Original Research

Women's Experiences of Sexual Violence in Intimate Relationships: Applying a New Taxonomy

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Abstract

How do women describe their experiences of sexual violence in their intimate relationships? In answering this question, the present article builds upon a newly developed taxonomy of intimate partner sexual violence (IPSV). Women with past or present intimate partner violence experience (N = 28) were recruited from a domestic violence program and the community at large. Data were collected with semistructured, in-person interviews, audio recorded, and transcribed. As defined by the taxonomy, 27 women (96%) experienced intimate partner sexual abuse; 19 (68%) experienced intimate partner sexual coercion; 14 (50%) experienced intimate partner sexual assault; and two (7%) experienced intimate partner–forced sexual activity. Intimate partner sexual abuse was central to women's experiences of IPSV. Common categories of sexual abuse were having sex outside of the relationship, controlling reproductive decisions, degrading with sexual criticism and insults, refusing communication, denying pleasure, and withholding sex. The types of IPSV did not typically occur in isolation; the taxonomy revealed a grouping pattern, with intimate partner sexual assault and intimate partner sexual coercion co-occurring with sexual abuse. Understanding the different types of IPSV as a comprehensive mechanism

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of sexual control is a meaningful way to conceptualize sexual violence in intimate relationships. The expanded taxonomy provides a useful therapeutic tool in helping women share and heal from these experiences.

Keywords
domestic violence, sexual assault, sexual coercion, sexual abuse

Women commonly experience sexual violence perpetrated by a current or former intimate partner, such as a boyfriend or girlfriend, spouse, or cohabiting dating partner. Among samples of intimate partner violence (IPV) survivors, the average prevalence rate of intimate partner sexual assault is 36.1% and the average prevalence rate of intimate partner sexual coercion is 24.9% (Bagwell-Gray, Messing, & Baldwin-White, 2015). Sexual violence in intimate relationships, heretofore referred to as *intimate partner sexual violence* (IPSV), is likely even more pervasive given it occurs in additional forms besides sexual coercion and sexual assault. To date, however, there are no prevalence rates for other types of IPSV, emphasizing the importance of expanding the knowledge base on this topic. IPSV occurs in same-sex intimate relationships and can be perpetrated by women against men; however, women are most often the survivors of male-perpetrated IPSV (Black et al., 2011; Walters, Chen, & Breiding, 2013). Thus, without minimizing the IPSV in same-sex relationships or IPSV perpetrated by females against males, the focus of this study is on women's experiences of IPSV that occurred in their relationships with men.

To increase understanding of how women describe their experiences of sexual violence in intimate partner relationships, the present article uses an IPSV taxonomy (Bagwell-Gray et al., 2015) as a template for analysis. The IPSV taxonomy was developed by a systematic review of the IPSV literature between 1980 and 2013. Although the taxonomy was researcher-developed, it was informed by quantitative and qualitative research studies documenting survivor's firsthand accounts of IPSV.

The IPSV taxonomy has a feminist theoretical underpinning that assumes IPV stems from patriarchal power and coercive control (Johnson, 2008; Pitman, 2017; Stark, 2007). According to a coercive control framework, dynamics of IPV are much more complex than discrete acts of physical or sexual violence; rather, controlling behaviors, which can take the form of double binds, double standards, and boundary violations, can be likened to a "trap" or "web of control," (Johnson, 2008; Pitman, 2017; Stark, 2007, 2009). These controlling behaviors keep a victim in a state of less power. Stark (2007) uses an extended analogy between a battered woman and a prisoner of

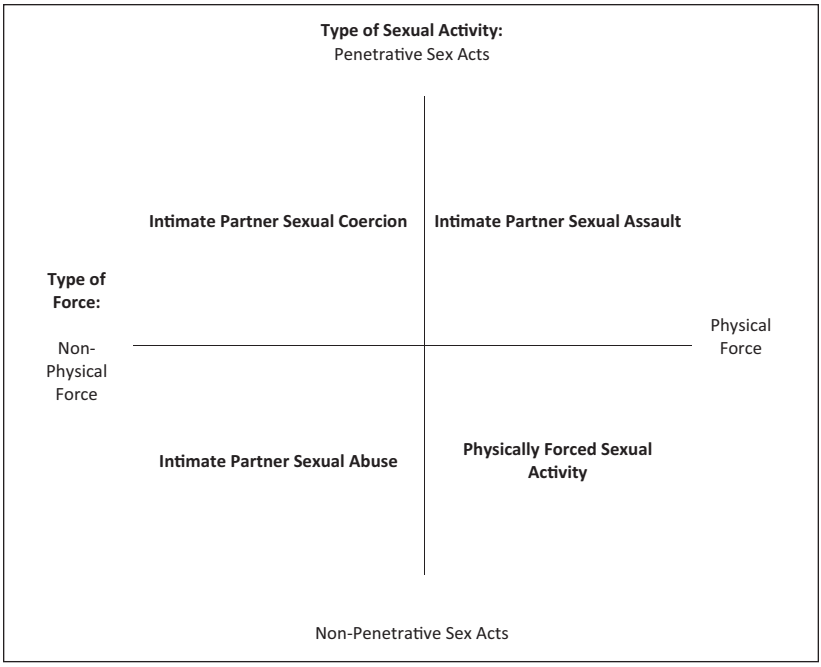

Figure 1. The IPSV taxonomy shows four types of IPSV that vary by type of force and type of sexual activity.
Source. Adapted from Bagwell-Gray, Messing, and Baldwin-White (2015).
Note. IPSV = intimate partner sexual violence.

war, with the important difference that the torture and terror can be uniquely individualized based on a partner's intimate knowledge. Using a coercive control framework, sexual violence can be one of the ways an abuser can terrorize his victim. This theoretical frame is important to understanding the different types of IPSV as women describe the sexual violence in their relationships. This framework is used in the interpretation of results.

