assertiveness.

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Sexual agency and communication. For sexual agency and communication, fear of sexual powerlessness showed a significant main effect with every component of emotion dysregulation (see Table 4). For women with a history of sexual victimization, three components of emotion dysregulation, lack of emotional awareness, lack of emotional clarity, and emotional nonacceptance, resulted in a significant main effect. For nonvictims, results indicated that two components of emotion dysregulation had a direct effect on sexual agency and communication, lack of emotional clarity, as well as lack of emotional awareness. None of the interactions between sexual agency and communication and emotion dysregulation were statistically significant.

Sexual compliance. Like the other two aspects of sexual assertiveness, for sexual compliance, fear of sexual powerlessness showed a significant main effect with every component of emotion dysregulation (see Table 5). For women with a history of sexual victimization, two components of emotion dysregulation, lack of emotional clarity and emotional nonacceptance, showed significant main effects. For nonvictims, only one component of emotion dysregulation, difficulty engaging in goal-directed behavior, showed a significant main effect.

Among women with a history of sexual victimization, all components of emotion dysregulation (lack of emotional awareness, lack of emotional clarity, emotional nonacceptance, and difficulties engaging in goal-directed behavior) moderated the relationship between fear of sexual powerlessness and sexual compliance (see Figures 4-7). For women with a history of sexual victimization, the influence of fear of sexual powerlessness on sexual compliance interacted across levels of emotional awareness such that for women who lacked emotional awareness, the relationship was stronger than for women with greater emotional awareness. It is noteworthy that for victims with low fear of sexual powerlessness, greater lack of emotional awareness was associated with less sexual compliance, but that relationship was reversed for women with high fear of sexual powerlessness. Thus, victims who lacked emotional awareness were more strongly affected by high levels of fear of sexual powerlessness, contributing to greater sexual compliance, than women with greater emotional awareness.

Among women with a history of sexual victimization, women with low fear of sexual powerlessness had lower levels of sexual compliance regardless of level of emotional clarity; however, women with high fear of sexual powerlessness had greater levels of sexual compliance and the relationship was stronger in the context of greater lack of emotional clarity. For women with a history of sexual victimization, women with low fear of sexual powerlessness had lower levels of sexual compliance regardless of level of emotional acceptance; however, women with high fear of sexual powerlessness had greater levels of sexual compliance and the relationship was stronger in the context of greater emotional nonacceptance. For victims, the influence of fear of sexual powerlessness on sexual compliance changed across levels of difficulty engaging in goal-directed behavior, such that for women with greater difficulty, the relationship was stronger than for women with greater ability to engage in goal-directed behavior. It is notable that for women with low fear of sexual powerlessness, greater difficulty engaging in goal-directed behavior was associated with less sexual compliance, but that relationship was reversed for women with high fear of sexual powerlessness. Thus, victims with greater difficulty engaging in goal-directed behavior were more strongly influenced by level of fear of sexual powerlessness, contributing to greater sexual compliance, than women with greater ability to engage in goal-directed behavior. Simple slope significance tests showed that, at all levels of lack of emotional awareness, as fear of sexual powerlessness increased, sexual compliance also rose ($p < .001$). At all levels of lack of emotional clarity, as fear of sexual powerlessness increased, sexual
compliance also rose ($p < .001$). At all levels of emotional nonacceptance, as fear of sexual powerlessness increased, sexual compliance also rose ($p < .001$). At all levels of difficulties engaging in goal-directed behavior, as fear of sexual powerlessness increased, sexual compliance also rose ($p < .001$).

Among women without a history of sexual victimization, all components of emotion dysregulation (except lack of emotional clarity) moderated the relationship between fear of sexual powerlessness and sexual compliance. In all of the significant interactions, the relationship between greater fear of sexual powerlessness and higher sexual compliance was stronger in the context of emotion dysregulation. In contrast to women with a history of sexual victimization, women who lacked emotional awareness were less likely to be sexually compliant than women with more emotional awareness, and were less affected by levels of fear of sexual powerlessness, while nonvictims with greater emotional awareness were more sexually compliant in the context of greater fear of sexual powerlessness. Among nonvictims, women with low fear of sexual powerlessness had lower levels of sexual compliance regardless of level of emotional nonacceptance; women with high fear of sexual powerlessness had greater levels of sexual compliance, but only in the context of higher levels of emotional nonacceptance. For nonvictims, women with low fear of sexual powerlessness had lower levels of sexual compliance regardless of level of difficulty engaging in goal-directed behavior; women with high fear of sexual powerlessness had greater levels of sexual compliance, but only in the context of greater difficulty engaging in goal-directed behavior. Simple slope significance tests showed that, at all levels of lack of emotional awareness, as fear of sexual powerlessness increased, sexual compliance also rose (low and medium levels of lack of emotional awareness, $p < .001$; high levels of lack of emotional awareness, $p < .05$). At medium and high levels of emotional nonacceptance, as fear of sexual powerlessness increased, sexual compliance also rose ($p < .001$). However, at low levels of emotional nonacceptance, the simple slope did not differ significantly from zero ($p = .22$). Similarly, at medium and high levels of difficulties engaging in goal-directed behavior, as fear of sexual powerlessness increased, sexual compliance also rose ($p < .001$). However, at low levels of difficulties engaging in goal-directed behavior, the simple slope did not differ from zero ($p = .47$).

