Pakistan Journal of Psychological Research, 2025, Vol. 40, No.2, 225-246

https://doi.org/10.33824/PJPR.2025.40.2.14

Impact of Sexual Communication on Marital Adjustment and Mental Health: Mediating role of Sexual Coercion

Beenish Shahzad and Soulat Khan

Foundation University, Islamabad

Kim McCoy Coleman

State University of New York at Plattsburgh, Plattsburgh, New York

The current study examined the relationship between sexual communication, marital adjustment, and mental health with mediating role of sexual coercion in the sexual coercion victims. Purposive sampling and snowball sampling technique were used to obtain the sample of married women. A sample of women (N = 204) from different rural and urban areas of Pakistan participated in the study. All the participants were above 18 years of age, and married for more than one year, and had at least one child. Quantitative research was conducted, and the assessment tools used for the data collection included the Sexual Coercion in the Intimate Relationships Scale, Mental Health Inventory-5, Marital Adjustment Test (MAT), and The Dyadic Sexual Communication Scale (DSC). The results revealed significant positive relationship between sexual communication and marital adjustment. A negative correlation exists between sexual coercion and mental health in married women. Sexual coercion also negatively predicts mental health and marital adjustment. Sexual coercion mediates the relationship between sexual communication and marital adjustment. There are significant differences in sexual communication, sexual coercion and mental health of victims of sexual coercion when their education status is considered, but there are nonsignificant differences in marital adjustment of victims of sexual coercion on the basis of education status. Significant differences were found in sexual communication, sexual coercion, mental health and marital adjustment on the basis of socioeconomic status.

Beenish Shahzad and Soulat Khan Department of Psychology, Foundation University, Islamabad Pakistan.

Kim McCoy Coleman, Department of Social Work, State University of New York at Plattsburgh, Plattsburgh, New York, USA.

Correspondence concerning this article should be addressed to Beenish Shahzad, Department of Psychology, Foundation University, Islamabad, Pakistan. Email: Beenishshahzad230@gmail.com

Keywords. Sexual communication, sexual coercion, mental health, marital adjustment, abuse, married women

Sexual abuse is one of the most critical global issues, cutting across all demographics. Studies have always shown that most victims are abused by someone known to them, such as family members, intimate partners, or acquaintances (Douglas & Sedgewick, 2024). According to a report by the World Health Organization (WHO), intimate partner violence and sexual abuse affect one in three women worldwide (World Health Organization, 2024). This brought the focus of the investigators and researchers to the phenomenon of sexual coercion. The increased attention to the topic led to several associative factors observed in the victims (Eaton & Matamala, 2014; Haworth-Hoeppner, 1998; Mallory et al., 2022). Sexual aggression is the sexual contact in which consent or approval is not sought before approaching. It is a global concern, and is very common practice among the intimate or married couples (Newstrom et al., 2021). A nationwide survey was conducted in the United States, and the results revealed that one in five women suffer sexual coercion in their lives (Basile et al., 2022). Similarly, another survey was conducted among the undergraduate students of Germany, and they disclosed the victimization rate for women to be approximately 36% (Krahé & Berger, 2023).

Sexual communication is the ability to express sexual preferences and needs to the intimate partner. When individuals know about their rights and are confident, they can easily express their views about sexual life and even make their partners fulfill their needs and desires. Also, sometimes sexual coercion occurs because the victim is not taking a stand for themselves and does not explain what they like and what they do not like or how they want the sexual relationship to be (Rubinsky, 2021). Research has found that sexual miscommunication is associated with sexual coercion. Partners involved in a sexual relationship might, at times, refuse the sexual invitation. This is an outturn of aggressiveness and sexual coercion on their partners (Widman et al., 2021). This highly affects the psychological well-being of the corresponding partner (Beres, 2010).

For couples who are seen to go without marital adjustment, clinical data suggests that these couples lack sexual communication and are dissatisfied with their partners. This is seen to be a result of the rise in divorce rates. Lack of sexual communication also leads to discomfort, lack of marital adjustment, and poor mental health (Banmen & Vogel, 1985; Rubinsky & Roldan, 2021). The Marital communication theory proposed by Fitzpatrick and Noller (1990)

explains the relationship between marital maladjustment and inappropriate communication. This theory explains that the problem arises when there is lack of clarity in communication between partners. According to this theory, there are three levels of human communication including, syntactic, semantic, and pragmatic level of the communication. Pathological communication or miscommunication usually takes place because of the lack of clarity or confusion at these levels.

Criticism, conflict, and feelings of being undesirable in a marital relationship, including social undermining, have a substantial adverse effect on mental health. This belongingness and its needs are essential to psychological functioning, which can assist in reducing emotional issues such as depression, anxiety, and loneliness, as well as behavioral issues which hinder the enhancement of mental health. Worthlessness and frustration can also be caused while striving to maintain a marital relationship (Reis, 1990). Women having better sexual self-concept were forerunners in better sexual communication and thus rule the roost in fine relationship experiences (Blunt, 2012; Lou et al., 2011). Couple's psychological well-being is disrupted when the couples lack sexual communication and are seen to be not best pleased by their partners. This eventually leads to couples being depressed about their relationships and having troubled romantic relationships with their partners (Rosen et al., 2015). Depression can result in low self-esteem and unhappy relationships as women are considered subordinate to men in Pakistan. Thus, sexual violence in a marriage is well-thought-out as a cultural norm (American Psychiatric Association, 2015).