According to the IPSV taxonomy (see Figure 1), IPSV is sexual violence perpetrated by a current or former intimate partner and consists of four types: intimate partner sexual assault, intimate partner sexual coercion, intimate partner sexual abuse, and intimate partner–forced sexual activity (Bagwell-Gray et al., 2015). The types of IPSV vary across two characteristics: degree of invasiveness and degree of force. When referring to *degree of invasiveness*, an act can be penetrative—vaginal, anal, or oral sexual acts, fingering or penetrative sexual acts with objects—which would be considered highly invasive. Less invasive types of IPSV, though sexual in nature, are non-penetrative,

ranging from various sexual abuse and control tactics (e.g., sexually charged name-calling, refusal to wear condoms) to unwanted kissing and groping, depending on the degree of force. *Degree of force* is the level of physicality the perpetrator uses on the victim during the commission of IPSV. High force is defined as physical violence or the threat of such violence. Low force is nonphysical and takes the form of emotional and mental control, manipulation, and persuasion. Based on these two characteristics, there are four types of IPSV, elaborated upon below (Bagwell-Gray et al., 2015).

Intimate partner sexual assault, both high in force and high in invasiveness, is commonly known as forced sex, marital rape, or intimate partner rape. It refers to physically forced sexual activities using actual or threatened physical force, such as being held or pinned down, or threats of such force, such as receiving beatings for refusing sex. Intimate partner sexual assault specifically refers to penetrative sexual activity—that is, oral, anal, vaginal sexual assault or sexual assault with an object. It also refers to unwanted penetrative sexual acts obtained while the victim is unconscious or otherwise unable to give consent, such as being asleep or under the influence of alcohol or other drugs.

Intimate partner sexual coercion, still high in invasiveness yet low in physical force, differs from intimate partner sexual assault in that unwanted sexual penetration is obtained through manipulative tactics and emotional and mental control rather than physical force (Black et al., 2011; Broach & Petetric, 2006; DeGue & DiLillo, 2005; Logan, Cole, & Shannon, 2007). Demands and threats can be explicit or implicit. Compared with intimate partner sexual assault, non-consent outside of the context of physical force may be more difficult to identify, particularly if a woman submits to coercive sexual tactics to avoid negative consequences of refusing sex (Livingston, Buddie, Testa, & VanZile-Tamsen, 2004) or if she believes having sex with her spouse or partner is her obligation (Basile, 2008).

Intimate partner sexual abuse, both low in force and in invasiveness, is similar to sexual coercion in that abusive partners use nonphysical, emotionally manipulative tactics to achieve their goal of sexual dominance and control. It differs from sexual coercion in that, rather than coercing sexual penetration, tactics are aimed at controlling women's sexuality, sexual health, and sex-related decision making in the relationship. As described by Campbell and Soeken (1999), intimate partner sexual abuse can be defined as

> other acts that are sexual and coercive but not violent and are not sexual acts with the battered woman, per se, such as refusing to wear condoms, being emotionally abusive or threatening when discussing safe sex, refusing to use birth control, having unprotected sex with other women, refusing to have sex, or being otherwise abusive and emotionally demeaning in terms of sex. (p. 1019)

Finally, characterized by high force and low invasiveness, *intimate partner–forced sexual activity*, is a theoretically derived type of IPSV, developed in accordance with the taxonomy. Some of its components are derived from the definition of sexual violence accepted by the Centers for Disease Control and Prevention, yet this type of IPSV has not been examined in previous research studies. It consists of physically violent acts that are within the sexual realm of a relationship, but do not include penetrative sexual activity. Types of intimate partner–forced sexual activity include unwanted, non-penetrative sexual contact (e.g., physically forced grabbing, fondling, or kissing in a sexual way); physical violence that co-occurs during otherwise consensual sex; physical violence geared toward a sexual organ (e.g., cutting a breast with a knife); and sexual violence with masturbation (e.g., being held down and masturbated on; forcing one's hand to assist in masturbation).

The original purpose of the IPSV taxonomy was to create a common conceptualization and shared language for researchers, practitioners, and survivors (Bagwell-Gray et al., 2015). Since its development, however, this proposed taxonomy has not been systematically applied to women's lived experiences of IPSV—or, if it has, it has not had time to appear in the literature. In the present article, the IPSV taxonomy is applied to 28 women's narratives of sexual violence in intimate relationships. This study builds upon the IPSV taxonomy, filling in the nuances and layers of the different yet related types of IPSV, while simultaneously assessing the taxonomy for its applicability given women's own descriptions of sexual violence in their intimate relationships. The research questions that guide this study are as follows:

Research Question 1: How do participants describe their experiences of sexual violence in intimate partner relationships?
Research Question 2: Given women's descriptions of sexual violence in their intimate relationships, how applicable is a taxonomy of IPSV?

Method

This article reports on a subset of findings from a qualitative descriptive study of IPV and women's sexual health (Bagwell-Gray, 2019). *Qualitative description* is a pragmatic approach to research with tenets rooted in naturalistic inquiry (Sandelowski, 2010). It is useful for understanding contexts, processes, and experiences. The goal of qualitative description is to provide a comprehensive summary of an event or experience and to present its account using everyday language, especially in the language of the participants themselves (Sandelowski, 2010).

The present analysis focuses on women's experiences of sexual violence. The purpose of this analysis was to clarify and expand the taxonomy of IPSV, thereby strengthening its descriptive accuracy. Because the overarching study emphasized women's sexual health, the focus of this analysis is on women and not men. The decision to focus on women is congruent with the analytic frame, which uses a taxonomy based on a systematic literature review of female survivors of male-perpetrated sexual IPV.

Approval for this study was obtained by the university institutional review board.

Sample

Recruitment. Women ($N = 28$) were recruited from a southwestern state in the United States. A partnership was established with a large domestic violence agency to recruit women who were staying in a domestic violence emergency shelter ($n = 16$) as well as women who were receiving services through their out-patient counseling program ($n = 6$). Counselors and case managers told their clients about the study and used a brief screening form to determine whether women met eligibility requirements. In addition, women were recruited from the community from a survivor advocacy group ($n = 3$) and with flyers on social media advertisements ($n = 3$). Women from the community contacted the primary investigator directly by phone or email for screening. The purpose of this recruitment strategy was to achieve variation in the sample (Creswell, 2013; Miles & Huberman, 1994) by the length of time since leaving the abusive relationship and level of healing.