Overall, results showed that both fear of sexual powerlessness and emotion dysregulation impede sexual assertiveness. Fear of sexual powerlessness appears to be extremely influential in shaping sexual assertiveness. There was initial support for the hypothesis that, for some women, fear of sexual powerlessness and emotion dysregulation interact to hinder sexual assertiveness. Comparative analyses determined that women with a history of sexual victimization had greater difficulty with sexual assertiveness, fear of sexual powerlessness, and most components of emotion dysregulation than nonvictims.

**Discussion**

Overall, the findings suggest that both fear of sexual powerlessness and emotion dysregulation do indeed act as barriers to sexual assertiveness. While fear of sexual powerlessness appears to be a driving force in determining sexual assertiveness abilities and choices, components of emotion dysregulation are also influential, particularly in the aspect of sexual agency and communication. In fact, there is preliminary support for the notion that, for some women, fear of sexual powerlessness and emotion dysregulation interact to promote sexual compliance.
Fear of Sexual Powerlessness

The findings suggest that fear of sexual powerlessness is strongly linked to sexual assertiveness, demonstrating support for the importance of examining the role of this specific fear as a barrier to sexual assertiveness. Consistent with hypotheses, women with higher levels of fear of sexual powerlessness had greater difficulty with relational sexual assertiveness and sexual agency and communication, and were also more sexually compliant than other women. This was true for both women who had a history of sexual victimization and those who did not, although the former group showed significantly higher levels of fear of sexual powerlessness. Importantly, the findings did not support the hypothesis that fear of sexual powerlessness, when accompanied by strong emotion regulation skills, may be protective and act to encourage sexual assertiveness. Instead, fear of sexual powerlessness consistently undermined sexual assertiveness.

Fear of sexual powerlessness understandably interferes with sexually assertive behavior; in effect, in the context of fear of sexual powerlessness, sexual assertiveness may appear unrealistic or unattainable, defying the constraints of the sexual situation. As such, fear of sexual powerlessness may encourage resignation to a lack of sexual agency, inhibit relational sexual assertiveness, and promote sexual compliance. This sort of stance is associated with fatalism, or resignation due to the belief that the threat is inevitable or inescapable, and wishful thinking, or hoping problems will dissipate rather than using action to enact change (Cho & Salmon, 2006), and therefore with the abdication of any potential power or agency. Given a perception of lack of power, any conflict is perceived within the frame of powerlessness (Coleman, 2006), and behavior that requires power is thereby likely to seem impossible. The results of this study suggest that fear of sexual powerlessness does not motivate a woman to claim her sexual power, but rather acts as a barrier to sexual assertiveness.

Thus, an important message of this study is that we must change the cultural messages of sexual powerlessness of women and specifically help young women develop a sense of sexual self-efficacy such that they feel that they do have sexual power. The results are consistent with what we have learned from public health research on fear appeals – that within a context of high threat (e.g., social milieu of women’s sexual powerlessness), women with low self-efficacy (e.g., fear of sexual powerlessness) are particularly unlikely to behave in ways that aim to manage the threat (e.g., sexual assertiveness). The present findings suggest that it is possible that for women with high levels of fear of sexual powerlessness, resources may be allocated to managing the fear (e.g., emotion regulation) rather than addressing the danger (e.g., sexual assertiveness). Of course, this is particularly true for women who struggle with both fear of sexual powerlessness and emotion dysregulation.

Emotion Dysregulation Predicting Problems with Sexual Assertiveness

The results indicate that emotion dysregulation is associated with difficulty in sexual assertiveness. Across all aspects of sexual assertiveness, lack of emotional clarity was the most powerful predictor of difficulty with sexual assertiveness. These findings support the hypothesis that difficulty understanding one’s emotions or attaining emotional insight precludes the ability to be sexually assertive. Clear, well-understood feelings provide information that is necessary for making decisions. On the other hand, when feelings are ambiguous, a young woman is likely to feel confused, making it harder to decide to be sexually assertive. Again, because sexual assertiveness is outside of the boundaries of prescribed, traditional femininity, it requires clear feedback from the emotion regulation system in order to facilitate decision-making, particularly when making a socially undesirable choice (e.g., sexual non-compliance). Sexual situations tend
to develop with subtlety (Abbey et al., 2004); negotiations occur implicitly through expressions, glances and indications such as body language or gestures (Schmidt, 1995). This makes it even more difficult for women who struggle with lack of emotional clarity to have insight into how their emotions might inform what behaviors they will choose (e.g., sexual assertiveness or sexual compliance). Thus, when physiological arousal is confusing or unclear (i.e., Brody, 2003), the ability to respond to internal signals is impaired. Confusion or ambivalence can act as barriers to decision making, promoting the likelihood that socially comfortable choices (e.g., sexual compliance) are made.

