Sexual Assertiveness and Sexual Victimization Across Different Life Stages: Examining Gender-Related and Cultural Differences

Léna Nagy[1,2†], Ateret Gewirtz-Meydan[3], Marie-Pier Vaillancourt-Morel[4,5], Sophie Bergeron[6,5], Verena Klein[7], Mónika Koós[8], Shane W. Kraus[9], Marc N. Potenza[10,11,12], Zsolt Demetrovics[13,2,14], Rafael Ballester-Arnal[15], Dominik Batthyány[16], Joël Billieux[17,18], Peer Briken[19], Julius Burkauskas[20], Georgina Cárdenas-López[21], Joana Carvalho[22], Jesús Castro-Calvo[23], Lijun Chen[24], Giacomo Ciocca[25], Ornella Corazza[26,27], Rita I. Csako[28], David P. Fernandez[29], Hironobu Fujiwara[30], Elaine F. Fernandez[31], Johannes Fuss[32], Roman Gabrhelík[33,34], Biljana Gjoneska[35], Mateusz Gola[36,37], Joshua B. Grubbs[38,39], Hashim T. Hashim[40], Md. Saiful Islam[41,42], Mustafa Ismail[40], Martha C. Jiménez-Martínez[43,44], Tanja Jurin[45], Ondrej Kalina[46], András Költő[47], Sang-Kyu Lee[48,49], Karol Lewczuk[50,51], Chung-Ying Lin[52,53], Christine Lochner[54], Silvia López-Alvarado[55], Kateřina Lukavská[33,56], Percy Mayta-Tristán[57], Dan J. Miller[58], Oľga Orosová[59], Gábor Orosz[60], Sungkyunkwan University's research team NA[61], Fernando P. Ponce[62,63], Gonzalo R. Quintana[64], Gabriel C. Quintero Garzola[65,66], Jano Ramos-Diaz[67], Kévin Rigaud[60], Ann Rousseau[68], Marco De Tubino Scanavino[69,70,71,72], Marion K. Schulmeyer[73], Pratap Sharan[74], Mami Shibata[75], Sheikh Shoib[76], Vera Sigre-Leirós[17,77], Luke Sniewski[78], Ognen Spasovski[79], Vesta Steibliene[80], Dan J. Stein[81], Julian Strizek[82], Aleksandar Štulhofer[83], Banu C. Ünsal[1,2], Marie Claire Van Hout[84], Beáta Bőthe[6,5]

[1]Doctoral School of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary, [2]Institute of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary, [3]School of Social Work, Faculty of Social Welfare and Health Sciences, University of Haifa, Israel, [4]Département de

Psychologie, Université du Québec à Trois-Rivières, Trois-Rivières, Canada, [5]Centre de recherche interdisciplinaire sur les problèmes conjugaux et les agressions sexuelles (CRIPCAS), Canada, [6]Département de Psychologie, Université de Montréal, Montréal, Canada, [7]School of Psychology, University of Southampton, United Kingdom, [8]Institute of Forensic Psychiatry and Sex Research; Center for Translational Neuro-and Behavioral Science; University of Duisburg-Essen, Essen, Germany, [9]Department of Psychology, University of Nevada, Las Vegas, Las Vegas, NV, USA, [10]Yale University School of Medicine, New Haven, CT, USA, [11]Connecticut Council on Problem Gambling, Wethersfield, CT, USA, [12]Connecticut Mental Health Center, New Haven, CT, USA, [13]Flinders University, College of Education, Psychology and Social Work, Institute for Mental Health and Wellbeing, Adelaide, South Australia, [14]Centre of Excellence in Responsible Gaming, University of Gibraltar, Gibraltar, Gibraltar, [15]Departmento de Psicología Básica, Clínica y Psicobiología, University Jaume I of Castellón, Spain, [16]Institute for Behavioural Addictions, Sigmund Freud University Vienna, Austria, [17]Institute of Psychology, University of Lausanne, Lausanne, Switzerland, [18]Center for Excessive Gambling, Addiction Medicine, Lausanne University Hospitals (CHUV), Lausanne, Switzerland, [19]Institute for Sex Research, Sexual Medicine, and Forensic Psychiatry; University Medical Centre Hamburg-Eppendorf; Hamburg, Germany, [20]Laboratory of Behavioral Medicine, Neuroscience Institute, Lithuanian University of Health Sciences, Lithuania, [21]Virtual Teaching and Cyberpsychology Laboratory, School of Psychology, National Autonomous University of Mexico, Mexico, [22]William James Center for Research, Departamento de Educação e Psicologia, Universidade de Aveiro, Aveiro, Portugal, [23]Department of Personality, Assessment, and Psychological Treatments, University of Valencia, Spain, [24]Department of Psychology, College of Humanity and Social Science, Fuzhou University, China, [25]Section of Sexual

Psychopathology, Department of Dynamic and Clinical Psychology, and Health Studies, Sapienza University of Rome, Rome, Italy, [26]Department of Clinical, Pharmaceutical and Biological Sciences, University of Hertfordshire, United Kingdom, [27]Department of Psychology and Cognitive Science, University of Trento, Italy, [28]Department of Psychology and Neuroscience, Auckland University of Technology, Auckland, New Zealand, [29]Nottingham Trent University, United Kingdom, [30]Department of Neuropsychiatry, Graduate School of Medicine, Kyoto University, Kyoto, Japan; Decentralized Big Data Team, RIKEN Center for Advanced Intelligence Project, Tokyo, Japan; The General Research Division, Osaka University Research Center on Ethical, Legal and Social Issues, Osaka, Japan, [31]HELP University, Malaysia, [32]Institute of Forensic Psychiatry and Sex Research, Center for Translational Neuro- and Behavioral Sciences, University of Duisburg-Essen, Essen, Germany, [33]Charles University, First Faculty of Medicine, Department of Addictology, Prague, Czech Republic, [34]General University Hospital in Prague, Department of Addictology, Czech Republic, [35]Macedonian Academy of Sciences and Arts, Republic of North Macedonia, [36]Institute of Psychology, Polish Academy of Sciences, Poland, [37]Institute for Neural Computations, University of California San Diego, USA, [38]University of New Mexico, Albuquerque, United States, [39]Center on Alcohol, Substance use, And Addiction (CASAA), University of New Mexico, Albuquerque, United States, [40]University of Baghdad, College of Medicine, Iraq, [41]Department of Public Health and Informatics, Jahangirnagar University, Savar, Dhaka-1342, Bangladesh, [42]Centre for Advanced Research Excellence in Public Health, Dhaka-1342, Bangladesh, [43]Universidad Pedagógca y Tecnológica de Colombia, Colombia, [44]Grupo de Investigación Biomédica y de Patología, Colombia, [45]Department of Psychology, Humanities and Social Sciences, University of Zagreb, Croatia, [46]Department of Educational Psychology and Psychology of Health, Pavol Jozef Safarik

University in Kosice, Slovakia, [47]Health Promotion Research Centre, University of Galway, Ireland, [48]Department of Psychiatry, Hallym University Chuncheon Sacred Heart Hospital, South Korea, [49]Chuncheon Addiction Management Center, South Korea, [50]Institute of Psychology, Cardinal Stefan Wyszynski University, Warsaw, Poland, [51]Centre of Excellence in Responsible Gaming, University of Gibraltar, Gibraltar, [52]Institute of Allied Health Sciences, College of Medicine, National Cheng Kung University, Tainan, Taiwan, [53]Biostatistics Consulting Center, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan, Taiwan, [54]SAMRC Unit on Risk & Resilience in Mental Disorders, Stellenbosch University, South Africa, [55]University of Cuenca, Ecuador, [56]Charles University, Faculty of Education, Department of Psychology, Prague, Czech Republic, [57]Facultad de Medicina, Universidad Científica del Sur, Lima, Perú, [58]College of Healthcare Sciences, James Cook University, Australia, [59]Pavol Jozef Safarik University in Kosice, Department of Educational Psychology and Psychology of Health, Slovakia, [60]Artois University, France, [61]Department of Psychology, Sungkyunkwan University, South Korea, [62]Departamento de Psicología, Universidad Católica del Maule, [63]Núcleo Milenio sobre Movilidad Intergeneracional: Del Modelamiento a la Política Pública (MOVI), [64]Departamento de Psicología y Filosofía, Facultad de Ciencias Sociales, Universidad de Tarapacá, Arica, Arica y Parinacota, Chile, [65]Florida State University, Republic of Panama, [66]Sistema Nacional de Investigación (SNI), La Secretaría Nacional de Ciencia, Tecnología e Innovación (SENACYT), Panama, [67]Facultad de Ciencias de la Salud, Universidad Privada del Norte, Lima, Perú, [68]Leuven School For Mass Communication, KU Leuven, Leuven, Belgium, [69]Department of Psychiatry, Schulich School of Medicine & Dentistry, Western University, London, Canada, [70]Lawson Research Institute, London, Canada, [71]London Health Sciences Centre Research