People who have a high level of sexual communication can easily express their sexual desires to their intimate partners, while those who have a low level find it hard to express how they feel about sex such as sexual preferences and behaviors (Mallory et al., 2019; Metts & Spitzberg, 1996) influencing their marital quality (Manjula et al., 2021). There is a lot of discomfort linked with the conversations about sexual coercion and communication (Rai & Rai, 2020). In a country like Pakistan, it is a major issue because of the shame linked with the topic, therefore most of the times, the clinicians and other health professionals are unable to help the couples too (Harris & Hays, 2008). Moreover, women in Pakistan feel ashamed to ask their husbands for sex, even they believe that there is no issue in asking for sex still they do not talk about it (Manasab, 2024). The acceptance of sexual coercion is common in married couples and especially in the East because people are bound by the societal norms and obligations (Wright, 2015). If one does not have the support and confidence to address their issues with their trusted ones, they develop a

communication gap and thus lack sexual communication; this furthermore develops lack of marital adjustment (Babaee & Ghahari, 2016; Montesi et al., 2013).

It has been found that the prevalence of sexual abuse is from 2.5% to 77% among Pakistani women. Research shows that sexual coercion has a significant positive correlation with psychological distress and somatic symptoms in Pakistani married women. In addition, non-working married women are at a higher risk sexual coercion than working women, which leads to poor psychological well-being and somatic symptoms. The occurrence of coercive behavior in the Pakistani context from intimate partners is about 30% to 79%. This implies that three-fifth of Pakistani married women experience sexual coercion through their husbands (Ali et al., 2021). A study conducted on married women from Gilgit Baltistan states that the incidence of sexual violence in these women is around 21.2% (Hussain et al., 2020) which results in lower levels of psychological well-being, depression, anxiety, positive emotions, satisfaction with life, and loss of emotional as well as behavioral control. Mental health disorders such as suicidal tendencies, PTSD, psychosis, and eating disorders are evident in these women (Hussain et al., 2020). Khan et al. (2021) revealed intimate partner violence in Pakistan and reflects that Pakistan as a patriarchal society has inadequate policies for legal protection of women and cultural bias, which is a cause of the alarming rates of intimate partner violence.

Thematic analysis conducted by Sultan et al. (2016) explores the role of coercion and domination by husbands, leading to physical and psychological symptoms in women. Future apprehensions, hopelessness, sadness, feelings of powerlessness, and low self-esteem were the themes that emerged from the coercive and controlling behavior of husbands in Pakistan. Pakistani culture, its patriarchal structure, social classes, tribal system, and societal norms lead to the conservative rights of the wife (Sadiq, 2017; Tahir et al., 2021). A study conducted on empowering women and how it affects intimate partner violence towards women revealed that controlling decision-making and financial resources leads to more control of women on their bodies. However, empowerment can also increase violent behavior against women as their husbands may feel like they are losing power and control over their wives. Additionally, it was found that intimate partner violence among women from conservative villages has increased by 60% (Murshid & Critelli, 2020). In Pakistan, women endure abuse and accept it as a part of destiny with patience. Low educational level and illiteracy are one of the factors which lead to such beliefs in women. Gender roles in society support abusive behavior

against women, as society, treats them as inferior and men as superior. Thus, men consider abusing their wives sexually, emotionally, and physically as their right (Ali et al., 2020).

In a developing country like Pakistan, where there is a lack of awareness about human rights and women's rights, sexual coercion is expected but not very commonly discussed. Another reason for sexual communication and coercion to be taboo is social and cultural norms that make a woman victim of several wrongdoings that these women do not even perceive as wrong. Although sexual coercion is a gender-neutral concept, in a patriarchal society like Pakistan, where men are considered dominant, this phenomenon usually occurs in the context of women. Several women go through such experiences every day, but they cannot raise their voices as they do not even know it is their fundamental human right (Ali et al., 2021). These women are also trained not to communicate their sexual views and desires to their partners, which leads to distress among married women.

As it is a taboo topic and is understudied area, therefore it is crucial to understand the influence of insufficient sexual communication and sexual coercion among married women on their mental health. Qualitative studies indicate the role of sexual communication and sexual coercion experiences in low marital adjustment and poor mental health (Farvid & Saing, 2022). However, there is lack of understanding of sexual coercion and its impact on marital adjustment and mental health from quantitative perspective. Thus, the current study would focus on studying the relationship between sexual communication, mental health, and marital adjustment. It will also explore the role of and sexual coercion as a mediator.

Hypotheses

1. Sexual communication has positive relationship with marital adjustment and mental health in married women.
2. Sexual communication has a negative relationship with sexual coercion in married women.
3. Sexual communication positively predicts the mental health and marital adjustment in married women.
4. Sexual coercion negatively predicts the mental health and marital adjustment in married women.
5. Sexual coercion mediates the relationship between sexual communication, marital adjustment, and mental health in married women.

Method

Research Design

In order to acquire data from the sample of Pakistani married women who are subject to sexual coercion at one specific time point, this study adopted a cross-sectional research methodology. The study intends to explore how sexual coercion plays a mediating role in the relationship between sexual communication, mental health, and marital adjustment.

Sample

Initially 204 participants were contacted for the research by using purposive and snowball sampling. The topics of sexual communication and sexual coercion is a social taboo in Pakistan, even in the major cities, therefore, the sample was approached using different references and resources. Participants were selected from different rural and urban areas of Pakistan including Kashmir, Lahore, Sheikhupura, Gujrat, Gujar Khan, Attock, Faisalabad Rawalpindi, Islamabad, and Wah Cantt. Only 57 individuals agreed to offer data anonymously via Google forms, 147 participants agreed to provide data directly to the researcher by completing the questionnaire. All the participants were more than 18 years of age, were married for more than 1 year, and had at least 1 child.