Interestingly, lack of emotional awareness did not predict any aspects of sexual assertiveness. It is possible that this is a measurement issue, as lack of emotional awareness is perhaps the most difficult component of emotion dysregulation on which to report. That is, if a woman is not aware of her emotions, she is only likely to have the ability to report on her lack of awareness if it is intentional. Otherwise, her lack of emotional awareness also makes her unaware of this deficiency and therefore unable to report on it. These results are consistent with a recent study using the same measure (the DERS) that found the lack of emotional awareness subscale to be the only subscale that was not associated with theoretically relevant clinical variables (Weinberg & Klonsky, 2009) and another study that found substandard psychometric properties for this subscale (Tull & Roemer, 2007).

While only emotional clarity predicted sexual agency and communication, both emotional nonacceptance and the inability to engage in goal-directed behavior, in addition to emotional clarity, contributed to relational sexual assertiveness and sexual compliance. Regarding nonacceptance toward one’s own emotional responses, it is likely that, especially in an uncomfortable moment in a sexual situation, self-doubt or self-criticism will interfere with behaving in a sexually assertive manner. This is consistent with theories suggesting that emotional nonacceptance is detrimental to mental health and psychological wellbeing (Hayes et al., 1999). A critical or judgmental approach to one’s emotions both depletes an individual’s psychic resources and is incongruent with acting on behalf of those emotions. As such, if a woman fails to accept her feelings of discomfort in a sexual situation, she is more likely to be sexually compliant and less likely to sexually assertive. A woman’s nonacceptance of her emotions, such as thinking that she is “being silly,” “acting childish,” or “prudish,” as well as concerns that she may be met with anger or will lose a potential relationship, are likely to prevent sexual assertiveness and promote sexual compliance.

Emotion dysregulation in the form of difficulties engaging in goal-directed behavior also predicted sexual compliance and difficulty with relational sexual assertiveness. Sexual assertiveness requires that a woman have the ability to translate feelings of discomfort or doubt into a goal-directed behavior. At times, conflicting goals, such as the desire for safety and the desire for a relationship, make behavior choices particularly hard to navigate. When women struggle with acting in ways that are congruent with pursuing goals, those goals that are easier to attain or to identify may be prioritized. In many ways, these are more likely to be goals that are congruent with sexual compliance than with sexual assertiveness.

**Comparative Analyses: The Effects Associated with a History of Sexual Victimization**

Comparative analyses determined that women with a history of sexual victimization had greater problems with all aspects of sexual assertiveness than women without a history of sexual victimization. This is a great concern, given the research that demonstrates high rates of sexual revictimization and its relationship to sexual assertiveness (Greene & Navarro, 1998; Livingston
et al., 2007). In view of the fact that women with a history of sexual victimization are at an increased risk of future sexual victimization, it is particularly important that research identify barriers to these women’s ability to be sexually assertive. The current study has identified fear of sexual powerlessness and emotion dysregulation as two important barriers to sexual assertiveness, and has demonstrated that this is particularly true for women with a history of sexual victimization. However, it is also important to note that the temporal relationship among variables cannot be determined with a cross-sectional design, one limitation of the current study.

It is clear from these findings that women who have been sexually victimized, even if functioning quite highly (e.g., in college), are nonetheless affected by the experience both in terms of emotion dysregulation and their beliefs about sexual power allocations. Women with a history of sexual victimization also struggled with more fear of sexual powerlessness than nonvictims. For women with a history of victimization, previous experiences of sexual powerlessness have likely contributed to the fear that such situations will arise again. Having been unable to prevent previous experiences of sexual victimization, women with a history of sexual victimization likely experience the fear that sexual powerlessness will occur in future situations to a greater degree than women who have not had such experiences.

While levels of emotional awareness were similar among women with or without a history of sexual victimization, women with a history of sexual victimization had more difficulty than other women with all other components of emotion dysregulation (lack of emotional clarity, emotional nonacceptance, and difficulties engaging in goal-directed behavior). Consistent with previous research on the aftermath of sexual victimization that has focused on childhood sexual abuse (Cloitre et al., 2005; Marx et al., 2005), lack of emotional clarity appears to leave women with only a foggy sense of their emotional experience, rather than a comprehensible understanding of emotional signals. As such, these women would be less able to use emotional information as a signal for danger or discomfort in a sexual situation (Messman-Moore & Long, 2003). In addition, women with a history of sexual victimization were less accepting of their emotions than other women. Because of the social prescription of sexual compliance, women who are rejecting of their general emotional experience are likely to be particularly nonaccepting toward feelings that might indicate the need for sexual assertiveness, and more apt to engage in the socially desirable compliant stance. Finally, with more difficulty engaging in goal-directed behavior, women with a history of sexual victimization may, despite feelings of danger or discomfort in a sexual situation, comply simply because of how complicated or uncomfortable it might be to engage in sexually assertive behavior.

The Effects of the Interaction of Fear of Sexual Powerlessness and Emotion Dysregulation on Sexual Assertiveness

Not only do fear of sexual powerlessness and emotion dysregulation act as barriers to sexual assertiveness, but also, at times, the two struggles interact to create even greater difficulty with sexual assertiveness. Furthermore, fear of sexual powerlessness and emotion dysregulation interacted differently for victims and non-victims. Unfortunately, the hypothesis that fear of sexual powerlessness may be protective when emotion is well regulated was not supported by the data. However, the other side of that hypothesis, which proposed that processing fear of sexual powerlessness through dysregulated emotional processes has the effect of immobilizing sexual assertiveness, was supported in some instances. The analyses provided information regarding both direct and contextualized (i.e., interaction) effects of fear of sexual powerlessness and emotion dysregulation on sexual assertiveness. In these analyses, each of the aspects of sexual
assertiveness generated different information, although fear of sexual powerlessness maintained a direct effect across all aspects of sexual assertiveness and all components of emotion dysregulation, demonstrating that it is a powerful barrier to sexual assertiveness.