Institute, London, Canada, [72]Departmento e Instituto de Psiquiatria, Hospital das Clinicas; and Experimental Pathophysiology Post Graduation Program, Faculdade de Medicina, Universidade de São Paulo, Brazil, [73]Universidad Privada de Santa Cruz de la Sierra, Bolivia, [74]Department of Psychiatry, All India Institute of Medical Sciences, New Delhi -110029, India, [75]Department of Neuropsychiatry, Graduate School of Medicine, Kyoto University, Kyoto, Japan, [76]Department of Psychology, Shardha University, India, [77]Institute of Legal Psychiatry, Lausanne University Hospitals (CHUV), Lausanne, Switzerland, [78]Auckland University of Technology, New Zealand, [79]Faculty of Philosophy, Ss. Cyril and Methodius University in Skopje, [80]Laboratory of Behavioral Medicine, Neuroscience Institute, Lithuanian University of Health sciences, Lithuania, [81]SAMRC Unit on Risk & Resilience in Mental Disorders, Dept of Psychiatry & Neuroscience Institute, University of Cape Town, [82]Austrian Public Health Institute, Austria, [83]Department of Sociology, Faculty of Humanities and Social Sciences, University of Zagreb, Zagreb, Croatia, [84]Office of the VP Research, Innovation and Impact, South East Technological University, Ireland

[†] Correspondence should be addressed to Léna Nagy; E-mail: nagy.lena@ppk.elte.hu.

Author contributions:

Conceptualization: L.N., M.K., S.W.K., M.N.P., Z.D., and B.B. Data curation: L.N., A.G.-M., M.-P.V.-M., S.B., V.K., M.K., S.W.K., M.N.P., Z.D., R.B.-A., D.B., J. Billieux, P.B., J. Burkauskas, G.C.-L., J.C., J.C.-C., L.C., G.C., O.C., R.I.C., D.P.F., H.F., E.F.F., J.F., R.G., B.G., M.G., J.B.G., H.T.H., M.S.I., M.I., M.C.J.-M., T.J., O.K., A.K., S.-K.L., K. Lewczuk, C.-Y.L., C.L., S.L.-A., K. Lukavská, P.M.-T., D.J.M., O.O., G.O., S.U.s.r.t., F.P.P., G.R.Q., G.C.Q.G.,

J.R.-D., K.R., A.R., M.D.T.S., M.K.S., P.S., M.S., S.S., V.S.-L., L.S., O.S., V.S., D.J.S., J.S., A.Š., B.C.Ü., M.C.V.H., and B.B. Formal analysis: L.N. and B.B. Funding acquisition: L.N., M.K., S.W.K., Z.D., H.F., K. Lewczuk, and B.B. Investigation: L.N., A.G.-M., M.-P.V.-M., S.B., V.K., M.K., S.W.K., M.N.P., Z.D., R.B.-A., D.B., J. Billieux, P.B., J. Burkauskas, G.C.-L., J.C., J.C.-C., L.C., G.C., O.C., R.I.C., D.P.F., H.F., E.F.F., J.F., R.G., B.G., M.G., J.B.G., H.T.H., M.S.I., M.I., M.C.J.-M., T.J., O.K., A.K., S.-K.L., K. Lewczuk, C.-Y.L., C.L., S.L.-A., K. Lukavská, P.M.-T., D.J.M., O.O., G.O., S.U.s.r.t., F.P.P., G.R.Q., G.C.Q.G., J.R.-D., K.R., A.R., M.D.T.S., M.K.S., P.S., M.S., S.S., V.S.-L., L.S., O.S., V.S., D.J.S., J.S., A.Š., B.C.Ü., M.C.V.H., and B.B. Methodology: L.N., M.K., S.W.K., M.N.P., Z.D., and B.B. Project administration: L.N., M.K., and B.B. Resources: L.N., M.K., S.W.K., M.N.P., Z.D., K. Lewczuk, J.R.-D., and B.B. Software: L.N., M.K., and B.B. Supervision: B.B. Validation: L.N., M.K., S.W.K., M.N.P., Z.D., and B.B. Visualization: L.N. Writing - original draft: L.N. Writing - review & editing: L.N., A.G.-M., M.-P.V.-M., S.B., V.K., S.W.K., M.N.P., Z.D., J. Burkauskas, D.P.F., J.B.G., M.C.J.-M., C.L., S.L.-A., D.J.M., G.O., F.P.P., G.R.Q., G.C.Q.G., M.D.T.S., V.S.-L., D.J.S., A.Š., M.C.V.H., and B.B.

Acknowledgments: The authors would like to thank Anastasia Lucic and Natasha Zippan for their help with project administration and data collection, and Abu Bakkar Siddique, Anne-Marie Menard, Clara Marincowitz, Club Sexu, Critica, Digital Ethics Center (Skaitmeninės etikos centras), Día a Día, Ed Carty, El Siglo, Jakia Akter, Jayma Jannat Juma, Kamrun Nahar Momo, Kevin Zavaleta, Laraine Murray, L'Avenir de l'Artois, La Estrella de Panamá, La Voix du Nord, Le Parisien, Lithuanian National Radio and Television (Lietuvos nacionalinis radijas ir televizija), Mahfuzul Islam, Marjia Khan Trisha, Md. Rabiul Islam, Md. Shahariar Emon,

Miriam Goodridge, Most. Mariam Jamila, Nahida Bintee Mostofa, Nargees Akter, Niamh Connolly, Rafael Goyoneche, Raiyaan Tabassum Imita, Raquel Savage, Ricardo Mendoza, Saima Fariha, SOS Orienta and Colegio de Psicólogos del Perú, Stephanie Kewley, Sumaiya Hassan, Susanne Bründl, Tamim Ikram, Telex.hu, Trisha Mallick, Tushar Ahmed Emon, Wéo, and Yasmin Benoit for their help with recruitment and data collection.

Funding: The research was supported by the Hungarian National Research, Development, and Innovation Office (Grant numbers: KKP126835). L.N. and M.K. were supported by the ÚNKP-22-3 New National Excellence Program of the Ministry for Culture and Innovation from the source of the National Research, Development and Innovation Fund.; S.W.K. was supported by the Kindbridge Research Institute; Z.D. was supported by the Hungarian National Research, Development, and Innovation Office (Grant numbers: KKP126835); M.N.P. was supported by the Connecticut Council on Problem Gambling; C.-Y.L. was supported by the WUN Research Development Fund (RDF) 2021 and the Higher Education Sprout Project, the Ministry of Education at the Headquarters of University Advancement at the National Cheng Kung University (NCKU); C.L., J. Billieux and D.J.S. received support from the WUN Research Development Fund (RDF) 2021; G.O. was supported by the ANR grant of the Chaire Professeur Junior of Artois University and by the Strategic Dialogue and Management Scholarship (Phase 1 and 2); G.C.Q.G. was supported by the SNI #073–2022 (SENACYT, Republic of Panama); H.F. was supported by the Grant-in-Aid for Transformative Research Areas (A) (Japan Society for The Promotion of Science, JP21H05173), Grant-in-Aid for Scientific Research (B) (Japan Society for The Promotion of Science, 21H02849), and the Smoking Research Foundation; J.B.G. was supported by grants from the International Center for Responsible Gaming and the

Kindbridge Research Institute; K. Lukavská was supported by the Charles University institutional support programme Cooperatio-Health Sciences; K. Lewczuk was supported by Sonatina grant awarded by National Science Centre, Poland, (2020/36/C/HS6/00005); K.R. was supported by a funding from the Hauts-de-France region (France) called "Dialogue Stratégique de Gestion 2 (DSG2)"; L.C. was supported by the National Social Science Foundation of China (19BSH117); M.G. was supported by National Science Centre of Poland (2021/40/Q/HS6/00219); R.C. was supported by Auckland University of Technology, 2021 Faculty Research Development Fund; R.G. was supported by Charles University's institutional support programme Cooperatio-Health Sciences; S.B. was supported by a Tier 1 Canada Research Chair; Sungkyunkwan University's research team was supported by Brain Korea 21 (BK21) program of National Research Foundation of Korea.