Eligibility criteria. Women had to report experiencing at least one type of IPV in their lifetime. Reporting IPSV was not a necessary criterion. It was anticipated that participants would describe experiences of sexual violence during the interview that they did not label as such or disclose in the initial screening process (Currie & MacLean, 1997; Russell, 1982). Thus, the broader inclusion criterion of any IPV was used to better identify a wide range of sexually coercive and abusive experiences. Other inclusion criteria were being 18-years-old or older and speaking English. Participants had to confirm they understood the purpose of the study, provide verbal consent, and express willingness to participate in a 60- to 80-min interview. It was not a requirement that women had male partners.

Data Collection

After participants screened as eligible for the study, participants were given the choice of where to complete the interview. Participants were asked to

choose a place they deemed as safe and private. These places included the domestic violence shelter and outreach counseling offices, an office on the university campus, participants' homes, coffee shops, and a shopping mall. Each participant completed a brief demographic form to provide context for the qualitative data. Then, the primary investigator conducted semistructured interviews with participants on the topics of their current, former, and prospective sexual behaviors (e.g., In your relationship, how did you make decisions about: whether to use birth control and, if so, what type? whether to have sex with your partner? etc.). The primary investigator audio recorded and transcribed interviews verbatim. On average, interviews lasted 59 min; the shortest interview was 27 min, and the longest was 110 min.

The sample was increased until informational redundancy was reached, meaning until no new themes emerged in the data (Sandelowski, 1995). Given the richness of participant descriptions, 28 interviews were sufficient for the study purpose.

Data Analysis

Data analysis began simultaneously with data collection. As the primary investigator, a scholar with 10 years of qualitative research experience and doctoral-level training, I identified codes in interview transcripts, memos, and reflective notes (Miles, Huberman, & Saldaña, 2014). *Codes* are words or phrases that "encompass units of data" (Sandelowski & Leeman, 2012, p. 1407). For this analysis, I developed codes in the gerund form with verbs ending in "ing" to reflect the actions of participants and their partners as described during interviews (Charmaz, 2006; Saldaña, 2012) and created a corresponding coding manual. Because I was a singular coder, I consulted with two researchers who were not directly involved in the analysis process to examine my codebook with samples of coded interviews. As the coding manual was revised, different iterations were kept on file for an audit trail (Miles & Huberman, 1994). Codes and reflective notes were written in the margins of hard copies of interview transcripts to increase confirmability of the research (Miles & Huberman, 1994). These reflective notes also provided space for enhanced researcher reflexivity (Miles & Huberman, 1994). After the coding manual was finished, data were reanalyzed with NVivo 10 Software (QSR International Pty Ltd., 2014).

Triangulation was sought across various data sources (different women from different recruitment settings). Themes were only reported as findings if they occurred in more than one place in the data set (i.e., more than one interview; Golafshani, 2003; Miles & Huberman, 1994). Finally, Figure 2 was developed to visually display and make meaning of the data, particularly with respect to how the different types of IPSV overlapped and co-occurred with one another in the participants' stories.

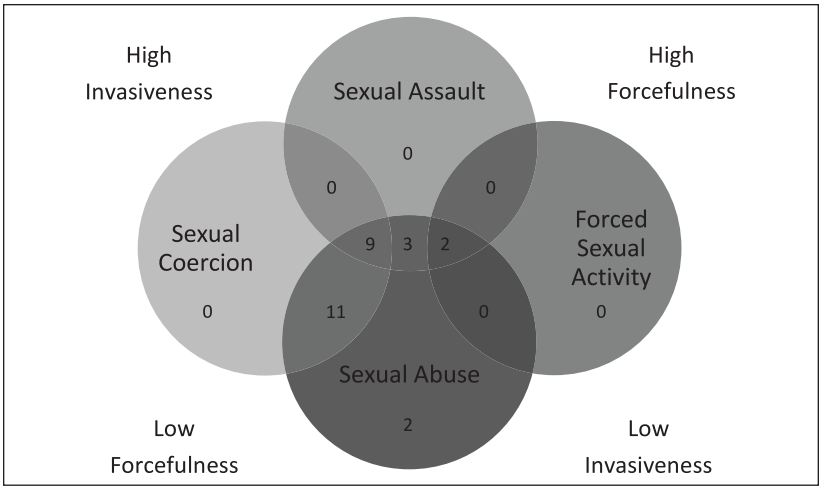

Figure 2. Clustering of experiences of IPSV by combination of type.
Note. Twenty-five women experienced co-occurring types of IPSV. Two participants described experiencing intimate partner sexual abuse without other types of IPSV. One participant in the sample reported no IPSV. IPSV = intimate partner sexual violence.

In representing study findings, descriptions are rich in context and meaning to strengthen their *verisimilitude* (or truthlikeness) and so that they "ring true" to the reader (Miles & Huberman, 1994). Women's own words are used to stay as close to the data as possible (Sandelowski, 2000). No names or pseudonyms are used to protect anonymity.

Findings

Participants

Women in this sample ($N = 28$) varied across race/ethnicity, type of relationship to abuser, and length of time in the relationship. The mean age of the sample was 39 years, with a range from 22 to 60 years. The majority of the sample was White ($n = 16$; 57%), followed by African American ($n = 4$; 14%), Hispanic ($n = 3$; 11%), and Native American ($n = 2$; 7%). Of the three remaining women, one identified as multiracial without specification, one was biracial (Asian and White), and a third was an immigrant from South Asia. All participants primarily discussed abuse perpetrated by male partners. One woman also described having an abusive sexual relationship with a female partner. Specifically, her partner refused to use barrier protection to

prevent sexually transmitted infections (STIs). After her brief disclosure of this experience, she focused extensively on the IPSV she experienced by male partners. Nearly half of the women were either currently or previously married to their most recent abusive partner (46%), and the average length of time in the most recent abusive relationship was 5.4 years, ranging from 1 month to 18 years (see Table 1).