It is noteworthy that none of the components of emotion dysregulation had a direct effect on relational sexual assertiveness. In addition, for women with a history of sexual victimization, the association between increased fear of sexual powerlessness and lower relational sexual assertiveness was greater in the context of increased lack of emotional awareness. For these women, it is possible that the discomfort of the fear of sexual powerlessness in the context of emotional numbness creates a greater likelihood of relinquishing relational sexual assertiveness in the service of a more socially comfortable situation. Through learning greater emotional awareness, these women may be more apt to use the fear of sexual powerlessness to enable greater sexual assertiveness.

It was evident that emotion dysregulation played a much more prominent role in the aspect of sexual assertiveness that focused on sexual agency and communication. For women with and without a history of sexual victimization, lack of emotional awareness and lack of emotional clarity generated direct effects on sexual agency and communication. Thus, when women lacked awareness or understanding of their emotions, or viewed their emotions as hard to identify or confusing, they were more likely to feel that sexual activity was in a partner’s control and less likely to make known their own sexual needs and desires. For women with a history of sexual victimization, emotional nonacceptance also had a direct effect on sexual agency and communication. Thus, their rejection or criticism of emotional responses had an impact on their choices of passivity and silence in sexual situations. It is likely that, due to their experiences of sexual victimization, these women second-guess their fear of sexual powerlessness, perhaps telling themselves that they are mistakenly over-generalizing from their history, and thus are less likely to react in by expressing and communicating sexual assertiveness. Like the victim group, among nonvictims lack of emotional awareness also had a direct effect, possibly indicating their difficulty articulating and maintaining a sexually assertive stance given the absence of an attunement to internal signals and emotional cues.

Emotion dysregulation was also a determinant of sexual compliance. For women with a history of sexual victimization, lack of emotional clarity and emotional nonacceptance were associated with increased sexual compliance, suggesting that lacking insight into emotions or emotional nonacceptance acted to increase sexual compliance. For nonvictims, direct effects of emotion dysregulation were only demonstrated in one aspect of emotion dysregulation—difficulties engaging in goal-directed behavior. When nonvictims experienced difficulties in pursuing goal-driven behavior, greater sexual compliance was evident. Importantly, emotion dysregulation moderated the effect of fear of sexual powerlessness on sexual compliance. For women with a history of sexual victimization, all components of emotion dysregulation moderated the relationship between fear of sexual powerlessness and sexual compliance. Thus, in the context of lack of emotional awareness, lack of emotional clarity, emotional nonacceptance, and/or difficulties engaging in goal-directed behavior, fear of sexual powerlessness acted even more strongly to promote the likelihood of sexual compliance. For victims, at any level of emotion dysregulation, these difficulties contributed to choices that would meet with interpersonal approval. For nonvictims, lack of emotional awareness interacted with fear of sexual powerlessness to produce greater sexual compliance. For both emotional nonacceptance and difficulties engaging in goal-directed behavior, only women with medium or high levels of difficulty were more likely to be sexually compliant as fear of sexual
powerlessness increased. Accordingly, for both of these components of emotion dysregulation, at low levels (e.g., among nonvictims who are more accepting of their feelings and who have greater ability to engage in goal-directed behavior) as fear of sexual powerlessness increased, sexual compliance did not rise. It is possible that greater degrees of emotional acceptance and ability to engage in goal-directed behavior buffered the negative influence of fear of sexual powerlessness on sexual compliance.

Most prominently, what is evident is that when women fear that they are sexually powerless, they are less likely to be sexually assertive, and this is particularly true for women with a history of sexual victimization. It is also evident that emotion dysregulation comes at a psychic cost for many women, contributing to the likelihood that they will relinquish sexual assertiveness. It is evident that lack of emotional clarity is particularly detrimental, and it is likely that ambiguous emotional signals may be more confusing than helpful. In such cases, when intrapersonal and interpersonal needs conflict, emotional clarity is particularly important in discerning which need will take priority. When the emotional signals are negative but unclear, yet social directives and expectations are in contrast relatively clear, it is easier to be sexually compliant than to choose sexual assertiveness.

It is important to note that moderation effects are extremely difficult to detect in non-experimental studies, and are usually unlikely to reach the required statistical significance (McClelland & Judd, 1993). Thus, the significant interactions reported here deserve attention. Nonetheless, we recognize that in order to develop a nuanced understanding of the distinctions between women with and without a history of sexual victimization, of different components of emotion dysregulation, and different aspects of sexual assertiveness, numerous analyses were conducted. If a more conservative approach was adopted, for example using a Bonferroni correction, some of the findings would still be significant, but others would not. For the Bonferroni correction, the $p$ value of .05 could be divided by 12 (4 components of emotion dysregulation times 3 aspects of sexual assertiveness), requiring a $p$ value less than .004. Alternately, to be even more conservative, the $p$ value of .05 could be divided by 24 (4 components of emotion dysregulation times 3 aspects of sexual assertiveness times 2 victimization groups), requiring a $p$ value less than .002. Using these more conservative guidelines, fear of sexual powerlessness would continue to have a significant main effect on every aspect of sexual assertiveness, when any component of emotion dysregulation is taken into account, for both women with a history of sexual victimization and nonvictims. Greater emotional nonacceptance would still predict lower sexual agency and communication for victims. Greater lack of emotional clarity would still significantly predict lower sexual agency and communication for both victims and nonvictims. The interaction of fear of sexual powerlessness and difficulty engaging in goal-directed behavior would still be significant for nonvictims.