Conflict of interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. SWK discloses that he has received funding from the International Center for Responsible Gaming, MGM Resorts International, Center for the Application of Substance Abuse Technologies, Taylor Francis, Springer Nature, The Nevada Problem Gambling Project, Sports Betting Alliance, and Kindbridge Research Institute. MNP discloses that he has consulted for and advised Game Day Data, Addiction Policy Forum, AXA, Idorsia, Baria-Tek, and Opiant Therapeutics; been involved in a patent application involving Novartis and Yale; received research support from the Mohegan Sun Casino, Children and Screens and the Connecticut Council on Problem Gambling; consulted for or advised legal and gambling entities on issues related to impulse control, internet use and addictive behaviors; provided clinical care related to impulse-control and addictive behaviors;

performed grant reviews; edited journals/journal sections; given academic lectures in grand rounds, CME events and other clinical/scientific venues; and generated books or chapters for publishers of mental health texts. The University of Gibraltar receives funding from the Gibraltar Gambling Care Foundation, an independent, not-for-profit charity. J. Burkauskas works as a consultant at Cronos. ELTE Eötvös Loránd University receives funding from Szerencsejáték Ltd. (the gambling operator of the Hungarian government) to maintain a telephone helpline service for problematic gambling. However, these funding sources are not related to this study, and the funding institutions had no role in the study design or the collection, analysis, and interpretation of the data, the writing of the manuscript, or the decision to submit the paper for publication.

Ethics: The authors assert that all procedures contributing to this work comply with the relevant national and institutional committees' ethical standards on human experimentation and the Helsinki Declaration. The study was approved by all collaborating countries' national/institutional ethics review boards: https://osf.io/n3k2c/files/osfstorage/636974c6f490ee001cfe45fe

Abstract

Objectives: A growing body of research indicate that experiencing sexual victimization may be linked to lower levels of sexual assertiveness, yet significant gaps remain in understanding how this association varies across the life stages in which one is victimized, gender identities, and cultural contexts. Prior studies have primarily focused on cisgender women from Western countries, mainly examined adolescent/adult sexual assault (AASA), and emphasized sexual refusal while neglecting the larger concept of sexual assertiveness.

Method: This study addresses these gaps by investigating the links between child sexual abuse (CSA), AASA, revictimization (CSA+AASA) and sexual assertiveness—encompassing initiation, refusal, and risk negotiation—using data from a large multinational online survey. We analyzed responses from over 64,000 participants, including men, women, and gender-diverse individuals from 42 countries, comparing the associations of sexual assertiveness and sexual victimization across groups based on gender and the intersection of country and gender.

Results: Findings revealed that CSA is consistently associated with lower sexual assertiveness across all genders and countries, while AASA and CSA+AASA exhibit gender- and culture-specific patterns. Women's sexual assertiveness was negatively associated with all forms of sexual victimization across the lifespan, while men's sexual assertiveness was only consistently linked to CSA, with notable cross-country variations in the AASA-assertiveness relationship.

Conclusions: These findings extend existing literature, fill important research gaps, and identify vulnerable populations, while emphasizing the need for gender- and culturally sensitive interventions to support survivors.

Keywords: sexual assertiveness, child sexual abuse, adolescent and adult sexual assault, cross-cultural, gender diversity

Introduction

Sexual victimization, including child sexual abuse (CSA) and adolescent and adult sexual assault (AASA), is prevalent across different cultures and gender identities and is linked to poorer psychological and relational health (Dworkin, 2020; Murray et al., 2014), including tendencies to assertively communicate about sexuality (Zerubavel & Messman-Moore, 2013). CSA has been reported in 15% to 35% of girls and 5% to 20% of boys worldwide (Andersson et al., 2020; Barth et al., 2013; Finkelhor et al., 2015; Ma, 2018; Stoltenborgh et al., 2011). Although estimates vary highly, a review of 22 studies reported that the global prevalence of AASA ranges between 0.6% to 77.6% for women, 0.3% to 65.5% for men, and 0% to 37% for lesbian, gay, bisexual, and transgender (LGBT) samples (Dworkin et al., 2021).

Sexual assertiveness, a critical component of sexual autonomy, has been defined as an individual's capacity to recognize, prioritize, and effectively communicate one's own needs, preferences, and boundaries in sexual interactions (Zerubavel & Messman-Moore, 2013). It has often been conceptualized as a three-faceted construct: (1) the social competence for the assertive initiation of desired sex and communication of sexual preferences, (2) the refusal of unwanted sex, and (3) the negotiation of sexual risk and safety (later referred to as initiation, refusal, and risk communication/negotiation) (Loshek & Terrell, 2015; Morokoff et al., 1997; Quina et al., 2000). Higher sexual assertiveness has been associated with higher sexual and relationship satisfaction, sexual self-esteem, better sexual functioning, more adaptive sexual consent behavior, and safer sex practices (Darden et al., 2019; Leclerc et al., 2015; McNicoll et al., 2017; Ménard & Offman, 2009; Noar et al., 2002; Santos-Iglesias et al., 2013) while lower sexual assertiveness has been associated with greater vulnerability to sexually transmitted infections (Morokoff et al., 2009; Onuoha & Munakata, 2005), sexual risk-taking (Stulhofer et

al., 2009), and sexual victimization (Zerubavel & Messman-Moore, 2013). Lower levels of sexual assertiveness have also been linked to adult revictimization (Katz et al., 2010; Livingston et al., 2007) which affects nearly half of CSA survivors (Walker et al., 2019). Sexual assertiveness is fundamental to healthy sexual relationships and individual empowerment (Morokoff et al., 1997), but its development and expression can be profoundly affected by adverse experiences, particularly sexual victimization (e.g., Livingston et al., 2007). Therefore, in the current study, we sought to examine the potential associations between CSA, AASA, revictimization (CSA+AASA), and sexual assertiveness, considering gender- and country-related differences.

Theoretical Background Connecting Sexual Victimization and Sexual Assertiveness

The association between sexual abuse and low sexual assertiveness can be explained through several psychological mechanisms, supported by theoretical and empirical literature. According to the Traumagenic Model (Finkelhor and Browne, 1985), four key dynamics – traumatic sexualization, powerlessness, stigmatization, and betrayal – can contribute to low sexual assertiveness in survivors of CSA. Survivors may experience traumatic sexualization, where their understanding of sexuality and intimacy becomes distorted, leading to confusion, compliance, or fear in sexual interactions. Abuse may also instill a sense of powerlessness, leaving the survivor feeling trapped and vulnerable, which may manifest in limited agency in asserting boundaries. Internalized shame and stigmatization may further devalue survivors' sense of self, leading them to prioritize others' needs over their own and avoid assertive behaviors. Feelings of betrayal may contribute to disrupted attachment patterns, as survivors may develop anxious tendencies, such as people-pleasing to avoid rejection, or avoidant behaviors, such as disengagement from intimacy altogether (Gewirtz-Meydan & Ofir-Lavee, 2021). Collectively,

these dynamics might shape survivors' perceptions of themselves, others, and the world, creating barriers to healthy sexual expression and communication, potentially undermining survivors' belief in their ability to assert themselves sexually. The erosion of trust is another critical factor that may connect sexual victimization to sexual assertiveness. Trust in one's own ability to discern between safe and harmful situations is often compromised after sexual abuse, leading to difficulty in creating and maintaining sexual boundaries. Survivors may also question their judgment or be overly wary or mistrusting, hence struggling with the negotiation aspect of sexual relationships — a core element of sexual assertiveness (Hartman, 1997).