Experiences of IPSV

Of the 28 women who participated in this study, all but one woman reported IPSV. This is significant given that women were sampled based on *any* experiences of IPV, not specifically for IPSV. Twenty-seven women (96%) experienced intimate partner sexual abuse; 19 (68%) experienced intimate partner sexual coercion; 14 (50%) experienced intimate partner sexual assault; and two (7%) experienced intimate partner–forced sexual activity. Participants described that sexual violence in a relationship was a weapon that their partners used against them. The term "weapon" derives from women themselves, who specifically used terms such as "double-edged sword" and "stones to throw at me" to describe sexual dynamics in their relationships.

Intimate partner sexual assault. Half of the participants (n = 14) described experiences with intimate partner sexual assault—that is, unwanted penetrative sex acts obtained by their partners with physical force or the threat of physical force. For example, one participant explained, "Saying no didn't mean anything to him . . . it would start to get physical and then—wouldn't stop until I finally had to give in." Another explained what happened when she resisted: "I tried to fight him off about—a lot of times," but that never worked. After time she "just would not say anything at all."

Women described emotional, mental, and physical consequences of intimate partner sexual assault. One participant described getting sick to her stomach, another described feeling dirty, and two said they blocked out periods of their lives that spanned years: "I have eight years of darkness . . . Um, therapists have said that's just my brain, that has just shut down and is protecting me." Two participants emphasized the physical pain that resulted from their partner's sexual assaults: "And I'm like, I'm in pain. And, just, I used to sit there and be like, How does he keep? He needs to finish"; "I woke up the next morning and I was pretty severely beaten and I couldn't sit down because it hurt so bad in my vaginal area."

Intimate partner sexual coercion. Over two thirds of women described intimate partner sexual coercion—that is, experiences in which their partners used low

Table 1. Participant Demographic and Relationship Characteristics.

	Frequency	Percent
Demographic characteristics		
Participants' age		
Years, *M* (*SD*)	39.4	10.9
Recruitment location		
Emergency shelter	16	57
Counseling program	6	21
Web-based recruitment	3	11
Advocacy coalition	3	11
Race/ethnicity		
Non-Hispanic White	16	57
African American/Black	4	14
Hispanic/Latina	3	11
Multiracial	2	7
Native American	2	7
South Asian Immigrant	1	4
Children		
Has children	21	75
Relationship characteristics		
Relationship to violent partner at time of interview		
Boyfriend	3	11
Ex-boyfriend/ex-fiancé	11	39
Husband	2	7
Separated/estranged spouse	4	14
Ex-husband/ex-common law	7	25
Length of time in relationship		
Years, *M* (*SD*)	5.4	4.7
Length of time since IPV experience		
Current	6	21
Past month	2	7
Past year	10	36
2-5 years ago	5	18
6-10 years ago	1	4
Over 10 years ago	3	11

Source. Adapted from Bagwell-Gray (2019).
Note. IPV = intimate partner violence.

levels of physical force to achieve highly invasive sexual acts. Women described sexual coercion as "pressure" and "pushed boundaries" beyond what they were comfortable with: "he had no boundaries and he thought I should have no

boundaries and try these huge, adventurous, big, huge things that I just was not comfortable with . . . he would just still keep pushing and prying."

When experiencing sexual coercion, women felt like they did not have a decision about whether or not to have sex: "So, it wasn't really a decision. If he wanted to have sex, I would have sex with him. I would never really refuse him or anything." This participant's description of the sexual relationship further illustrates her partner's use of sexual coercion. His tactics included repeated arguments, angrily leaving the house if she would not give in, and having sex outside of the relationship. His behaviors demonstrate why "it wasn't really a decision" and why she "would never really refuse him." When partners made and controlled the sexual decisions, women felt pressure to have sex whenever their partner initiated, even if it was inconvenient or had negative consequences, such as sleep deprivation ("If he initiates, he does not see whether it is day or night or the middle of the night").

Some women complied with their partners' sexual demands to resolve conflict: "I'm tired of arguing, here, fine"; "anything to shut him up"; "[sex] was more like a pacifier." They also complied out of guilt or a sense of obligation to their partners: "he's just like, 'You don't want me. You're rejecting me.' And, yeah, you just have to [have sex]." This was couched in the gendered expectation that men have sexual needs and it is women's "wifely or womanly duties" to meet those needs: "I'm not really into this but I understand you've got needs so, you know, come on let's hurry it up."

Women were also coerced into sexual activity for fear that their partners may turn to someone outside of the relationship to meet sexual needs: "you don't want somebody to cheat on you or something . . . If I don't have sex with him then who will? You know?" However, women in these circumstances described that their partners still had sex outside of the relationship anyway. Thus, it was an illusion for women to comply with their partners' sexual demands to prevent partner infidelity; their partners were unfaithful regardless.

Intimate partner sexual abuse. Intimate partner sexual abuse was the most common type of IPSV. With breadth of scope, all women but one described how their abusive partners used a variety of nonphysical and noninvasive strategies to exhibit control over their sexuality. Across women's experiences, the following common categories of sexual abuse emerged: having sex outside of the relationship, controlling reproductive decisions, degrading with sexual criticism and insults, refusing communication, denying pleasure, and withholding sex.

Having sex outside of the relationship. In the stories women told, their abusers used sex outside of the relationship as a way to maintain dominance,

obtain unwanted sex, or humiliate and embarrass them. For example, one participant described how her boyfriend flaunted the fact that he was going elsewhere for oral sex:

> He did something really just indescribable to me one night, so um.
>
> Interviewer: Would you be comfortable telling me?
>
> Well, he was drinking and she was texting his pone . . . Just up out of nowhere—he goes, "Well I'm leaving" . . . I said, "You're leaving, what?" And he said, "Don't you worry about where I'm going." And [then] he's like, "I'll tell you: I'm going to get my dick sucked."

From this participant's perspective, this incident was the pinnacle of humiliation after experiencing chronic infidelity by her partner in their relationship. He not only planned to cheat on her, but bragged about it directly to her and to others in front of her, which was very shame-inducing. To exacerbate the situation, her partner tried to initiate sex when he came back home the next day: "he came back in drunk [the] next day, wanting to have sex. You know, trying to kiss on me: I'm sorry. I was just trying to piss you off." In this example, sexual infidelity (or the threat of it) corresponded with emotional and verbal abuse.