Limitations

The limitations of the study also need to be noted, along with perspectives to be explored in future studies. To begin, the study focused on a cultural context that is specific to heterosexual, American women. The participant pool was not random or representative. The study utilized participants from an introductory psychology class, and the age range was only 18-23. However, while this constraint may make findings less generalizable, the age range may not be problematic given that this age group is among the women most at risk for sexual victimization (Basile et al., 2007; Fisher et al., 2000; Krebs et al., 2007). Thus, this demographic
represents a target population for this study.

The study utilized self-report measures, which may be more of an assessment of perceptions than an accurate reflection of reality. This concern is particularly problematic regarding the assessment of emotion dysregulation. Given that emotion regulation is built upon emotional awareness, it is unclear whether someone who lacks emotional awareness can accurately report on emotion dysregulation. However, this concern is probably less relevant for self-report of nonacceptance which one would expect to be relatively accurate. Future studies might address this concern by adding experimental assessment of emotion dysregulation.

Another aspect of the emotion dysregulation assessment that might be improved in future studies is the measurement of emotion dysregulation specifically in sexual situations. However, given the notion that emotion regulation resources can be depleted, one would expect that the information that women provided regarding their general emotion dysregulation would be an improvement over the specific situation of an uncomfortable sexual situation. As such, while this is a limitation it might also be assumed that, in reality, women’s emotion dysregulation in those particular moments would be even more problematic than reported. Thus, the assessment of general rather than situation-specific emotion dysregulation likely underestimates effects described here.

There also were some limitations involved in the assessment of a woman’s history of sexual victimization. For one, women in this study were grouped together if they had one or more experiences of sexual victimization. However, it is possible that the number of experiences of sexual victimization may factor into fears of future sexual powerlessness. One might expect that repeated experiences of sexual victimization would lead to stronger expectations of sexual powerlessness. Thus, future studies should examine the impact of repeated victimizations. Second, a limitation of the survey used (the SES) is that it asks about wanted or unwanted sexual activity, with dichotomized response options, thus not capturing any potential ambivalence (Muehlenhard & Peterson, 2005). Thus, women with experiential ambivalence (e.g., women who had interest in the man but were not comfortable with the situation as it transpired, or who experienced physiological arousal) may be more hesitant to describe the sex as unwanted despite the fact that it was nonconsensual.

Future studies might explore the idea that fear is probably not the only emotion relevant to powerlessness in sexual situations. Specifically, research has identified that negative emotions in addition to fear, such as sadness, anger, and jealousy are commonly associated with rising intimacy levels (Knobloch, Miller, & Carpenter, 2007). Thus, perhaps future studies might examine sadness, anger, and jealousy in sexual situations and how those emotions might contribute to women’s choices regarding sexual assertiveness or compliance.

Finally, correlational analyses are unable to produce evidence of causation. As such, implications may only be stated in a tentative manner. However, it is important to note that research has consistently demonstrated that there is a reciprocal nature to the relationship between sexual assertiveness and sexual victimization (Greene & Navarro, 1998; Livingston et al., 2007). As such, demonstrating cause or effect may not be entirely relevant. Accordingly, the implications of the findings in this study can safely be assumed as informative regarding intervention and prevention practices.

**Implications**

The implications of this study are focused on the socialization of young women and the messages that they are sent regarding sexuality, management of sexual activity, and sexual
power. This occurs in public and private spheres, in formal dialogue and through informal messages. Phillips (2000) puts forward the notion that “women need to be positioned in education, legal, scholarly, and popular discourses as co-subjects and active initiators in their own sexualities, rather than simply respondents to men’s requests or demands for sex” (p. 200, emphasis in original). Interventions and risk reduction programs should highlight the sexual power that is available and due to a young woman in a sexual situation, as well as the interaction of emotion regulation, and response options available. This type of programming would specifically address young women’s subjective feelings of sexual vulnerability and explore ways of performing sexual assertiveness that feel accessible within the reality of a sexual situation.

The dichotomizing approach of abstinence campaigns, with messages of “just say no” and “just leave,” limits young women in many ways. First, by not discussing how to limit sexual activity, women are not taught the nuanced skills of sexual assertiveness. Furthermore, abstinence campaigns are overly restrictive and simplistic (Selverstone, 2000), with no room for gradations of sexuality, and as such if a woman has consented to some sexual activity, she may feel powerless to stop it from progressing further. Through the social discourse suggesting that the only safe choice is to “say no” to everything, a young woman may presume that once she has said “yes” to anything, she has given up the privilege of safety. By suppressing dialogue and questions regarding sexuality (Selverstone, 2000), young women do not learn how to draw boundaries within sexual activity.