In line with Finkelhor and Browne (1985), Andersen and Cyranowski's (1994) concept of sexual self-schemas suggests that an individual's experiences in intimate relationships and sexuality shapes future sexual behaviors and interpersonal dynamics. A sexual self-schema develops based on how a person cognitively interprets and organizes information about themselves as a sexual being (Niehaus et al., 2010). Survivors of CSA may exhibit lower sexual assertiveness in potentially risky sexual situations due to their early sexual experiences occurring within an abusive context (Finkelhor & Browne, 1985; Walker & Wamser-Nanney, 2023). For instance, research has shown that female CSA survivors are less likely to express anger in response to an unwanted sexual advance compared to women without a history of abuse (Jouriles et al., 2014).

Experiences of CSA or AASA, coupled with the associated attachment insecurity (Gewirtz-Meydan & Ofir-Lavee, 2021; Labadie et al., 2018), psychiatric disorders (Dworkin, 2020; Dworkin et al., 2017), and sexual dysfunctions (Bigras et al., 2021; Gewirtz-Meydan & Opuda, 2022; Steel & Herlitz, 2007), may increase anxiety or shame surrounding sexual conversations, making it more difficult to discuss sexuality (Jones et al., 2018). The shame, self-contempt, self-

disgust and lack of self-appreciation survivors often experience may lead them to avoid situations where their sense of self-worth may be threatened by rejection (Badour et al., 2014; Træen & Sorensen, 2008). Survivors' sexuality may be traumatized and dissociated: they may struggle to view their needs and preferences as valid and tend to engage in sex to please their partner (Gewirtz-Meydan & Lassri, 2023). Additionally, symptoms of post-traumatic stress disorder (e.g., avoidance, hyperarousal, dissociation, and re-experiencing) that may develop in the aftermath of both CSA or AASA may interfere with information processing, risk perception, and self-protective responses, inhibiting the assertive negotiation of sexual risk and safety. These mechanisms have been associated with increased likelihood for revictimization (Chu, 1992; Fortier et al., 2009).

Empirical Evidence for the Relationship Between CSA and Sexual Assertiveness

Although most studies regarding sexual victimization and assertiveness focused on AASA and only a few measured CSA, some authors note that, theoretically, trauma-related psychological mechanisms may be even more pronounced if the abuse happened during earlier stages of life (Katz et al., 2010; Livingston et al., 2007). However, the available evidence is limited and seemingly inconsistent. In a cross-sectional study examining a Spanish college sample of women, low refusal assertiveness partially mediated the relationship between CSA and AASA (Santos-Iglesias & Sierra, 2012). In contrast, a prospective path analytic study reported that CSA experiences did not directly predict lower baseline sexual assertiveness among a community sample of U.S. women. However, baseline AASA experiences in the same study were directly associated with lower baseline assertiveness (Livingston et al., 2007).

Empirical Evidence for the Relationship Between AASA and Sexual Assertiveness

Studies have repeatedly reported low sexual refusal assertiveness to be positively associated with AASA and adult revictimization. Longitudinal studies examining this link among women concluded that AASA was negatively associated with their beliefs about their sexual rights, sexual assertiveness, and self-efficacy in refusing unwanted sex (Katz et al., 2010; Kelley et al., 2016; Livingston et al., 2007; Relyea & Ullman, 2017; Rickert et al., 2002; Schry & White, 2013; D. P. Walker et al., 2011; Zerubavel & Messman-Moore, 2013). Survivors may learn that their needs can be disregarded or subordinated to others' sexual desires, and thus they may be less likely to try and assert them in later situations (Katz et al., 2010).

Of the three facets of sexual assertiveness (initiation, refusal, and risk negotiation), assertive refusal of unwanted sex is the most documented in relation to AASA. Although there is little empirical evidence on the other two facets, a recent study of Spanish adolescents showed more frequent intimate partner sexual aggression experiences to be associated with lower levels of refusal and risk negotiation competence in boys, and lower levels of initiation and risk negotiation competence in girls (Fernández-Fuertes et al., 2020). This indicates that sexual assertiveness, including not only the capacity to refuse unwanted sexual advances but to assertively initiate desired sexual connections, communicate sexual preferences, and negotiate sexual and reproductive risks may be related to AASA as well.

The Association Between Sexual Victimization and Sexual Assertiveness Across Diverse Genders and Cultures

Most studies examining the associations between sexual assertiveness and sexual abuse/assault were conducted among cisgender college women in the United States (Katz et al., 2010; Kelley et al., 2016; Schry & White, 2013; D. P. Walker et al., 2011; Zerubavel & Messman-Moore, 2013), with a few exceptions of community samples including U.S. and

Spanish women (Livingston et al., 2007; Rickert et al., 2002; Santos-Iglesias & Sierra, 2012), and a study examining Spanish adolescent girls and boys (Fernández-Fuertes et al., 2020). These studies consistently supported the hypothesis that AASA experiences and lower sexual assertiveness are positively linked. However, little is known about the role of sexual abuse experiences in the sexual assertiveness of men and gender minority individuals across the globe, as well as women from non-WEIRD (Western, Educated, Industrialized, Rich, and Democratic) countries. This knowledge gap is concerning because both levels of sexual assertiveness and prevalence of CSA and AASA show important differences across genders and cultures (Dworkin et al., 2021; Rothman et al., 2011), and their relationship may also be moderated by such contextual factors. Sexuality and gender identity are embedded within cultural frameworks that may vary significantly across countries and cultures (Agocha et al., 2014; Hall, 2019; Klein et al., 2021), necessitating cross-cultural lenses.

Culturally defined attitudes toward sexuality, gendered norms, and gendered sexual scripts may significantly contribute to how both sexual abuse and assertiveness are manifested and perceived across different gender identities. These contextual factors may possibly contribute to the risks, experiences, and aftermath of CSA and AASA, as well as its potential effect on post-abuse sexual assertiveness. Consistent with traditional gender roles, men have historically reported higher sexual assertiveness than women (Haavio-Mannila & Kontula, 1997; Pierce & Hurlbert, 1999; Snell et al., 1991), and this disparity was in line with women being more vulnerable to sexual coercion and abuse. Recently, however, changing gender-related trends can be observed regarding sexual assertiveness, but not in the prevalence of sexual abuse. Recent studies have found that women reported higher overall and refusal assertiveness compared to men (Fernández-Fuertes et al., 2020; Gil-Llario et al., 2022; Lopez-Alvarado et al., 2022;

Stulhofer et al., 2009), although they still exhibit higher likelihoods of having experienced CSA and AASA (e.g., Barth et al., 2013; Dworkin et al., 2021).

Gender-diverse individuals (i.e., individuals who do not identify with the binary genders of men and women, e.g., non-binary or genderqueer individuals) may be at especially high risk of both CSA and AASA (e.g., Baams, 2018; Sterzing et al., 2017; Tobin & Delaney, 2019). Although sexual assertiveness has yet to be studied among gender-diverse individuals, the literature describes both promoting and impeding factors that may be specific to them. Sexual assertiveness is affected by gendered norms and sexual scripts which are less prominent in queer relationships and sexual encounters (Kimmel, 2007). When traditional gender norms are less salient in an encounter, reliance on direct and verbal communication may increase, promoting sexual assertiveness among gender-minority individuals (McKenna et al., 2021). Additionally, the identity development and self-exploration often experienced by gender-minority individuals may sensitize them to power dynamics, gendered privilege, marginalization and their impacts on sexual consent and pleasure (Cousins, 2019; Goldberg & Kuvalanka, 2018). In contrast, there are also significant factors that may impede sexual- and gender-minority individuals' sexual assertiveness, their higher risk of CSA and AASA emerging as a prominent concern. Minority-stress-linked fear of rejection (Wang & Pachankis, 2016) and lower self-esteem (Bridge et al., 2019) may also promote non-assertive behaviors (e.g., Anderson & Cahill, 2015; Norris et al., 1996).