Table 1: *Demographic characteristics of Sample (N = 204)*

Variables	*n (%)*	Variables	*n (%)*
Age (*M*=28.38,*SD*= 4.85		No. of children	
Education		1	93 (45.6)
Intermediate	16 (7.8)	2	56 (27.5)
Undergraduate	45 (22.1)	3	35 (17.2)
Graduate	113 (55.4)	4	15 (7.4)
Post-graduate	30 (14.7)	5	5 (2.5)
Socio-economic status		How long you have been married?	
Low	27 (13.2)	0-5 years	119 (58.3)
Middle	158 (77.5)	5-10 years	58 (28.4)
High	19 (9.3)	10-15 years	19 (9.3)
Type of Marriage		15-20 years	6 (2.9)
Love	57 (27.9)	20-25 years	2 (1)
Arrange	147 (72.1)		

Measures

The assessment tools used in the research includes Sexual Coercion in the Intimate Relationships Scale (Goetz & Shackelford, 2010), Mental Health Inventory-5 (Ware & Sherbourne, 1992), Marital Adjustment Test (MAT) (Locke & Wallace, 1959), and The Dyadic Sexual Communication Scale (Catania et al., 1998).

The Dyadic Sexual Communication Scale

Dyadic communication was measured using Catania et al. (1998) 6 items scale. A 5-point Likert scale with responses from 1 "*strongly agree*" to 5 "*strongly disagree*" was used. Item 4, 5 and 6 were reverse-scored items. The total score range for this scale is 6 to 30 which is obtained by summing the scores of all the items. High scores on Dyadic Sexual Communication Scale refer to high dyadic sexual communication.

Sexual Coercion in Intimate Relationships Scale (SCIRS)

Sexual Coercion in Intimate Relationships Scale by Goetz and Shackelford (2010) was used to assess sexual coercion among married women. SCRIS consists of 34 items measuring frequency of sexual coercion acts in the past month using a 6-point Likert scale from 0 "*act did not occur*" to 5 "*act occurred 11 or more times*". The total score on SCIRS is obtained by adding the score on each item. The score range is 0-170 where high score indicates occurrence of more sexual coercion acts.

Marital Adjustment Test (MAT)

Marital Adjustment Test (MAT) was administered to measure relationship style and degree of agreement (Locke & Wallace, 1959) in married women. This scale comprises of 15 items and the response rate is different for items rather than consistent. For the first item, Likert scale from 0 "*Never*" to 6 "*Always*" was used. Item 2 to 9 are reverse coded items and scored from 5 "Always agree" to 1 "Always disagree". Item 10 to 15 measure relationship style in married couple. The score range for MAT is between 1 to 60 and total score is computed by adding the score on each item. Higher scores on MAT indicates high marital adjustment.

Mental Health Inventory-5 (MHI-5)

To assess mental health of married women, MHI-5 was administered which compromises of 5 items (Ware & Sherbourne,

1992). Each item has a response rate of 6-point Likert scale from 1 "*All of time*" to 6 "*None of the time*". Item 4 and 5 are reverse scored items with score ranges from 5 to 30. After adding the scores, the total score obtained is transformed into standardized score ranging from 0 to 100. High score on MHI-5 indicates better mental health and vice versa.

Procedure

To select the sample for the current research, purposive sampling was done by using snowball sampling technique. Individuals from various Pakistani rural and urban areas were included in the sample. The participants were given a brief explanation of the study's topic and goals. Along with the instructions and possible time required to complete each scale in the questionnaire, they were also informed of the research's inclusion and exclusion criteria. Before asking participants to sign a consent form, any questions or ambiguities were answered. They were then requested to sign an informed consent form, which served as both a record of their freely participating in the study and an ethical approval of it. They were required to complete the questionnaire during the second meeting in accordance with the time allotted for each scale. Data was gathered using Google forms online and in-person questionnaires. Researchers were available to participants as they filled out the form to ensure that they understood everything and that any concerns they had were taken care of. The data was then examined using SPSS version 25, a reliable statistical tool.

Results

Data obtained was first assessed for missing value, normality, or outliers to ensure it was suitable for the analysis. The descriptive characteristics of each variable under study and their alpha reliability has been reported in Table 2.

Table 2: *Psychometric Properties of the Study Variables (N = 204)*

					Range			
Variables	*k*	*M*	*SD*	*α*	Actual	Potential	Skewness	Kurtosis
Sexual Communication	13	65	37.52	.71	15-65	6-78	.20	-.18
Sexual Coercion	34	26.79	15.6	.96	0-140	0-170	.19	-.47
Marital Adjustment	15	85.90	31.54	.75	23-156	2-158	-.15	-1.00
Mental Health	5	17.49	5.04	.79	5-30	5-30	.01	-.29

Pearson product moment correlation was conducted to examine the relationship of the variables used in this research with each other.

Table 3: *Relationship between Sexual Communication, Sexual Coercion, Marital Adjustment and Mental Health in Married Women (N = 204)*

Variables		1	2	3	4
1	Sexual Communication	-			
2	Sexual Coercion	-.34**	-		
3	Mental Health	.29**	-.17*	-	
4	Marital Adjustment	.31**	-.23**	.64**	-

Note. $^{*}p < .05$. $^{**}p < .01$.

The results show that a significant positive relationship exists between sexual communication and marital adjustment. Also, there is a significant positive relationship between sexual communication and mental health. This indicates that as sexual communication increases, the marital adjustment and mental health both increase in married women. Additionally, the results showed a significant negative relationship between sexual communication and sexual coercion such that more sexual communication results in less sexual coercion. The results suggested that sexual coercion has a significant negative relation with marital adjustment and mental health of married women who are victims of sexual coercion. Therefore, increase in sexual coercion, decreases marital adjustment and mental health of married women.

Linear regression was conducted to determine if sexual communication, and sexual coercion are predictors of marital adjustment and mental health.

Table 4: *Sexual Communication and Sexual Coercion as Predictors of Marital Adjustment in Married Women (N = 204)*

					95% CI	
Variables	*B*	*SE*	*B*	*p*	*LL*	*UL*
Constant	35.06	9.99		.00	15.35	54.77
Sexual Communication	.53	.23	.14	.02	.06	1.00
Sexual Coercion	-.14	.05	-.15	.01	-.25	-.03
R	.50					
R^2	.25					
F	22.71**					

Note. $^{**}p < .01$.