One of the most prominent recommendations of the literature on fear appeals is to promote higher perceptions of self-efficacy in conjunction with fear appeal exposure (Cho & Salmon, 2006; Sprinkle, Hunt, Simonds, & Comadena, 2006). Unfortunately, this is very hard to do with sexual victimization. To the extent possible, a focus on factors that may increase perceptions of efficacy is critical. Topics such as sexual assertiveness, situation selection, risk appraisal (risk perception), and effective resistance strategies may potentially increase perceptions of self-efficacy. However, it is always important to note that such messages are not meant to suggest that women who are sexually victimized have done anything wrong nor that they have not done anything that they should have, but rather the implication is only that this information has been shown be helpful in such situations. In fact, in contrast to the assumption of fear appeal theory that fear appeals and efficacy statements together are most effective in behavior change, research on college students and classroom use of fear appeals suggests that efficacy alone, without fear appeal, is significantly more effective than fear appeal with or without efficacy statements (Sprinkle et al., 2006).

The power of a fear appeal lies in its ability to draw out negative emotions. In contrast, Hastings et al. (2004) suggest the use of appeals rooted in positive emotions, such as enthusiasm, love, hope, and humor. It has also been suggested that erotic messages are likely to be more efficient means for encouraging positive attitudes toward sexual assertiveness (Kyes, 1995). In this way, positive attitudes and expectations can begin to be associated with sexual assertiveness. Similarly, Witte and Morrison (1995) suggest that some prevention programs may fail because they lack suggestions of alternative behaviors that may be appealing to replace risky sexual behaviors in fulfilling the need for excitement and stimulation of high sensation-seekers. In addition to those ideas, I would propose that another useful approach might be to focus on anticipation as a relationship-building quality, honoring that relationship building is an important priority for many young women. Such an approach could highlight aspects such as the building of trust, potential extra attention devoted to emotional intimacy, and the excitement of looking forward to future sexual activity.
While it would be nice to suggest that feelings of empowerment in sexual situations will protect young women from sexual violence, this would be overly simplistic. Sadly, Phillips’ (2000) inquiry into college women’s sexual experiences showed that for many women, a sense of power that does not incorporate the cultural context of gender power asymmetry can leave women unprepared for or less aware of potential dangers, and thus paradoxically, steer her into experiences of victimization. Thus, it is essential that we acknowledge the cultural discourses regarding gender and sexuality and their impact on young women and their ability to be sexually assertive or compliant. By focusing on changeable aspects of sexual victimization, we seek not to blame victims but rather to direct our work to whatever protective mechanisms may be available (Frazier et al., 2005). By focusing on changeable aspects of our society, we enable ourselves to begin change today through enacting change in our own lives.

It is important to design messages about sexuality that stress the power that both individuals have within the situation to decide about whether they will engage in sexual activity and, if so, how much and what sort of sexual activity they desire. Selverstone (2000) advocates an approach to sex education focusing on the development of “sexually healthy adults who can give and receive sexual love; who can negotiate mutually rewarding intimate relationships; who can experience joy, and who feel and important sense of control over their own loving and erotic behavior; and who value themselves and others” (p. 119). Such an approach is consistent with empowerment prevention interventions (Rozee & Koss, 2001).

In addition, another implication of this study is a clear indication that women with a history of sexual victimization struggle more extensively with fear of sexual powerlessness and emotion dysregulation. It appears that when these two factors interact, sexual compliance is promoted, especially for victims of sexual violence. These findings highlight the need for targeted intervention for women with a history of sexual victimization with regard to barriers to sexual assertiveness.

**Conclusion**

The clearest message of the study was that young women do struggle with fear of sexual powerlessness, and that this feeling appears to be a major barrier to sexual assertiveness and a contributor to sexual compliance. In the midst of great worry over whether one even has the power to be agentic in a sexual situation, it is extraordinarily difficult for a young woman to express reservations, request that sexual activity be halted or altered, or leave an uncomfortable situation. As such, fear of sexual powerlessness was a significant, strong predictor of every aspect of sexual assertiveness both individually and in concert with each of the different components of emotion dysregulation.

In addition, emotion dysregulation also acts as a barrier to sexual assertiveness. When resources are allocated to the intrapersonal experience (e.g., clarification or management of emotions), they are, in effect, allocated away from the management of the interpersonal experience (e.g., safety, boundary management). Finally, it appears that certain combinations of fear of sexual powerlessness and emotion dysregulation may be particularly detrimental to sexual assertiveness. Again, while the figures depicted here are linear, it is important to note again that the relationships discussed here are most likely cyclical in their nature.

Given these findings, it appears important that our society move away from messages of fear appeals and dichotomizations of sexual intercourse and no sexual activity (i.e., you have sex, or you have nothing), and toward efficacy-driven sex education that focuses on critical decision-
making in evaluating sexual activity, sexual assertiveness skills, and, most importantly, toward a conceptualization of sexual activity in which the gendered power structure is symmetrical. In addition, we are each, as parents, family, educators, and community members, responsible for sending messages that are congruent with a symmetrical gendered power structure, both in general and in sexual situations. We must send messages to young women that they are in control of their bodies and sexual activity, and that they have the right to make choices around when, how, in what ways, and with whom they choose to share their bodies.