In other examples, sex outside the relationship was a type of intimate partner sexual abuse that was reinforced with acts of physical violence:

> He just cheats on me all the time. Like, it's bad. Like he has girls everywhere. But he expects me to stay right there and if I don't stay right there—I mean, he doesn't hit any of them, you know what I mean?

With the phrase, "he expects me to stay right there," this participant exposes the power differential in the relationship. Her husband intended her to be sexually submissive while he asserted his own sexual dominance. Physical violence was a way that he maintained this dominance. For example, when she confronted him about his infidelity, he strangled her with a bath towel. She was 6 months pregnant with their child at the time. Another participant had a similar story of being physically assaulted for confronting her husband about his infidelity. She remembers being "hit to the ground in the kitchen." As a consequence, she "just never questioned him" again.

Controlling reproductive decision making. Abusive partners also exerted dominance over reproductive decision making, particularly when it came to controlling condom use:

> In the beginning it was always, we did. We always used condoms. Always. And then—he decided that he didn't want to use those no more and he wanted to try having a baby . . . So we stopped using the condoms and I was not really happy with that [because] I did not want to become pregnant again.

In another example, the scenario was reversed. At the beginning of the relationship her former abusive partner, a high school boyfriend, "was forceful about doing it without a condom." However, he ultimately chose to wear condoms as a tactic to pressure her to engage in unwanted sex: "he ended up buying condoms and . . . then *that* was pressure for me to do stuff."

Besides controlling condom use, men controlled women's reproductive health in other ways. According to a participant who had a 9-month-old baby and was pregnant at the time of the interview, "If he wanted me to be on birth control, he'd be like, be on birth control. If not, he told me not to." In another example, one of co-occurring sexual assault and sexual abuse, a participant's husband raped her without her diaphragm in place, resulting in pregnancy. As these examples show, the consequences associated with a partner's reproductive control were unintended pregnancy as well as negative sexual health outcomes, including STIs, miscarriage, and endometriosis (Bagwell-Gray, 2019).

Degrading with sexual criticism and insults. Sexual criticism was another common tactic of intimate partner sexual abuse. Examples of sexual criticism include not having enough sex ("You're not having sex with me enough"), not having the right kind of sex ("I wish you would [do] like [she] used to do"), or not responding the right way during sex ("You don't last very long—What's up with that?"). In addition, men sexually insulted their intimate partners by calling them names such as "whore," "trick," "hoe," "bitch," and "slut": "You've been called it so many times by your abuser already, you know, 'You're nothing but a whore. You're a bitch. You're this. You're that.'" Sexually charged, derogatory name-calling was sometimes related to rejecting a partner for sex, "Ah, now since the lady doesn't want anything to do with him, now she becomes a whore slut trash bag." It was also related to sexual jealousy and accusations of infidelity: "he, like, was calling me names—thought I was cheating on him when in fact I wasn't." Other insults were tied directly to a woman's body or her physical appearance. For example, one participant said her husband "would point to my stomach and poke me in it and say, 'When is this one due?'" even though she was not pregnant. He prevented her from eating meals by throwing her plate of food in the trash, asking "Do you really think you need to sit down and eat that?" Vicky described the consequence of her

husbands' insults: "And lo and behold, after so many times of him doing that—I just, I stopped eating and started popping laxatives and developed an eating disorder." Common consequences related to sexual criticisms and insults were low self-esteem and poor body image, as women heard their abusive partners' voices in their heads, shaming and taunting them, even, in some cases, after years of healing work.

Refusing communication. Women described diligently attempting to reason and communicate with their partners about sex ("I tried to talk to him") but that it "never worked," even when topics were of high importance. To provide several examples, one participant could not talk about her desire to get pregnant; another could not talk about her experience of a miscarriage. One participant could not talk about her desire to use condoms during genital herpes outbreaks, while another could not talk with her partner about the impact of past sexual assaults, which inhibited on her ability to have in sex. These women all said that they tried to talk about sex with their partners but that their partners refused. One woman expressed that trying to talk with her partner about sex was "like a circus."

When women did talk with their abusive partners about sex, it was not an open or honest conversation as they wished ("The only time we communicated about sex was when he wanted to have sex [and I didn't], like, in an argument"; "It's like, 'Why are you screwing around with this other lady?' That's about as far as our sex talk goes."). Alternatively, some women avoided conversations about sex with their partners. This usually occurred after prolonged sexual violence in the relationship. For example, in response to the question "What was it like for you to talk about sex in your relationship, one participant answered," "I just never brought it up. Never tried to bring it up." To provide fuller context, this participant revealed throughout the interview that she was pregnant on account of her partner's reproductive control and that, when her partner repeatedly sexually assaulted her, she had tried to fight him off but had been unable to.

Denying sexual pleasure. Participants expressed dismay at the lack of sexual pleasure in their intimate relationships with abusive partners. Women commonly described that their partners would display self-centeredness, focusing solely on personal sexual needs at their expense. In addition, women described their partner as arrogantly assuming that they knew what they were doing and did not want feedback to improve. One participant said her partner rolled his eyes when she tried to tell him she wanted foreplay, while another explained, "I'm not able to tell him what I like or don't like because he figures that he knows it all." As an example,

> The therapist had told us—well she had told him, if you want her to be more receptive and open, I'm gonna outline A B C . . . And he just wouldn't. He thought that was the most ridiculous thing. Why should he please me? It [sex] was really about him getting off.

Women associated their partners' denial of sexual pleasure to their own loss of sexual control in the relationship: "That's what you get in a domestic violence situation. You get a relationship that is totally one-sided—all his side . . . You just got satisfied; you just had your orgasm, but I'm still waiting here."

Withholding sex. Several participants explained that, in addition to the times when their partners forced unwanted sexual activity, there were other times when they wanted sex but their partners withheld it from them. In a healthy relationship characterized by mutual respect, one person may deny the other sex in a noncontrolling, non-abusive way; however, as described here, withholding sex must be understood in context with other types of IPSV. For example, one participant said her husband, who sexually assaulted her and had a sexual affair during their relationship, caused her to doubt herself when he refused her attempts to initiate sex: "I think I turned him off after a point . . . [or] maybe I was just too much." Another participant, whose partner had sex outside of the relationship and repeatedly sexually assaulted her, said, "it seemed like the more I wanted it, the more he held back." As a third example, a participant said that her husband, who coerced her to have unwanted anal sex, complained that she wasn't having enough sex. Then, when she tried to respond to his complaint, he rejected her: "So I tried to be the initiator and it just—then I was like a weirdo because I would initiate."