The results of regression show suggest that sexual communication is a significant positive predictor of marital adjustment in married

women i.e., there is a positive correlation between sexual communication and marital adjustment. Findings also suggest that sexual coercion negatively predicts marital adjustment which indicates that a negative correlation exists between them. Sexual communication and sexual coercion as predictors of mental health are reported in Table 5.

Table 5: *Sexual Communication and Sexual Coercion as Predictors of Mental Health in Married Women (N = 204)*

					95% CI	
Variables	*B*	*S.E*	*B*	*p*	*LL*	*UL*
Constant	9.24	1.62		.00	6.03	12.45
Sexual Communication	.07	.03	.13	.04	.00	.15
Sexual Coercion	-.01	.00	-.10	.10	-.03	.00
R	.47					
R^2	.22					
F	19.81**					

Note. $^{**}p < .01$.

The results indicate that sexual communication emerged as a positive predictor of mental health in married women. Sexual coercion did not emerge as a predictor for mental health which is not in accordance with the hypothesis of this study.

Mediation analysis through Process Macro was conducted with the aim to investigate whether sexual coercion has a mediating role in the relationship between the other study variables. Hypotheses for mediation include that sexual coercion will mediate the relationship between sexual communication and marital adjustment as well as between sexual communication and mental health. The results for mediating effect of sexual coercion are reported in Table 6.

Table 6: *Mediating role of Sexual Coercion in Relationship of Sexual Communication with Marital Adjustment and Mental Health (N = 204)*

	Total Effect				Direct Effect				Indirect Effect		*95%* CI	
Variables	*B*	*S.E*	*t*	*p*	*B*	*S.E*	*t*	*p*	*B*	*S.E*	*LL*	*UL*
Marital Adjustment	-.87	.27	-3.17	.00	.99	.24	4.08	.00	.13	.06	.02	.29
Mental Health	-.87	.27	-3.17	.00	.15	.03	3.84	.00	.01	.01	-.00	.04

Note. $^{**}p < .01$.

The results suggest that sexual coercion mediates the relationship between sexual communication and marital adjustment. A significant indirect effect of sexual communication on marital adjustment through sexual coercion was observed as b = .13, CI [.02, .29]. Whereas sexual coercion did not emerge as a mediator in the relationship between sexual communication and mental health in married women as the indirect effect of sexual communication on mental health through sexual coercion is non-significant.

Figure 1: *Mediating role of Sexual Coercion in Relationship Between Sexual Communication and Marital Adjustment in Married Women (N = 204)*

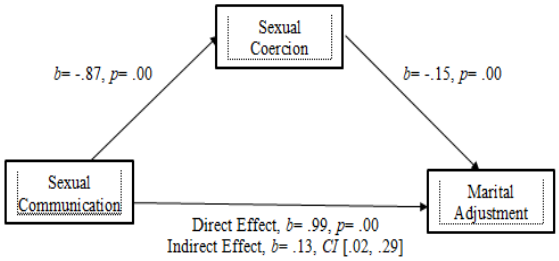
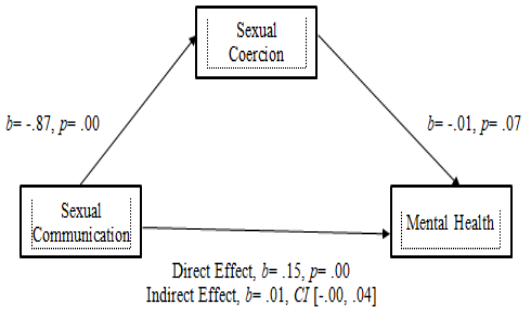


Figure 2: *Mediating role of Sexual Coercion in Relationship Between Sexual Communication and Mental Health in Married Women (N = 204)*



ANOVA- analysis of variance was conducted to investigate the differences in sexual communication, sexual coercion, marital adjustment and mental health of married women based on various categories of their education status and socio-economic status. Table 7 shows the results of differences in sexual communication, sexual coercion, marital adjustment and mental health when education status is considered.

Table 7: *One-way Analysis of Variance of Sexual Communication, Sexual Coercion, Marital Adjustment and Mental Health on the Basis of Education Status of Married Women (N = 204)*

Variables	*Categories*	*N*	*M*	*SD*	*F*	*p*	η^2	*Post Hoc*
Sexual Communication	Intermediate	16	31.75	10.31	2.86	.03	.04	PG*>G*>UG
	Undergraduate	45	37.06	8.29				I<G<PG
	Graduate	113	38.21	8.60				PG>UG>I*
	Post-graduate	30	38.73	8.28				G>UG>I*
Sexual Coercion	Intermediate	16	63.18	42.17	5.72	.00	.07	G>UG*>PG*
	Undergraduate	45	29.95	27.60				PG<G<I*
	Graduate	113	42.92	35.40				I>UG>PG
	Post-graduate	30	26.20	31.54				UG<G<I*
Marital Adjustment	Intermediate	16	75.87	34,13	1.55	.20	.02	
	Undergraduate	45	80.24	33.57				
	Graduate	113	89.61	30.11				
	Post-graduate	30	85.73	31.48				
Mental Health	Intermediate	16	17.75	5.02	3.11	.02	.04	UG>PG>G
	Undergraduate	45	15.55	4.95				PG<I<G**
	Graduate	113	18.23	4.93				I<PG<UG**
	Post-graduate	30	17.50	5.12				UG>I>G

Note. UG = Under Graduate; G = Graduate; PG = Post Graduate; I = Intermediate.
*$p < .05$. **$p < .01$.

The findings suggest that there are significant differences in sexual communication, sexual coercion and mental health of victims of sexual coercion when their education status is considered. Therefore, differences in categories of education status exist which effect the sexual communication, sexual coercion and mental health of married women.

The socio-economic status differences in sexual communication, sexual coercion, marital adjustment, and mental health in victims of sexual coercion are represented in Table 8.