<table>
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<tr>
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<th>Fear of Sexual Powerlessness</th>
<th>Emotion Dysregulation</th>
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<td>-.54***</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-.62***</td>
<td>-.19***</td>
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<td>-.32***</td>
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<td></td>
<td></td>
<td>-.28***</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-.22***</td>
</tr>
<tr>
<td>2. Sexual Agency &amp; Communication</td>
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<td>-.58***</td>
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<td>.47***</td>
<td>.12*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>.30***</td>
</tr>
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<td></td>
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<td>.29***</td>
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<td></td>
<td></td>
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<td>.24***</td>
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<td>.20***</td>
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<td>.50***</td>
<td>.27***</td>
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<td></td>
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<td>.05</td>
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<tr>
<td>6. Lack of Emotional Clarity</td>
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<td>.47***</td>
<td>.30***</td>
</tr>
<tr>
<td>7. Emotional Nonacceptance</td>
<td>1</td>
<td></td>
<td>.39***</td>
</tr>
<tr>
<td>8. Difficulties Engaging in Goal-Directed Behavior</td>
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<td></td>
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</table>

* *p < .05
** **p < .01
*** ***p < .001
Table 2
Means and Standard Deviations of All Variables

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<tr>
<th>Variable</th>
<th>Victims</th>
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<th>Nonvictims</th>
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<th>Difference</th>
<th>Variable</th>
<th>Range</th>
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<td>SD</td>
<td>M</td>
<td>SD</td>
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<td>-8.81 ***</td>
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<td>26.09</td>
<td>6.29</td>
<td>-1.32 *</td>
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<td>2.98</td>
<td>4.49</td>
<td>1.50</td>
<td>1.43 ***</td>
<td>4 – 20</td>
<td></td>
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<tr>
<td>Fear of Sexual Powerlessness</td>
<td>19.74</td>
<td>7.77</td>
<td>16.13</td>
<td>6.48</td>
<td>3.61 ***</td>
<td>7 – 42</td>
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<tr>
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<td>12.90</td>
<td>4.27</td>
<td>13.18</td>
<td>4.35</td>
<td>-0.28</td>
<td>6 – 30</td>
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<tr>
<td>Lack of Emotional Clarity</td>
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<td>3.67</td>
<td>10.43</td>
<td>3.36</td>
<td>0.93 **</td>
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<td>12.25</td>
<td>4.85</td>
<td>1.63 ***</td>
<td>6 – 30</td>
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<td>Difficulties Engaging in Goal-Directed Behavior</td>
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<td>4.56</td>
<td>15.30</td>
<td>4.80</td>
<td>1.13 *</td>
<td>5 – 25</td>
<td></td>
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</table>

*p < .05
**p < .01
***p < .001
Table 3

Examination of the Interaction of Fear of Sexual Powerlessness and Emotion Dysregulation to Predict Relational Sexual Assertiveness

<table>
<thead>
<tr>
<th>Step</th>
<th>$\beta$</th>
<th>$B$</th>
<th>$SE\ (B)$</th>
<th>$F$</th>
<th>$R^2$</th>
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<tbody>
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<td>-.103 ***</td>
<td>.10</td>
<td>64.71</td>
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<tr>
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<td>-.11</td>
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<tr>
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<td>.02</td>
<td>64.71</td>
<td>.44</td>
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<table>
<thead>
<tr>
<th>Step</th>
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<th>$SE\ (B)$</th>
<th>$F$</th>
<th>$R^2$</th>
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<td>69.67</td>
<td>.45</td>
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<td>-.40 *</td>
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<td>.02</td>
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<td>.44</td>
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<table>
<thead>
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<thead>
<tr>
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<td>-1.00 ***</td>
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<td>2. FSP x Goals</td>
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<td>.02</td>
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<table>
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<table>
<thead>
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<table>
<thead>
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* $p < .05$, ** $p < .01$, *** $p < .001$

Note: FSP = Fear of Sexual Powerlessness, Nonacceptance = Emotional Nonacceptance, Goals = Difficulties Engaging in Goal-Directed Behavior
Table 4

Examination of the Interaction of Fear of Sexual Powerlessness and Emotion Dysregulation to Predict Sexual Agency & Communication

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<tr>
<th>Victims (n = 194)</th>
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* $p < .05$, ** $p < .01$, *** $p < .001$

Note: FSP = Fear of Sexual Powerlessness, Nonacceptance = Emotional Nonacceptance, Goals = Difficulties Engaging in Goal-Directed Behavior
Table 5
Examination of the Interaction of Fear of Sexual Powerlessness and Emotion Dysregulation to Predict Sexual Compliance

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* p < .05, ** p ≤ .01, *** p < .001
Note: FSP = Fear of Sexual Powerlessness, Nonacceptance = Emotional Nonacceptance, Goals = Difficulties Engaging in Goal-Directed Behavior
Figure 2: Sexual Victimization & Fear of Sexual Powerlessness Processing Model

Antecedent  Process  Behavioral Outcome

Fear of Sexual Powerlessness

Sexual Assertiveness

Emotion Dysregulation

History of Adult Sexual Victimization
Figure 3
The Interaction of Fear of Sexual Powerlessness and Lack of Emotional Awareness Predicting Relational Sexual Assertiveness