The Current Study

The current large-scale cross-sectional study aimed to examine associations between sexual victimization (CSA, AASA, and the combination of both CSA and AASA) and sexual assertiveness with respect to gender and the intersection of gender and country of residence. We

sought to address three knowledge gaps in scientific literature. First, while previous research has focused more narrowly on refusal assertiveness, we examined a broader concept of sexual assertiveness (including refusal, initiation and risk negotiation; Loshek & Terrell, 2015). Second, whereas most prior studies have predominantly focused on AASA and subsequent adult revictimization without taking CSA into account, we investigated experiences of CSA (without AASA), AASA (without CSA), and the combination of both CSA and AASA. Third, while previous studies focused on women in North America and Spain, we examined potential variations in the relationships between CSA, AASA, CSA+AASA and sexual assertiveness across diverse gender identities and countries.

Hypotheses and Exploratory Research Questions

The study design and hypotheses have been preregistered.

H1: Sexual abuse experiences (CSA only, AASA only, CSA+AASA) would be significantly and negatively associated with sexual assertiveness. Differences between the strengths of these associations were examined in an exploratory manner as the available evidence was limited.

RQ1: Is there a difference in how strongly different sexual abuse experiences (CSA only, AASA only, CSA+AASA) are associated with sexual assertiveness across three gender identities (i.e., men, women, and gender-diverse individuals)?

RQ2: Are the associations between different sexual abuse experiences (CSA only, AASA only, CSA+AASA) and sexual assertiveness universal across the intersections of gender and country of residence? Specifically, we examined country-based differences in an exploratory manner due to the large number of country-based groups in our study and limited prior empirical evidence cross-culturally.

Methods

Procedure

This study used data from the International Sex Survey (ISS) (Bőthe et al., 2021) – an international, multi-language, cross-sectional, self-report survey among a community sample of adults using a preregistered study protocol. The study was conducted in 26 languages. The English survey battery was translated by the study's native-speaking collaborating researchers following a pre-established translation protocol (Beaton et al., 2000). Recruitment was conducted in 42 countries[1] between October 2021 and May 2022 using news media appearances, research panels, and social media ads with the help of standard multilingual advertisement material (e.g., templates of emails and articles to contact news websites, advertisement text, and posters). The advertisement materials explicitly stated that participation in the study is completely anonymous, and anyone meeting the eligibility criteria can participate in the study, promoting inclusivity and encouraging participants to share sensitive information.

Participants completed an anonymous self-report survey on a secure online platform (Qualtrics Research Suite), taking approximately 25 to 45 minutes. Participants did not receive compensation for their participation, but they could select one of the non-profit, sexuality-related international organizations to receive a 0.50 USD donation (the donation was limited to a maximum of 1000 USD). The list of collaborating countries, a detailed description of the translation and data collection procedures, and more details about the eligibility criteria are described in the study protocol (Bőthe et al., 2021). For complete transparency of data use, all

[1] Egypt, Iran, Pakistan, and Romania were included in the study protocol paper as collaborating countries (Bőthe, Koós, et al., 2021); however, it was not possible to get ethical approval for the study in a timely manner in these countries. Chile was not included in the study protocol paper as a collaborating country (Bőthe, Koós, et al., 2021) as it joined the study after publishing the study protocol. Therefore, instead of the planned 45 countries (Bőthe, Koós, et al., 2021), only 42 individual countries are considered in the present study, see details at https://osf.io/n3k2c/files/osfstorage/6489fd20bee36d024f0e650b.

published papers and conference presentations are listed on the project's related Open Science Framework (OSF) pages (link to publications; link to conference presentations). The study was conducted in accordance with the Declaration of Helsinki and was approved by all collaborating countries' national/institutional ethics review boards (link to ethics approvals).

Participants

To be eligible, participants had to be at least 18 years old (or the legal age to provide informed consent) and understand one of the survey languages. The test battery included three questions to evaluate sustained attention. Participants who failed at least two out of these three questions or produced otherwise unengaged response patterns (e.g., giving the same response to all items in questionnaires with reverse-coded items, indicating a longer romantic relationship than their age) were excluded from analyses. After data cleaning, 82,243 respondents were in the original sample. The detailed data-cleaning procedure is described at https://osf.io/8kdzv/?view_only=dadcfc82666140a6ab5a1c3f63b679be.

For this specific study, participants who reported not having had sex in the past 12 months were excluded from the analysis as they did not complete the sexual assertiveness measure. Others who did not respond to any items of the sexual abuse or the sexual assertiveness measures, or did not indicate their gender, were also excluded from the analysis. A total of 64,486 participants remained in the final analytic sample, 39.1% of which identified as men, 58.1% as women, and 2.74% as gender-diverse individuals. Detailed characteristics of the analytic sample are presented in Table 1.

Measures

Sociodemographic Information

Participants were asked to complete a sociodemographic questionnaire assessing self-reported age, country of residence, sex assigned at birth, gender identity, trans status, sexual orientation, relationship status, education, and work status. The complete list of survey measures is described in the study protocol (Bőthe et al., 2021). The wording and translations of these variables, as well as the translation of the scales used in this study can be found at https://osf.io/jcz96/files/osfstorage.

Participants reported their gender identity by selecting from a range of options provided in the survey (see Table 1). We created three analytic groups based on self-reported gender identity: men, women, and gender-diverse individuals (participants who identified as genderqueer, genderfluid, non-binary, indigenous or other cultural gender-minority identity [e.g., two-spirit], and other gender identity). Binary trans men and women were grouped with binary cis men and women, respectively, due to their low numbers ($n_{trans\ men}$=176, $n_{trans\ women}$=116) in the sample, which would have resulted in insufficient power (see the a-priori power analysis described in the Statistical Analysis section). Although we acknowledge that more nuance is needed in researching the assertiveness of trans individuals, we opted to group them based on their gender identity, rather than merging the experiences of binary trans men, binary trans women, and nonbinary gender-diverse individuals or omitting them from the analysis.

Sexual Assertiveness

The Short Sexual Assertiveness Questionnaire (SAQ-9; Nagy, Koós, et al., 2025; based on the longer version of Loshek & Terrell, 2015) consists of nine items. Its three factors describe communication about sexual initiation and satisfaction (*Initiation* factor, three items, e.g. “It is easy for me to discuss sex with my partner”), tendencies to refuse unwanted sexual acts (*Refusal* factor, three items, e.g., “I refuse to have sex if I don’t want to”), and tendencies to communicate

about sexual risk (*Risk communication* factor, three items, e.g., "I ask my partner if he or she has practiced safe sex with other partners"). Items are rated on a seven-point Likert scale (1 = strongly disagree, 7 = strongly agree). The scale demonstrated good structural validity and reliability (α = .78), as well as measurement invariance across genders, sexual orientations, languages, and countries of residence included in the ISS (Nagy, Koós, et al., 2025). In the current analysis, we used factor scores to compute the total sexual assertiveness score, as they more accurately reflect the relative contribution of each item to the underlying construct.