As one participant reported, sex was about power, not intimacy. In the context of sexual assault or sexual coercion, refusing sex reinforced a power dynamic wherein women had to have sex when their partners wanted to, not when they wanted to. Furthermore, in the context of sexual infidelity, women saw that their partners still wanted to have sex, but were choosing sex with other women outside of the relationship.

Intimate partner–forced sexual activity. Finally, the least commonly described type of IPSV was intimate partner–forced sexual activity. Only two women described intimate partner–forced sexual activity, meaning they described circumstances where their partners used high levels of physical violence or threats of physical violence for less invasive (e.g., non-penetrative) sexual acts. In both cases where intimate partner–forced sexual activity occurred, the women had also experienced intimate partner sexual assault. Thus, this

type of IPSV occurred in relationships where partners used high levels of physical force in an array of sexual situations.

Although intimate partner–forced sexually activity was not commonly reported in interviews, it was distressing to the women who described it. For one participant, the intimate partner–forced sexual activity directly followed an experience of intimate partner sexual assault, when her partner used physical force to kiss her and hold her: "I'd just be like, I gave you what you wanted already. And that would make him mad." The forced kissing and holding was traumatic because she did not want to be in continued physical contact with her partner after the assault had occurred. In the second example, a participant described "He was always spanking my butt and biting it and I was like, ugh. It used to actually disgust me, to tell you the truth . . . I'm not a whore, don't treat me like one please." As these examples illustrate, the low-reported prevalence of intimate partner–forced sexual activity does not negate its severity. As described in these two cases, it is also an important, damaging form of IPSV.

Understanding the IPSV Taxonomy: How Types of IPSV Overlap

Figure 2 demonstrates how the different types of IPSV overlap. Almost all participants ($n = 25$, 89%) experienced more than one type of IPSV. Notably, the most commonly reported type of IPSV was intimate partner sexual abuse. Sexual coercion and sexual assault consistently co-occurred with intimate partner sexual abuse. The most common combination of IPSV was sexual coercion and sexual abuse (11 women reported this combination). The second most frequent combination was sexual coercion, sexual abuse, and sexual assault (nine women reported this combination). These data show how the four types of IPSV cluster together—that is, how sexual abuse co-occurs with sexual assault, sexual coercion, and forced sexual activity.

In congruence with the coercive control framework, women described that sexual control was central to their experiences of overlapping IPSV:

> Anything that was decided upon it was always his decision. Um, from where, when, and how. It was all his decision—he would decide what he wanted to do and then just go from there. It was never, "Hey, ok, what do you want to do?" He never asked me; he always did.

By forcing and coercing unwanted sex, withholding wanted sex, and engaging in a variety of sexually abusive behaviors, women's partners created and maintained an imbalance of power in their sexual relationships: "See, whatever it was I wanted to do [sexually], it was going to be the opposite, no

matter what." Two specific types of sexual violence are particularly illustrative of how sexual abuse, sexual assault, and sexual coercion overlap in a unique web of control: being forced to relive past sexual trauma and using sex as a negative consequence.

Being forced to relive sexual traumas. Abusive partners treated sex as a weapon of power and control by forcing women to relive their past sexual traumas. A participant described how her partner used her disclosure of previous sexual trauma against her: "I have talked about this [sexual violence] to other partners, and then they used it as a weapon against me. So I've kinda kept it to myself. And there are times where I wish I never said anything."

Two other women went into more detail describing how their partners forced them to relive their sexual trauma:

> My child's father, he was very big on trying to make me relive the things that I had gone through. And so the rapes, anything that I had shared with him . . . he would try to make me relive that. And that was hard for me. It broke my heart. Because when we first met, this man was telling me that, you know, if anyone ever did that to me he would kill them.

Likewise, the other participant described that her husband knew of "a couple rape situations . . . and he would put me in the same positions. And, like—he's very strong, um, very strong." In these situations, the lines cross between sexual abuse and sexual assault. The women clearly described sexually assaultive experiences. The added nature of using past traumas to torture these women can be considered a unique type of sexual abuse meant to exert control over them. One explained her husbands' philosophy: "to keep a good woman, you break 'em down. You break 'em down so they can't go nowhere. And he did [break me down]."

Using sex as a negative consequence. Men also used sex as a weapon of power and control by treating it as consequence for being displeased. For example, a participant's husband required anal sex after she purchased a car without his approval: "I was in trouble. You know. How dare I make a decision to buy my own car with my own money . . . I overstepped my bounds, I guess, as a wife, so now I have to repay him." In another example, a participant's husband challenged her knowledge on a trivial matter, setting the terms of the bet as a blow job if she was wrong: "we made a bet one time. I thought this one place was in Africa, only I was looking at the map wrong . . . And his deal was, 'If I'm right, I want a blow job.'" In both scenarios, participants' partners used sex as a negative consequence when they made a mistake or displeased them. These

actions were sexually abusive, embarrassing and humiliating the participants to keep them in submissive positions of power ("It's so degrading. It's so disgusting. It's so horrendous"). At the same time, these tactics were also sexually coercive (used to coerce anal sex in one case and oral in the other), demonstrating a grouping pattern between sexual abuse and sexual coercion.

Assessing the Applicability of the IPSV Taxonomy

Women were often clear that their experiences of sexual assault were physically forced. To describe intimate partner sexual assault, they used the word "rape" more commonly than they used the term *sexual assault*: "Unfortunately the man raped me . . . It was definitely marital rape"; "I remember one time that he tied me to the bed and I felt like I was being raped. Violated." Other times women simply used the term "force" to refer to physical force: "He came in my mouth and that flipped me out . . . He just forced himself on me and it happened." Two women reported being sexually assaulted while asleep or unconscious from GHB, the "date rape" drug.