Note: These figures are on different scales given the large discrepancy between victim and nonvictims ranges.
Figure 4
The Interaction of Fear of Sexual Powerlessness and Lack of Emotional Awareness Predicting Sexual Compliance
Figure 5
The Interaction of Fear of Sexual Powerlessness and Lack of Emotional Clarity Predicting Sexual Compliance

Victims

Nonvictims (ns)
Figure 6
The Interaction of Fear of Sexual Powerlessness and Emotional Nonacceptance Predicting Sexual Compliance
Figure 7
The Interaction of Fear of Sexual Powerlessness and Difficulties Engaging In Goal-Directed Behavior Predicting Sexual Compliance

VICTIMS

Nonvictims

goals
- high
- med
- low

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Appendix A: Assessment of Sexual Assertiveness

Relational Sexual Assertiveness Subscale of Relational Sexual Assertiveness and Agency Questionnaire (RSAAQ; Messman-Moore, Ward, & Walker, 2009)

I go farther sexually than I want because otherwise my partner might reject me. (r)
I engage in sexual behavior when I don’t really want to because I’m afraid my partner might leave me if I don’t. (r)
I am easily persuaded to engage in sexual activity. (r)
I worry that my partner won’t like me unless I engage in sexual behavior. (r)
It is difficult for me to be firm sexually if my partner keeps begging or pressuring me about it. (r)
It is easier to “give in” sexually than to argue with my partner. (r)
I engage in sexual activity when I don’t want to because I don’t know how to say “no”. (r)
I agree to have sex when I don’t feel like it. (r)
I go along with what my partner wants sexually, even when I’m uncomfortable. (r)
I give more than I take in sexual situations. (r)
I engage in unwanted sexual activity to avoid hurting my partner’s feelings. (r)
Once I agree to some sexual activity, it is difficult for me to stop things from going farther than I’d like. (r)
I engage in unwanted sexual behavior to “avoid making a scene” with my partner. (r)
It is easy for others to seduce me into sexual activity. (r)

Note. (r) = reverse-scored item.

Sexual Agency & Communication Subscale of Relational Sexual Assertiveness and Agency Questionnaire (RSAAQ; Messman-Moore, Ward, & Walker, 2009)

I have trouble expressing my sexual needs. (r)
I lack confidence in sexual situations. (r)
I know what I want sexually.
I am good at expressing my sexual needs and wants.
I don’t really know what I want sexually. (r)
It is easy for me to tell my partner what I want, and what I don’t want, sexually.
It is easy for me to be assertive in sexual situations with a partner.

Note. (r) = reverse-scored item.

Sexual Compliance: Partner Approval Subscale of Sexual Motivation Scale (SMS; Cooper, Shapiro & Powers, 1998)

How often do you have sex out of fear that your partner won’t love you anymore if you don’t?
How often do you have sex because you don’t want your partner to be angry with you?
How often do you have sex because you worry that your partner won’t want to be with you if you don’t?
How often do you have sex because you’re afraid that your partner will leave you if you don’t?
Appendix B: Assessment of Fear of Sexual Powerlessness

Control Subscale of the Sexual Self-Esteem Inventory for Women Short Form (SSEI-W-S; Zeanah & Schwarz, 1996)

Coded here for Fear of Sexual Powerlessness (reversed from original Control Subscale)

I feel emotionally vulnerable in a sexual encounter.
I am afraid of losing control sexually.
I feel I can usually judge how my partner will regard my wishes about how far to go sexually. (r)
I feel physically vulnerable in a sexual encounter.
I worry that I won’t be able to stop something I don’t want to do in a sexual situation.
I worry that things will get out of hand because I can’t always tell what my partner wants in a sexual situation.
I worry that I will be taken advantage of sexually.

Note. (r) = reverse-scored item.
Appendix C: Assessment of Emotion Dysregulation

Difficulties in Emotion Regulation Scale  
(DERS; Gratz & Roemer, 2004)

Lack of Emotional Awareness  
I am attentive to my feelings. (r)
I pay attention to how I feel. (r)
When I’m upset, I acknowledge my emotions. (r)
When I’m upset, I believe that my feelings are valid and important. (r)
I care about what I am feeling. (r)
When I’m upset, I take time to figure out what I’m really feeling. (r)

Lack of Emotional Clarity  
I have difficulty making sense out of my feelings.
I have no idea how I am feeling.
I am confused about how I feel.
I know exactly how I am feeling. (r)
I am clear about my feelings. (r)

Emotional Nonacceptance  
When I’m upset, I feel guilty for feeling that way.
When I’m upset, I feel ashamed with myself for feeling that way.
When I’m upset, I become embarrassed for feeling that way.
When I’m upset, I become angry with myself for feeling that way.
When I’m upset, I become irritated with myself for feeling that way.
When I’m upset, I feel like I am weak.

Difficulties Engaging in Goal-Directed Behavior  
When I’m upset, I have difficulty concentrating.
When I’m upset, I have difficulty focusing on other things.
When I’m upset, I have difficulty getting work done.
When I’m upset, I have difficulty thinking about anything else.
When I’m upset, I can still get things done. (r)

Note. (r) = reverse-scored item.