Table 8: *One-way Analysis of Variance of Sexual Communication, Sexual Coercion, Marital Adjustment and Mental Health on the Basis of Socioeconomic Status of Married Women (N = 204)*

Variables	*Categories*	*N*	*M*	*SD*	*F*	*p*	η^2	*Post Hoc*
Sexual Communication	Low	27	32.51	7.45	5.32	.00	.05	H>M*
	Middle	158	38.26	8.65				H>L*
	High	19	38.52	8.75				L<M

Continued…

Variables	*Categories*	*N*	*M*	*SD*	*F*	*p*	η^2	*Post Hoc*
Sexual Coercion	Low	27	57.88	34.25	4.67	.01	.04	M*>L*
	Middle	158	36.69	33.70				H<L*
	High	19	33.36	40.25				M<L*
Marital Adjustment	Low	27	60.29	25.95	11.70	.00	.10	M*>H*
	Middle	158	90.48	30.73				H>L*
	High	19	84.15	28.96				M>L*
Mental Health	Low	27	14.55	4.70	5.63	.00	.05	H>M**
	Middle	158	18.00	4.99				H<L**
	High	19	17.42	4.75				L>M

Note. $^{*}p < .05$. $^{**}p < .01$.

Results of ANOVA show that there are significant differences in sexual communication, sexual coercion, marital adjustment and mental health of married women based on their socio-economic status. Thus, differences exist between the various categories of socio-economic status in married women.

Discussion

The results suggest that there is a significant positive relationship between sexual communication and marital adjustment, in simple words, the increase in sexual communication also increases marital adjustment in married women. A study conducted by Montesi et al. (2013) supports these results that disclosing in relationship and sexual communication increases marital adjustment and marital satisfaction along with decreasing anxiety and increasing contentment in relationship. Another study conducted in India found a positive association between sexual communication and marital quality highlighting the significance of disclosing and understanding sexual preferences of the partner leading to sexual satisfaction (Manjula et al., 2021). Moreover, results of this study found that sexual communication has a positive relationship with mental health. Empirical evidence suggests that more sexual communication increases mental health while difficulties in sexual communication reduces psychological well-being (Anderson, 2013; Hellemans et al., 2015; Roels et al., 2022). A study conducted on women experiencing reproductive health issues and sexual challenges by Pazmany et al. (2014) highlights the positive relations between sexual communication and mental health. Less sexual communication or not disclosing about sexuality and challenges along with not expressing emotions can decrease the mental health in women.

Thus, sexual communication predicts relationship well-being and satisfaction (Roels & Janssen, 2020).

Various researchers have found that sexual coercion negatively predicts as well as have a negative correlation with mental health. The studies have shown that higher levels of sexual coercion lead to more psychological distress and lower levels of mental health in women who are victims. Similarly, the current research revealed a negative correlation exists between sexual coercion and mental health in married women. Prevalence of depression, anxiety, insomnia, post-traumatic stress disorder and substance abuse disorders is high in women suffering from sexual coercion (Ali et al., 2021; Malhotra & Shah, 2015; Mushtaq et al., 2015; Suvak et al., 2013). A study conducted by Ali et al. (2021) in Pakistan revealed that married house-bound women face more sexual coercion contributing to somatic symptoms and psychological distress. Specific psychological disorders such as post-traumatic stress disorder is common in women who are victims of sexual coercion along with somatic complaints which gradually effects their mental health (Rani & Hassan, 2020; Stewart et al., 2016).

Salwen and O'Leary (2013) found that sexual coercion promotes marital disharmony and leads to lower levels of marital adjustment while also increases psychological distress. Thus, sexual coercion mediates this relationship through its indirect effect on the relationship. The findings from the current research are not in accordance with the hypothesis that sexual coercion mediates the relationship between sexual communication and mental health. Thus, sexual coercion did not emerge as a mediator for the relationship of sexual communication with mental health, indicating the direct effect of sexual communication on mental health of married women.

A study on Irani women shows that sexual communication is higher in women who are employed and are economically stable while sexual communication is less in women who are unemployed and are poor in economic status (Alimoradi et al., 2021). Absence of any differences in the results of current study can be due to the Pakistani culture and thus differences in culture can be a reason for no differences in sexual communication based on employment status of married women. As women in Pakistan consider their husbands to be *Majazi khuda* i.e. 'metaphorical god' and both culturally and religiously, women have to obey their husbands as both men and women consider their husbands to have supreme power in a marital relationship (Mansab, 2024). However, according to the result of this research, the education level of female creates differences in sexual communication which is supported by a study by Alimoradi et al. (2021) that the more the individual has education, the better would be

sexual communication in the relationship. As females with higher education have good communication skills and can communicate easily with their spouse related to sexual issues as compared to those with lower education level.

Studies highlight the role of education of women in sexual coercion and the risks related to intimate partner violence. The results of this study are in accordance with the empirical evidence and hypothesis stated earlier that there are differences in sexual coercion based on education level of married women. Women who have education less than secondary have been found to experience more sexual coercion as compared to women with higher education (Nabaggala et al., 2021). According to Ali et al. (2020), women with lower education level suffer more sexual coercion and consider it to be a part of husband-wife relationship.

It was supposed that women who are victims of sexual coercion differ in marital adjustment based on their education level. The results of the study found that there are no such differences, and that the marital adjustment of women is not influenced by their education. Some studies have shown that women with more education have high marital adjustment than those who have less education (Houseknecht & Macke, 1981). The reason for no differences in marital adjustment can be that as every woman either more or less educated has to follow the same norms and have to fulfill same expectations which are from them, so their levels of marital adjustment are same. Despite empowerment, married women in Pakistan face sexual coercion and intimate partner violence (Murshid & Critelli, 2020). Hypothesis states that women suffering from sexual coercion will differ in mental health on the basis of their education. The results from this research are in the accordance with this hypothesis that differences in mental health do exist when education level of women is considered. Kumar et al. (2005) suggests in his research that women who are less educated are at greater risk of poor mental health as compared to women who are more educated. Thus, there are differences in mental health if education of married women is considered.