Sexual Abuse

The Sexual Abuse History Questionnaire (SAHQ; Leserman et al., 1995) consists of six items in total. Five items ask about five types of victimization (i.e., someone exposing their sexual organs, threatening with rape, touching one's sexual organs, being forced to touch someone's sexual organs, and being forced to have intercourse) and one item assesses "any other unwanted sexual experiences." The measure asks the same six questions twice, first regarding childhood (victimization at the age of 13 and younger), then adolescent and adult years (victimization at the age of 14 and older). Respondents indicate if a given type of unwanted sexual experience happened to them in childhood and/or later in life by providing a yes or no answer on both scales separately. The SAHQ possesses good convergent validity, acceptable test-retest reliability, acceptable internal consistency (α = .73-75), and demonstrated good structural validity in all country- and gender-based groups (Leserman et al., 1995; Nagy, Bergeron, et al., 2025). In the present study, we created three dichotomized dummy variables to denote whether a participant reported any CSA experiences (without AASA), any AASA experiences (without CSA), or both CSA and AASA experiences (CSA+AASA).

Statistical Analyses

The analytical plan and hypotheses of this study have been preregistered. All analyses were conducted in R (R Core Team, 2021). The intergroup invariance analyses and related chi-square difference tests were conducted using the *lavaan* package (Rosseel, 2012). Missing values were treated using Full Information Maximum Likelihood (FIML) with maximum likelihood estimates robust to non-normality (MLR). In our study, we tested CSA, AASA, and CSA+AASA as statistical predictors, and sexual assertiveness as the outcome variable.[2]

We conducted intergroup invariance tests (Dimitrov, 2006) to examine whether the associations between CSA, AASA, CSA+AASA, and sexual assertiveness differed across gender identities as a categorical grouping variable (i.e., men, women, and gender-diverse individuals). In these models, the configural saturated model was assessed first, allowing the paths between CSA, AASA, or CSA+AASA and sexual assertiveness to be estimated freely between gender-identity-based subgroups. Then, this configural model was compared to a restricted model in which the paths between CSA, AASA, or CSA+AASA and sexual assertiveness were constrained to be equal between gender-based groups. We compared these models using a corrected chi-square difference test in which a significant chi-square difference indicated that the association significantly differs across demographic groups (Satorra–Bentler scaled chi-square difference test; Satorra & Bentler, 2001).

Cross-cultural (i.e., country-based) variations in the association between CSA, AASA, CSA+AASA and sexual assertiveness were examined separately in gender-identity-based samples (i.e., men, women) to account for the intersection of culture and gender identity.

---

[2] For the purposes of describing our hypotheses and analyses, we use the word "predict" as it used in reference to linear regression. That is, we do not assume causality based on our cross-sectional analysis and do not intend to imply such an assumption based on the terminology used.

Sufficient power was ensured by determining the minimum required sample size via a-priori power analysis for structural equation modelling (effect size = .15, power = .95, α = .05) (Soper, 2025; Westland, 2010). This analysis established a minimum required sample size of 200 participants per subgroup. Consequently, countries with sample sizes below this threshold were excluded from this specific analysis. As a result, the analysis included 34 groups for men (excluding Algeria, Bangladesh, Bolivia, Ecuador, Gibraltar, India, Iraq, and Panama) and 33 groups for women (excluding Algeria, Bangladesh, Bolivia, Ecuador, Gibraltar, India, Iraq, Japan, and Panama). We deviated from our preregistered analytic plan and were unable to conduct the country-based invariance analysis for gender-diverse individuals due to insufficient sample sizes when stratified by country. In both remaining samples (i.e., men and women), we conducted the previously described procedure of intergroup invariance testing with country as the grouping variable and examining differences in the associations with the Satorra-Bentler scaled chi-square difference tests.

Results

Descriptive Analysis

Descriptive statistics regarding sexual assertiveness and different age categories of sexual victimization are presented in Table 2 for the total sample and for the three gender-based groups.

Comparing Associations between Sexual Victimization and Sexual Assertiveness across Gender Identities

The results of the intergroup invariance tests across genders are presented in Table 3. The comparison of the configural linear regression model (i.e., where all paths were freely estimated across the three gender-based subgroups) to models with equality constraints on these paths revealed significant chi-square differences for the AASA–sexual assertiveness (χ2diff[2] =

21.87, $p < .001$), and the CSA+AASA-sexual assertiveness association (χ2diff[2] = 19.83, $p < .001$) but not for the CSA-sexual assertiveness link (χ2diff[2] = 0.98, $p = .613$). These results showed that CSA had a significant negative association with sexual assertiveness regardless of gender. In cases of paths that significantly differed across genders, we reported the results of the configural model where the paths were freely estimated for genders. AASA and CSA+AASA were significantly and negatively associated with sexual assertiveness among women, with no significant associations observed for men or gender-diverse individuals. Standardized regression coefficients for significant associations ranged between β = -0.018 and -0.057 (ps <.001), indicating small statistical effect.

Comparing Associations between Sexual Victimization and Sexual Assertiveness across the Intersections of Country of Residence and Gender Identity

Cross-country intergroup invariance tests were conducted separately for men and women (Tables 4 and 5). Among men, the comparison of the configural model with the constrained models revealed a significant cross-country difference in the AASA–sexual assertiveness association (χ2diff[33] = 63.44, $p = .001$), but not the CSA-sexual assertiveness (χ2diff[33] = 35.52, $p = .350$) or the CSA+AASA-sexual assertiveness associations (χ2diff[33] = 43.79, $p = .099$). CSA was significantly associated with lower sexual assertiveness, while CSA+AASA experiences showed no significant association with sexual assertiveness across the countries involved. AASA was significantly associated with lower sexual assertiveness in the Czech Republic, Italy, Peru, and South Korea, but with higher sexual assertiveness in Israel, North Macedonia, and the United Kingdom (UK).

Among women, comparisons of the configural model with the constrained models showed no significant cross-country differences in the CSA–sexual assertiveness (χ2diff[32] = 27.52, p =

.693, AASA-sexual assertiveness (χ2diff[32] = 27.87, p = .676) or CSA+AASA-sexual assertiveness associations (χ2diff[32] = 32.95, p = .421). CSA, AASA and CSA+AASA were significantly linked to lower sexual assertiveness regardless of women's country of residence. The low standardized regression coefficients in all country and gender-based groups (for men: ranging between β = -0.178 and 0.116, ps <.05, for women: ranging between β = -0.015 and -0.071, ps < .001) indicate that the associations were statistically weak.

Discussion

This large cross-cultural study examined the association between sexual victimization (CSA and AASA), revictimization (CSA+AASA) and sexual assertiveness in adulthood. Furthermore, this study examined how these associations varied across gender identities and cultural contexts. Overall, findings revealed that experiences of sexual victimization are associated with lower sexual assertiveness, with notable variations depending on the type of victimization, gender identity, and cultural context.

Gender Differences

With no significant gender-related differences present in the association of CSA and lower sexual assertiveness, the results suggest that sexual abuse during childhood might have a negative effect on assertive competence consistently across genders. This is in line with pre-existing theories (Traumagenic Model, sexual self-schemas) that emphasizes the profound impact of early traumatic experiences on adult sexual and relational adjustment regardless of gender, and empirical studies reporting that CSA similarly impact survivors of different genders (Andersen & Cyranowski, 1994; Finkelhor & Browne, 1985). CSA survivors of any gender may develop sexual schemas that undervalue their sexual agency or blur boundaries between pleasing others and asserting their needs, resulting in lower sexual assertiveness in adulthood. While

previous studies have focused primarily on cisgender men and women, and typically did not include gender-diverse individuals, they have found that, compared to non-victimized individuals, sexual motivations of male and female CSA survivors more often involved coping, self-affirmation, partner-approval, and peer pressure, which may prevent them from recognizing, prioritizing, and assertively communicating their own needs (Gewirtz-Meydan & Lahav, 2021). The present study uniquely corroborated this pattern among gender-diverse individuals as well.