Similarly, women who described sexual coercion commonly differentiated it from sexual assault: "I was like, No, don't touch me, you know? And it's not like he raped me or anything, but it was a lot of pressure and I was like, I'll do it to make him shut up." To these women, there was a clear distinction between sexual assault and sexual coercion. For example, one participant described sexual coercion in one relationship, "Well, he tried [to force sex] in terms of bullying me or trying to make me feel bad or I'm a piece of work or less than or he'd demean me in any possible manner he could," which she contrasted to sexual assault in another, "the first ex-husband raped me. Over and over and over again." She follows this distinction with a comparison of the consequences, stating that the sexual assault was "actually easier to deal with" in terms of identifying, acknowledging, and ending the relationship because there was "physical damage."

In other cases, it was difficult to distinguish whether a participant's experiences of unwanted sex were obtained by physical force or nonphysical coercion. For example, one participant's descriptions of sexual violence seemed to waver between sexual assault and sexual coercion. She would use phrases like "he was forceful," to describe his sexual demeanor, yet she primarily used the word "pressured" when talking about unwanted sex. To add important context, she was hospitalized with severe injuries during their relationship due to his use of physical force. Similarly, another participant said she "had an awful lot of sex, most of it unwanted," and that she would do "anything to shut him up. And to avoid a beating." According to the IPSV taxonomy, having sex to "avoid a beating" would be considered sexual assault

because of the threat of physical violence. However, this participant asserted that she did not consider these experiences rape, demonstrating a conflict at times between the taxonomy's labels and women's own descriptions of the sexual violence. Understanding the IPSV taxonomy as a continuum along each dimension (level of force/level of penetration) would allow for these "gray" areas that women describe as somewhere in-between.

Discussion

Results from this study offer insight into how women describe their experiences of sexual violence in intimate relationships. Most noteworthy, the overall prevalence of IPSV in this sample (98%) was higher compared with other samples of IPV survivors, which range from 9% (Frye, El-Bassel, Gilbert, Rajah, & Christie, 2001) to 68% (McFarlane et al., 2005). This could be because the added dimension of intimate partner sexual abuse, as defined by the IPSV taxonomy, allows for a broader definition of IPSV than has been used in other samples. Most samples of IPV survivors typically measure prevalence of sexual coercion or sexual assault but not intimate partner sexual abuse (Bagwell-Gray et al., 2015). With the inclusion of the dimension of intimate partner sexual abuse, the IPSV taxonomy provides a fuller context of women's sexually violent experiences and shows how commonly survivors of IPV also experience sexual violence in their relationships.

Furthermore, the descriptions provided by women in this sample show that the types of IPSV do not typically occur in isolation; the taxonomy reveals a grouping pattern, with intimate partner sexual assault and intimate partner sexual coercion commonly occurring with sexual abuse. Specifically, six different types of intimate partner sexual abuse were identified: having sex outside of the relationship, controlling reproductive decisions, degrading with sexual criticism and insults, refusing communication, denying pleasure, and withholding sex. As has been discussed in other theories on coercive control (Pitman, 2017; Stark, 2009), these types of IPSV created a "web of control" (Johnson, 2008, pp. 530-531) over women's sexual and reproductive health and decision making. Rather than being perceived as discrete tactics that may or may not occur, these strategies functioned together as a system of control, where multiple strategies accumulated to keep a victim in a state of decreased power. Just as Stark described in his exposition of coercive control theory, these different tactics of intimate partner sexual abuse could be "rendered invisible" if they are viewed as distinct, calculable incidents rather than a collective system of abuse. For example, critics might deny that some types of intimate partner sexual abuse are abusive (such as refusing to talk about sex or denying sexual pleasure) and claim that these behaviors occur in otherwise

non-abusive relationships. To these critics, such tactics might not qualify as sexual violence; but the women themselves expressed that they experienced these tactics as part of a larger and more complex pattern of IPSV in their sexual relationships. The data from this study, which can be observed by looking at the grouping pattern presented in Figure 2, show that intimate partner sexual abuse was present in any relationship where sexual assault or sexual coercion occurred. Thus, these tactics are clearly abusive when understood in the full context of IPSV and within a pattern of coercive control.

Logan et al. (2007) describe an "underresearched dimension of sexual abuse . . . , which more closely resembles psychological abuse within a sexual context" (p. 72). Similar to the present study, they found that women reported sexual degradation and a lack of sexual pleasure in their abusive relationships. They also found an overlap between intimate partner sexual assault and intimate partner sexual abuse: Women who reported forced sex were more likely to report a number of degrading tactics, including being forced to watch pornography when they did not want to and being accused of being a lousy lover. The present study adds to the body of evidence that this type of abuse is prevalent and can be made known by asking women to qualitatively describe their sexual relationships with abusive partners.

Women described sexual infidelity as a type of intimate partner sexual abuse. Prior literature shows that men who commit IPV are more likely to have sexual affairs outside of their primary relationships (Decker et al., 2011; Raj et al., 2006; Raj, Silverman, & Amaro, 2004) and that abusive partners are more likely to adhere to hegemonic gender role norms that encourage male sexual concurrency and men's use of violence in relationships (Dunkle & Decker, 2013; Santana, Raj, Decker, La Marche, & Silverman, 2006). The present study contributes to these findings by showing how, from the female partners' perspectives, sex outside of the relationship was a type of sexual abuse. Logan et al. (2007) found that threats of infidelity were a tactic of sexual coercion among women in their sample. Thus, infidelity may be a type of sexual abuse (to shame, humiliate, and degrade) or it might be a tactic for sexual coercion (to manipulate into having unwanted intercourse) depending on how it is used in the relationship.

Two other types of intimate partner sexual abuse—refusing to talk about sex and withholding sex—are notably absent from the IPV literature. According to participants in this sample, refusing to talk about sex and withholding sex were abuse tactics used by the same partners who also forced and coerced unwanted sex. These less commonly studied types of intimate partner sexual abuse deserve attention in future research, given that sexual pleasure is an important part of holistic sexual health and well-being (World Health Organization, 2006).