A study conducted in India shows that women belonging to low socio-economic status can suffer more sexual coercion as well as there is less sexual communication in their relationship (Kalokhe et al., 2019) which suggests that the hypothesis that there will be differences in sexual communication on the basis of socio-economic status is accepted as the results of this study indicates similar findings. It was hypothesized that there will be differences in sexual coercion when socio-economic status is considered, which is accepted as there are significant differences in sexual coercion in married women. Women

belonging low socio-economic class and those having issues related to household income report high levels of sexual coercion (Reichel, 2017). Females with lower socio-economic status respond that they face more acts of violence and sexual coercion as compared to women belonging to high or middle-class families (Ribeiro et al., 2017).

Several studies have highlighted that people who belong to high status have better psychological health as compared to that of lower class. Similarly, the hypothesis of this study that there will be differences in mental health based on socio-economic status is supported by evidence that women with higher socio-economic status have higher levels of mental health than those women with lower socio-economic status (Williams et al., 2013). Also, those belonging to high socio-economic status have better access to sexual health and knowledge influencing their overall well-being (Lee et al., 2018). Muntaner et al. (2004) also suggests that women from low socio-economic status are at higher risk to have symptoms of depression and to have mental health disorders as compared to women with high socio-economic status. Therefore, women who are victims of sexual coercion have differences in mental health due to their socio-economic status. Results indicated differences in marital adjustment when their socio-economic status is considered which is in accordance with the hypothesis as well as empirical evidence support the findings that there is a difference in marital adjustment when the categories of socio-economic status i.e. low, middle and high are considered (Ruiz-Marin et al., 2021).

Limitations and Suggestions

The generalizability of this study is limited because the data was collected from specific regions of Pakistan. It may increase the representativeness of the sample if it was expanded to various cities and provinces. Future research could incorporate qualitative methods to explore sexual coercion among married women more profoundly. Some participants were reluctant to answer sensitive questions, thus limiting voluntary participation. The snowball sampling method used constrained the findings; random sampling could reduce sampling bias. Self-report measures also limited data validity, indicating a need for more objective methods. Further research could also be conducted to explore the experiences of men to give a balanced view.

Implications

The results of the current study will be used to help create interventions to combat sexual coercion and improve the marital quality

of those who have been subjected to it. The results are useful for policymakers to form policies to reduce sexual coercion and programs can be created to inform women about sexual coercion, how it may impact their mental health, and how to handle it if it occurs in their married relationships. This study will contribute to the growing body of knowledge and empirical data on sexual coercion and the significance of sexual communication in marriage. The results of the current study will also assist mental health experts in better comprehending the problems that women encounter, such as sexual coercion, and how it might result in depressive, anxious, PTSD-related, and marital problems.

Conclusion

Findings emphasize the importance of sexual communication in relationships and how it may impact women's ability to maintain healthy marriages, psychological well-being, and marital adjustment. Furthermore, in a patriarchal society like Pakistan, sexual compulsion is a subject that is not often openly acknowledged. Many women believe that their spouses have the authority to force them into sexual relations. In addition to highlighting the detrimental effects of sexual coercion on a woman's mental health due to traumatic experiences and ongoing coercion, this study also emphasizes the significance of sexual communication in fostering a successful marital connection. The current study has contributed to the body of knowledge on sexual coercion and the significance of sexual interaction.

References

Ali, S. A. E. Z., Ishfaq, W., Hassan, B., Iqbal, N., Ansari, D. S., Alvi, S. M., & Arafat, S. M. Y. (2021). The invisible pain of women: Sexual coercion, psychological distress and somatic symptoms. *Rivista Di Psichiatria*, *56*(5), 254-260.

Ali, T. S., Farhan, R., & Ayub, M. (2020). Intimate partner violence against women in Pakistan: A review of qualitative research. *The Journal of the Pakistan Medical Association*, *70*(5), 892.

Ali, T. S., Karmaliani, R., Farhan, R., Hussain, S., Jawad, F. (2021). Intimate partner violence against women: A comprehensive depiction of Pakistani literature. *Eastern Mediterranean Health Journal, 27*(2), 183-194.

Alimoradi, Z., Ghorbani, S., Bahrami, N., Griffiths, M. D., & Pakpour, A. H. (2021). Socio-demographic predictors of dyadic sexual communication among Iranian married women. *Sexologies*, *31*(4), 311-317

American Psychiatric Association. (2015). *Depressive Disorders: DSM-5® Selections*. American Psychiatric Publication.

Anderson, R. M. (2013). Positive sexuality and its impact on overall well-being. *Bundesgesundheitsblatt-Gesundheitsforschung-Gesundheitsschutz*, *56*(2), 208-214.

Babaee, S. N., & Ghahari, S. (2016). Effectiveness of communication skills training on intimacy and marital adjustment among married women. *International Journal of Medical Research & Health Sciences*, *5*(8), 375-380.

Banmen, J., & Vogel, N. A. (1985). The relationship between marital quality and interpersonal sexual communication. *Family Therapy*, *12*(1), 45.

Basile, K. C., Smith, S. G., Kresnow, M. J., Khatiwada, S., & Leemis, R. W. (2022). *The national intimate partner and sexual violence survey: 2016/2017 report on sexual violence*. https://www.cdc.gov/nisvs/documentation/nisvsReportonSexualViolence.pdf

Beres, M. (2010). Sexual miscommunication? Untangling assumptions about sexual communication between casual sex partners. *Culture, Health and Sexuality*, *12*(1), 1-14.

Blunt, H. D. (2012). *"People aren't mind readers": A study of sexual self-concept, partner communication, and sexual satisfaction*. University of South Florida.