However, we observed significant gender-related differences in the AASA-sexual assertiveness and CSA+AASA-sexual assertiveness associations. These findings suggest that the relationship between sexual victimization and adult sexual assertiveness may diverge based on gender. Gender-related differences in sexual victimization may amplify the challenges survivors face. For example, feelings of guilt, shame, or self-blame following AASA may be more pronounced in women, resulting in decreased sexual assertiveness (Bhuptani & Messman-Moore, 2019). In contrast, men may externalize their trauma or cope through behaviors that mask its impact on assertiveness, such as avoiding vulnerability or adopting compensatory behaviors (Elder et al., 2017). Conversely, gender-related lower assertiveness may make individuals of certain genders more vulnerable to AASA than others. Sexual scripts have an increased relevance in adolescent and adult sexual experiences, often emphasizing passivity and prioritizing others' needs for women while reinforcing dominance for men (Simon & Gagnon, 2003). These attitudes may hinder women's and promote men's sexual assertiveness and partially explain women's greater vulnerability to AASA and adult revictimization. To date, little is known about gender-diverse individuals in part due to the lack of inclusive research and the reliance on theoretical frameworks (i.e., the sexual script theory) that draw from a binary concept of gender (Wiederman, 2015). In a recent study examining sexual minority men, women, and

non-binary individuals, a history of sexual assault was not associated with sexual assertiveness in any of the gender-based groups (McKenna et al., 2021). This finding partially aligns with our results and suggests that different mechanisms may be at play for gender-diverse individuals compared to binary women.

Women's sexual assertiveness was significantly associated with sexual victimization across the lifespan: survivors of CSA, AASA, and CSA+AASA all reported significantly lower levels of sexual assertiveness compared to women who did not experience sexual violence throughout their lives. This suggests that, for women, experiences of sexual abuse at any life stage may inversely relate to their ability to engage in assertive sexual communication and decision-making. This aligns with prior research on women from smaller U.S. college and general population samples suggesting that AASA experiences and revictimization are linked to lower sexual assertiveness (Katz et al., 2010; Kelley et al., 2016; Livingston et al., 2007; Relyea & Ullman, 2017; Rickert et al., 2002; Schry & White, 2013; Walker et al., 2011; Zerubavel & Messman-Moore, 2013) and extends the literature significantly by clarifying the previously unclear and understudied relationship between CSA and sexual assertiveness (Livingston et al., 2007; Santos-Iglesias & Sierra, 2012). Women are often socialized to be passive and prioritize others' needs over their own, especially in relational and sexual contexts, which could exacerbate potential impacts of victimization on their sexual assertiveness (Sanchez et al., 2012; Tolman et al., 2016; Vannier & O'Sullivan, 2011; Zhang & Yip, 2018). This dynamic may explain why sexual victimization across all stages of life correlates with lower sexual assertiveness in women. Notably, experiencing both CSA and AASA (CSA+AASA) was associated with the lowest levels of sexual assertiveness among women, followed by AASA, and then CSA. These results

may highlight the compounded feelings of powerlessness and stigmatization in revictimized women.

For men, CSA was the only form of sexual victimization significantly associated with sexual assertiveness. AASA and CSA+AASA did not emerge as significant predictors of sexual assertiveness for men, even though there is some previous evidence that intimate partner sexual aggression is associated with lower assertiveness in adolescent boys (Fernández-Fuertes et al., 2020). One possible explanation for the lack of a significant relationship is that the societal norms that emphasize independence and emotional suppression may buffer against the potential visible impacts of AASA on sexual assertiveness but may not mitigate the profound impact of CSA, which occurs during critical developmental stages. AASA experiences in men may be more closely related to alternative coping mechanisms (e.g., engaging in sex to avoid negative thoughts; Elder et al., 2017) and their sexual assertiveness may be less affected or, alternatively, assertive self-protective behavior may have less relevance for men in situations in which they are sexually victimized.

Among gender-diverse individuals, despite their reported high rates of all types of sexual victimization, only CSA was significantly associated with lower sexual assertiveness, and we did not observe significant relationships with AASA and CSA+AASA. One possible explanation is that gender-diverse individuals in our sample reported higher rates of AASA and CSA+AASA but also higher overall levels of sexual assertiveness (Nagy, Bergeron, et al., 2025; Nagy, Koós, et al., 2025). While sexual assertiveness remains understudied in gender-diverse populations, existing literature suggests that a reduced emphasis on traditional gender scripts and heightened awareness of gendered dynamics in sexual consent and pleasure may foster better communication skills in queer relationships and sexual encounters (Cousins, 2019; Goldberg &

Kuvalanka, 2018; Kimmel, 2007; McKenna et al., 2021), despite their greater vulnerability to sexual victimization in all life stages (Baams, 2018; Sterzing et al., 2017; Tobin & Delaney, 2019). These findings underscore the need for further research to examine the complex interplay between vulnerability, resilience, and relationship dynamics in gender-diverse populations.

Differences across the Intersections of Gender and Culture

We conducted cross-country analyses in two separate gender-based sample (i.e., among men and women) to reveal additional layers of complexity in the associations between sexual victimization and sexual assertiveness. Unfortunately, we were unable to conduct this analysis among gender-diverse individuals due to insufficient sample sizes when stratified by country. No significant cross-country differences emerged for women, with all types of sexual victimization (CSA, AASA, and CSA+AASA) being significantly associated with lower sexual assertiveness. Thus, there appears to be a consistent association between low sexual assertiveness and sexual victimization for women across 34 countries. Compared to men, for whom experiences of AASA and CSA+AASA were not or less consistently linked to sexual assertiveness on the cross-country level, these findings underscore women's heightened vulnerability to the relational consequences of sexual violence across cultures. The results also emphasize how the widespread reinforcement of passivity and disempowerment in sexual scripts may contribute to women's increased risk of abuse, ultimately undermining their sexual and overall well-being on a global scale.

For men, significant country-based differences only emerged for the AASA-sexual assertiveness path, and no differences were observed in the associations between CSA, CSA+AASA, and sexual assertiveness. CSA was significantly associated with lower sexual assertiveness across countries, while the relationship between CSA+AASA and assertiveness was consistently non-significant. These results corroborate and cross-culturally extend the

existing theory and research on the potentially profound relational impact of CSA on men while also identifying notable variance in how men's AASA experiences may be associated with significantly higher or lower sexual assertiveness in some specific countries.

Besides the significant and negative AASA–sexual assertiveness paths in the Czech Republic, Peru, South Korea, we observed some unexpected positive associations in Israel, North Macedonia, and the UK. Given the small effect sizes, we interpret these patterns with caution and view them as hypothesis-generating. One possibility is that in certain cultural contexts, AASA experiences may prompt some men to develop increased assertiveness as a form of psychological adaptation or resilience, or emphasize traditionally masculine traits, such as dominance and assertiveness in sexual relationships, as a way to reassert control or counteract feelings of vulnerability (Elder et al., 2017). The latter mechanism may be particularly relevant in countries that have strong cultural narratives around masculinity, placing pressure on men to conform to traditional masculine roles (Sasson-Levy, 2002). Another possibility is that more sexually assertive men may be more vulnerable to AASA. For example, a study among UK men (Swami et al., 2014) reported that higher sexual assertiveness was associated with more unrestricted sociosexuality and sexual sensation seeking, which has also been linked to AASA risk (Monks et al., 2010). Sexual assertiveness and expressiveness in some cases, for example, in sexual- and gender-minority men may be perceived as a gender norm violation, making them more vulnerable to bias-motivated sexual assault (Beyer et al., 2022). In case of CSA+AASA, which was not related to men’s sexual assertiveness without significant cross-country differences, we hypothesize that the more variable impact of AASA revictimization might overshadow the effect of CSA. Still, these interpretations remain speculative and require validation through representative samples and longitudinal studies before they can be

substantiated. Notably, the low standardized regression coefficients across all models in both men's and women's samples suggest that while the observed relationships are significant, their contributions may be statistically low.

Strengths and Limitations

This study has several notable strengths. It used a large, diverse, and international sample, and cross-culturally validated questionnaires which allowed for the examination of cross-country and gender-based variations in the associations between sexual victimization and sexual assertiveness. We uniquely included a large sample of men and gender-diverse individuals, addressing a gap in the literature that has predominantly focused on women (e.g., Katz et al., 2010; Zerubavel & Messman-Moore, 2013). We examined not only AASA but also CSA and revictimization, which have been previously understudied in relation to sexual assertiveness. Furthermore, we used a multidimensional measure of sexual assertiveness, capturing communication about initiation, refusal, and sexual/reproductive risk. This approach provides a more comprehensive understanding of sexual assertiveness compared to prior studies that often focused solely on refusal.