Transferability and Directions for Future Research

Although generalizability is not a goal of qualitative research, it is important to note a limit of transferability based on the sample demographics. All of the women were cisgender[1] and focused on relationships with male abusive partners, although one woman also described having a sexual relationship with a woman in which she experienced IPSV. Given that most women in the sample described abuse perpetrated by male partners, and that the taxonomy was not originally created for use with same-sex partnerships, new, developmental work would be needed to inform a taxonomy that applies to the experiences of IPSV among women in same-sex partnerships, men in same-sex partnerships, and men experiencing violence from women.

In terms of racial and ethnic diversity, women in this sample were heterogeneous, with women from diverse racial and ethnic groups represented. The usefulness of the IPSV taxonomy with these participants demonstrates that, though the sample is small, the taxonomy is potentially applicable across English-speaking racial and ethnic groups within the United States. Yet, cross-cultural research with non-English speakers and research with immigrant and refugee populations is warranted. Furthermore, though there was a large age range of participants (22-60 years), it is noteworthy that the youngest age group of women (ages 18-22) is absent from this sample. Research among younger women, both college samples and community samples, could add more insight to the applicability of the IPSV taxonomy in other populations.

Implications for Prevention and Practice

Findings from this study offer important implications for primary prevention, meaning "approaches that take place before sexual violence has occurred to prevent initial perpetration or victimization" (Centers for Disease Control and Prevention, 2004, p. 3). For example, one participant's IPV relationship began in high school and her boyfriend bought condoms as tactic for sexual coercion, showing how early sexual pressures begin. The IPSV taxonomy (see Figure 1) could be a useful visual tool to illustrate the various types of IPSV in sexual education programs for youth to demonstrate that sexual violence can take on subtler forms than the traditionally conceived notion of rape and sexual assault. Learning that the forms of IPSV, particularly sexual abuse, are signs of unhealthy relationships may increase girls' ability to recognize early warning signs for abusive dating relationships. Programs designed for youth that already address these topics, such as the Safe Dates program (Foshee et al., 2014), could have added benefit using the visual tool of the IPSV taxonomy when talking about the different types of IPSV.

Findings from this research also have important implications for the utility of the IPSV taxonomy in community-based agencies that provide services to survivors of IPV. Domestic violence and sexual assault services are sometimes bifurcated; alternatively, both services to address both types of violence can be offered together in dual focused agencies. There is some disagreement in the field about which approach is better, though sexual assault, domestic violence, and dual service providers are similar in many respects (Byington, Martin, DiNitto, & Maxwell, 1991; Macy, Martin, Obbonnya, & Rizo, 2018; O'Sullivan & Carleton, 2001). High rates of IPSV among survivors affirm the perspective that domestic violence service providers must be equipped to address sexual violence (Macy, Giattina, Sangster, Crosby, & Montijo, 2009). The women interviewed were very interested in receiving services specific to their IPSV experiences. Given the low rates of prior disclosure in this sample, these should not be ancillary services, where providers add on once women disclose IPSV; rather, they should be imbedded throughout domestic violence programming.

In terms of clinical practice with survivors, participants were very receptive to talking about their experiences of IPSV, displaying an openness and willingness to discuss the ways their partners had hurt them sexually. Oftentimes, they just had not been asked:

> It's just like you have no choice but to hang your head in shame and just shut up and deal with it on your own. Because, what else can you do? There's no one else. There's no one for you to tell. So it's very hard. So finally here you come. I can say it now.

In some cases, the interview itself had an intervening effect for women. Thus, in therapeutic settings, the IPSV taxonomy could be used as a template to map women's experiences of IPSV in a sort of visual representative of the wide range of sexual violence they experienced and the role of sexual abuse in exerting sexual control. Moving forward, it would be meaningful to conduct implementation research on how user friendly the taxonomy is for providers and survivors.

Finally, other professionals who interact with IPV survivors, such as those in the justice system, including law enforcement officers, prosecuting attorneys, and judges, and those in the health care profession, particularly those in emergency departments and in obstetrics and gynecology, would benefit from understanding that sexual violence extends beyond sexual assault with this wider array of sexually abusive tactics. Studies have shown that these professionals can be key sources of support for survivors because they have opportunities to identify high-risk cases and provide appropriate referrals for

Table 2. Possible Screening Items to Assess IPSV.

Items
1. My partner consistently criticizes me in bed, complaining about the way I have sex.
2. My partner insists on when, where, and how to have sex, even if it makes me uncomfortable or doesn't meet my sexual needs.
3. My partner refuses to talk with me about sex, even when I try to or when it is really important for my health.
4. My partner has sex with other people.
5. My partner prevents me from going to a sexual health care provider because of his controlling behaviors and/or jealousy.
6. My partner has made me have sex without a condom.
7. My partner has kept me from using birth control.
8. My partner made me have sex when I did not want to. My partner made me do this by • using physical violence, threats of physical violence, or physical force, for example, holding me down, pinning my arms, or having a weapon. • using pressure, guilt, threats to have sex with someone else, or threats to leave or divorce me.

Note. IPSV = intimate partner sexual violence.

help (Messing, Campbell, & Snider, 2017; Messing, Campbell, Wilson, Brown, & Patchell, 2017; Miller, McCaw, Humphreys, & Mitchell, 2015). Thus, training on the full extent of IPSV could increase their ability to respond to survivor's needs for safety, particularly in terms of their sexual and reproductive health.

New assessment items that include the broad range of IPSV would be helpful for professionals and service providers. Example items are provided in Table 2. Furthermore, measurement instruments that have questions about forced sex—for example, the Revised Conflict Tactics Scale (CTS-2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996); the Severity of Violence Against Women Scale (SVAWS; Marshall, 1992)—could benefit with specification between physical force and nonphysical coercion (see Table 2). This distinction, which is similar yet less detailed than the items of the Sexual Experiences Survey (SES; Koss et al., 2006), could increase researchers' and practitioners' understanding of how survivors think about the types of IPSV as well as the types of health consequences that result from the different types of IPSV. Future research is needed to test usability of the IPSV taxonomy, including the terminology, visual tool, and corresponding items, in various practice settings with survivors and helping professionals.

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Note

1. Cisgender is "an adjective used to describe a person whose gender identity and gender expression align with sex assigned at birth" (American Psychological Association, 2015, p. 832).

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