Catania, J. A. (1998). Dyadic sexual communication scale. *Handbook of sexuality-related measures* (3rd ed., pp. 130-131).

Douglas, S., & Sedgewick, F. (2024). Experiences of interpersonal victimization and abuse among autistic people. *Autism*, *28*(7), 1732-1745.

Eaton, A. A., & Matamala, A. (2014). The relationship between heteronormative beliefs and verbal sexual coercion in college students. *Archives of Sexual Behavior*, *43*(7), 1443-1457.

Fitzpatrick, M. A., & Noller, P. (1990). Marital communication in the eighties. *Journal of Marriage and the Family*, *52*, 832-843.

Farvid, P., & Saing, R. (2022). "If I don't allow him to have sex with me, our relationship will be broken": Rape, sexual coercion, and sexual compliance within marriage in rural Cambodia. *Violence Against Women*, *28*(6-7), 1587-1609.

Goetz, A. T., & Shackelford, T. K. (2010). Sexual coercion in intimate relationships scale. *Handbook of sexuality-related measures* (pp. 125-127).

Haworth-Hoeppner, S. (1998). What's gender got to do with it: Perceptions of sexual coercion in a university community. *Sex Roles*, *38*(9), 757-779.

Hellemans, S., Loeys, T., Dewitte, M., De Smet, O., & Buysse, A. (2015). Prevalence of intimate partner violence victimization and victims' relational and sexual well-being. *Journal of Family Violence*, *30*(6), 685-698.

Harris, S. M., & Hays, K. W. (2008). Family therapist comfort with and willingness to discuss client sexuality. *Journal of Marital and Family Therapy*, *34*(2), 239-250.

Houseknecht, S. K., & Macke, A. S. (1981). Combining marriage and career: The marital adjustment of professional women. *Journal of Marriage and the Family*, 651-661.

Hussain, H., Hussain, S., Zahra, S., & Hussain, T. (2020). Prevalence and risk factors of domestic violence and its impacts on women's mental health in Gilgit-Baltistan, Pakistan. *Pakistan Journal of Medical Sciences*, *36*(4), 627.

Kalokhe, A. S., Iyer, S., Katendra, T., Gadhe, K., Kolhe, A. R., Paranjape, A., Rio, C. D., Stephenson, R., & Sahay, S. (2019). Primary prevention of intimate partner violence among recently married dyads residing in the slums of Pune, India: Development and rationale for a dyadic intervention. *JMIR Research Protocols*, *8*(1), e11533.

Krahé, B., & Berger, A. (2023). Scripts for consensual sex as risk factors for sexual aggression: A three-wave longitudinal study with university students in Germany. *Women's Health*, *19*, 17455057231213269

Kumar, S., Jeyaseelan, L., Suresh, S., & Ahuja, R. C. (2005). Domestic violence and its mental health correlates in Indian women. *The British Journal of Psychiatry*, *187*(1), 62-67.

Khan, A., Ahmed, F., Demir, M., & İlgili, Ö. (2021). Intimate partner violence in Pakistan: Ethical implications in an emergency case. *Clinical Ethics*, 14777509211052464.

Lee, R. L. T., Yuen Loke, A., Hung, T. T. M., & Sobel, H. (2018). A systematic review on identifying risk factors associated with early sexual debut and coerced sex among adolescents and young people in communities. *Journal of Clinical Nursing*, *27*(3-4), 478-501.

Locke, H. J., & Wallace, K. M. (1959). Short marital-adjustment and prediction tests: Their reliability and validity. *Marriage and Family Living*, *21*(3), 251-255.

Lou, J., Chen, S., Li, R., & Yu, H. (2011). Relationships among sexual self-concept, sexual risk cognition and sexual communication in adolescents: A structural equation model. *Journal of Clinical Nursing*, *20*(11-12), 1696-1704.

Malhotra, S., & Shah, R. (2015). Women and mental health in India: An overview. *Indian Journal of Psychiatry*, *57*(Suppl 2), S205.

Mallory, A. B., Stanton, A. M., & Handy, A. B. (2019). Couples' sexual communication and dimensions of sexual function: A meta-analysis. *The Journal of Sex Research*, *56*(7), 882-898. https://www.tandfonline.com/doi/full/10.1080/00224499.2019.1568375

Mallory, A. B. (2022). Dimensions of couples' sexual communication, relationship satisfaction, and sexual satisfaction: A meta-analysis. *Journal of Family Psychology*, *36*(3), 358.

Manjula, V., Munivenkatappa, M., Navaneetham, J., & Philip, M. (2021). Quality of marital relationship and sexual interaction in couples with sexual dysfunction: An exploratory study from India. *Journal of Psychosexual Health*, *3*(4), 332-341.

Mansab, M. (2024). Unravelling Pakistani women's perspective on marital intimacy and consent. *SN Social Sciences*, *4*(1), 13.

Metts, S., & Spitzberg, B. H. (1996). Sexual communication in interpersonal contexts: A script-based approach. *Annals of the International Communication Association*, *19*(1), 49-92.

Montesi, J. L., Conner, B. T., Gordon, E. A., Fauber, R. L., Kim, K. H., & Heimberg, R. G. (2013). On the relationship among social anxiety, intimacy, sexual communication, and sexual satisfaction in young couples. *Archives of Sexual Behavior*, *42*(1), 81-91.

Murshid, N. S., & Critelli, F. M. (2020). Empowerment and intimate partner violence in Pakistan: Results from a nationally representative survey. *Journal of Interpersonal Violence*, *35*(3-4), 854-875.

Muntaner, C., Eaton, W. W., Miech, R., & O'campo, P. (2004). Socioeconomic position and major mental disorders. *Epidemiologic Reviews*, *26*(1), 53-62.

Mushtaq, M., Sultana, S., & Imtiaz, I. (2015). The trauma of sexual harassment and its mental health consequences among nurses. *Journal of the College of Physicians and Surgeons Pakistan*, *25*(9), 675-679.

Nabaggala, M. S., Reddy, T., & Manda, S. (2021). Effects of rural–urban residence and education on intimate partner violence among women in Sub-Saharan Africa: A meta-analysis of health survey data. *BMC women's health*, *21*(1), 1-23.

Newstrom, N. P., Harris, S. M., & Miner, M. H. (2021). Sexual consent: How relationships, gender, and sexual self-disclosure affect signaling and interpreting cues for sexual consent in a hypothetical heterosexual sexual situation. *Sex Roles*, *84*(7), 454-464.

Pazmany, E., Bergeron, S., Verhaeghe, J., Van Oudenhove, L., & Enzlin, P. (2014). Sexual communication, dyadic adjustment, and psychosexual well-being in premenopausal women with self-reported dyspareunia and their partners: A controlled study. *The Journal of Sexual Medicine*, *11*(7), 1786-1797.

Rai, R., & Rai, A. K. (2020). Exploring the sexual coercion and mental health among young female psychiatric patients in India. *Children and Youth Services Review*, *119*, 105606.

Rani, A., & Hassan, F. U. (2020). Suffering in silence: Stories of Indian women with chronic mental illness and sexual coercion. *Indian Journal of Psychological Medicine*, *42*(2), 168-174.

Reichel, D. (2017). Determinants of intimate partner violence in Europe: The role of socioeconomic status, inequality, and partner behavior. *Journal of Interpersonal Violence*, *32*(12), 1853-1873.

Reis, H. T. (1990). The role of intimacy in interpersonal relations. *Journal of Social and Clinical Psychology*, *9*(1), 15-30.

Ribeiro, M. R. C., Silva, A. A. M. D., Alves, M. T. S. S. D. B. E., Batista, R. F. L., Ribeiro, C. C. C., Schraiber, L. B., & Barbieri, M. A. (2017). Effects

of socioeconomic status and social support on violence against pregnant women: A structural equation modeling analysis. *PLoS one*, *12*(1), e0170469.

Roels, R., & Janssen, E. (2020). Sexual and relationship satisfaction in young, heterosexual couples: The role of sexual frequency and sexual communication. *The Journal of Sexual Medicine*, *17*(9), 1643-1652.

Roels, R., Rehman, U. S., Goodnight, J. A., & Janssen, E. (2022). Couple communication behaviors during sexual and nonsexual discussions and their association with relationship satisfaction. *Archives of Sexual Behavior*, *51*(3), 1541-1557.

Rosen, N. O., Muise, A., Bergeron, S., Impett, E. A., & Boudreau, G. K. (2015). Approach and avoidance sexual goals in couples with provoked vestibulodynia: Associations with sexual, relational, and psychological well-being. *The Journal of Sexual Medicine*, *12*(8), 1781-1790.

Rubinsky, V. (2021). Exploring the relational nature of identity gap management in sexual communication. *Journal of Intercultural Communication Research*, *50*(4), 352-370.

Rubinsky, V., & Roldán, M. (2021). Disrupting Sexual Communication. *Communicating Intimate Health*, 119.

Ruiz-Marin, C. M., Molina-Barea, R., Slim, M., & Calandre, E. P. (2021). Marital Adjustment in Patients with Cancer: Association with Psychological Distress, Quality of Life, and Sleep Problems. *International Journal of Environmental Research and Public Health*, *18*(13), 7089.

Sadiq, A. (2017). The paradigm of violence against women in Pakistan: A conflict between law, culture and religion. *European Journal of Social Sciences Studies*.

Salwen, J. K., & O'Leary, K. D. (2013). Adjustment problems and maladaptive relational style: A mediational model of sexual coercion in intimate relationships. *Journal of Interpersonal Violence*, *28*(10), 1969-1988.

Sultan, H., Khawaja, A. O., & Kousir, T. (2016). Spousal abuse among Pakistani women: A thematic analysis. *Pakistan Journal of Social and Clinical Psychology*, *14*(2), 33.

Stewart, D. E., Vigod, S., & Riazantseva, E. (2016). New developments in intimate partner violence and management of its mental health sequelae. *Current Psychiatry Reports*, *18*(1), 1-7.

Suvak, M. K., Taft, C. T., Goodman, L. A., & Dutton, M. A. (2013). Dimensions of functional Perceived Social Support and depressive symptoms: A longitudinal investigation of women seeking help for intimate partner violence. *Journal of Consulting and Clinical Psychology*, *81*(3), 455.

Tahir, M., Rafiq, A., Yousufi, M., & Sheikh, M. K. (2021). Eradicating gender-based violence against female-intimate partner in Pakistan: A theoretical framework from islamic philosophy. *Academic Journal of Interdisciplinary Studies*, *10*(1).

Ware Jr, J. E., & Sherbourne, C. D. (1992). The MOS 36-ltem short-form health survey (SF-36): I. Conceptual framework and item selection. *Medical Care*, *30*(6), 473-483.

Widman, L., Javidi, H., Maheux, A. J., Evans, R., Nesi, J., & Choukas-Bradley, S. (2021). Sexual communication in the digital age: Adolescent sexual communication with parents and friends about sexting, pornography, and starting relationships online. *Sexuality and Culture*, *25*(6), 2092-2109.

Williams, J. S., Cunich, M., & Byles, J. (2013). The impact of socioeconomic status on changes in the general and mental health of women over time: evidence from a longitudinal study of Australian women. *International Journal for Equity in Health*, *12*(1), 1-11.

World Health Organization. (2024, March 25). *Violence against women*. https://www.who.int/news-room/fact-sheets/detail/violence-against-women

Wright, E. M. (2015). The relationship between Perceived Social Support and intimate partner violence in neighborhood context. *Crime and Delinquency*, *61*(10), 1333-1359.

Received 10 January 2023

Revision received 11 December 2024