Study limitations warrant attention. General limitations associated with the ISS (e.g., sample non-representativeness, sample non-equivalence, use of self-report measures) are described on the study's OSF page (https://osf.io/6kscb). Cross-country comparisons, for example, may reflect sampling bias or unmeasured cultural factors, warranting cautious interpretation. The cross-sectional design of our study precludes causal inferences. For CSA, we may indirectly infer that childhood abuse leads to lower sexual assertiveness in adulthood, although this cannot be statistically corroborated with our cross-sectional design. For AASA, it remains unclear whether lower sexual assertiveness increases vulnerability to victimization or whether victimization itself

reduces assertiveness. Further longitudinal studies are needed to address these questions. Finally, we could not investigate associations among binary transgender men and women due to their low sample size. Given frequent sexual victimization among these groups (Baams, 2018; Dworkin et al., 2021; Tobin & Delaney, 2019), future research should prioritize their inclusion to better understand their unique experiences and needs.

Recommendations for Future Research

Future studies should investigate associations between sexual victimization and the three distinct facets of sexual assertiveness (i.e., refusal, initiation and risk negotiation, Loshek & Terrell, 2015) to provide a more fine-grained picture. Similarly, more specificity is warranted regarding types of sexual violence. Some forms of abuse may be more or less closely associated with low sexual assertiveness than others. For example, we could theorize that certain forms of sexual violence may impact sexual assertiveness more negatively (e.g., forced or coerced intercourse), or, to account for the potential inverse causal path, the risk of certain types of sexual violence may be mitigated less through assertive self-protective behaviors or responses (e.g., sudden attacks of groping, substance-facilitated sexual assault). Future studies should consider exploring specific types of victimization and their unique associations with sexual assertiveness. In addition to the age of occurrence, there are various other characteristics of sexual victimization that may influence survivors' sexual assertiveness but have not been covered in our study. These factors may include the relationship to the perpetrator, the severity of attachment trauma resulting from the abuse, the duration and frequency of the victimization, the severity of violence, or the potential disclosure and its consequences (e.g., Ullman, 2007). Future research should examine a broader range of factors that may contribute to the complexity of the sexual victimization-sexual assertiveness relationship. This may be particularly important

given findings that greater severity of AASA is associated with lower sexual assertiveness among women (Kelley et al., 2016; Oesterle et al., 2022; Peddle et al., 2025), and that the interaction between the survivor's relationship to the perpetrator and the severity of the assault may influence the type and degree of assertiveness expressed during resistance (Turchik et al., 2007). Additionally, higher frequency of sexual aggression in intimate partnerships has been linked to reduced sexual assertiveness among adolescent boys and girls (Fernández-Fuertes et al., 2020). Moderating factors such as severity may have the capacity to nuance our null findings for AASA among men and gender-diverse individuals. Finally, future studies should explore potential causal pathways underlying associations to inform targeted prevention and intervention efforts.

Conclusion

This study provides important insights into the complex interplay between sexual victimization and sexual assertiveness, highlighting significant gender-related differences and serving as a first step to explore the cross-cultural connotations of these associations. While women's sexual assertiveness appears to be more broadly associated with sexual victimization experiences in all life stages, men's and gender-diverse individuals' sexual assertiveness is primarily linked to childhood victimization. We observed notable cross-country variations in how men's AASA experiences may be associated with both higher and lower sexual assertiveness. Our large cross-cultural sample allowed us to suggest that sexual assertiveness as a concept appeared to be globally relevant for survivors of sexual violence who identified as women, especially those who have been revictimized, and CSA survivors of all genders. Despite the relatively small effect sizes of all observed relationships in this study, it advances our understanding of how sexual victimization may shape assertive sexual communication and

decision-making in diverse populations. Our findings identified cross-culturally vulnerable populations while underscoring the importance of gender-specific and culturally sensitive intervention strategies to support survivors in building and maintaining healthy sexual relationships.

Position statement. The authors wish to emphasize that the associations between sexual victimization and lower sexual assertiveness must not be misinterpreted as implying victim responsibility. Sexual violence is never the victim's fault, regardless of their level of assertiveness, or any other behavioral characteristics. Legal and moral responsibility for sexual violence lies solely with perpetrators who violate others' autonomy and consent. Our findings show how individuals' sexual assertiveness in adulthood varies depending on their histories of sexual victimization, gender and cultural context. Although our cross-sectional design precludes causal conclusions, we highlight the systemic contributors to vulnerability—such as gendered socialization, discrimination against gender minorities, and cultural norms differentially constraining women's sexual agency—that are beyond victims' control and must be addressed through societal and systemic change rather than individual-level attributions. Our investigation's goal is to better understand these associations and identify vulnerable populations who may benefit from interventions supporting sexual assertiveness.

Declaration of generative AI and AI-assisted technologies in the writing process. During the preparation of this work the authors used OpenAI's ChatGPT in order to improve the readability and language of the manuscript. After using this tool/service, the authors reviewed and edited the content as needed and take full responsibility for the content of the published article.

References

Agocha, V. B., Asencio, M., & Decena, C. U. (2014). Sexuality and culture. In D. L. Tolman, L. M. Diamond, J. A. Bauermeister, W. H. George, J. G. Pfaus, & L. M. Ward (Eds.), *APA handbook of sexuality and psychology, Vol. 2: Contextual approaches* (pp. 183–228). American Psychological Association. https://doi.org/10.1037/14194-006

Andersen, B. L., & Cyranowski, J. M. (1994). Women's sexual self-schema. *Journal of Personality and Social Psychology*, *67*(6), 1079–1100. https://doi.org/10.1037/0022-3514.67.6.1079

Anderson, R. E., & Cahill, S. P. (2015). Behavioral response to threat (BRTT) as a key behavior for sexual assault risk reduction intervention: A critical review. *Aggression and Violent Behavior*, *25*, 304–313. https://doi.org/10.1016/j.avb.2015.09.015

Andersson, T., Pettersson, R., & Jacobsson, M. (2020). Women and men sexually violated by closely related perpetrators over a lifespan. Prevalence, revictimization, and association to adverse childhood conditions and experiences. *Children and Youth Services Review*, *113*, 104897. https://doi.org/10.1016/j.childyouth.2020.104897

Baams, L. (2018). Disparities for LGBTQ and Gender Nonconforming Adolescents. *Pediatrics*, *141*(5), e20173004. https://doi.org/10.1542/peds.2017-3004

Badour, C. L., Ojserkis, R., McKay, D., & Feldner, M. T. (2014). Disgust as a unique affective predictor of mental contamination following sexual trauma. *Journal of Anxiety Disorders*, *28*(7), 704–711. https://doi.org/10.1016/j.janxdis.2014.07.007

Barth, J., Bermetz, L., Heim, E., Trelle, S., & Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health*, *58*(3), 469–483. https://doi.org/10.1007/s00038-012-0426-1

Beaton, D. E., Bombardier, C., Guillemin, F., & Ferraz, M. B. (2000). Guidelines for the process of cross-cultural adaptation of self-report measures. *Spine*, *25*(24), 3186–3191. https://doi.org/10.1097/00007632-200012150-00014

Beyer, M. S., Toumayan, A. C., & Hipp, T. N. (2022). Sexual Violence among Sexual and Gender Minorities. In R. Geffner, J. W. White, L. K. Hamberger, A. Rosenbaum, V. Vaughan-Eden, & V. I. Vieth (Eds.), *Handbook of Interpersonal Violence and Abuse Across the Lifespan: A project of the National Partnership to End Interpersonal Violence Across the Lifespan (NPEIV)* (pp. 3813–3837). Springer International Publishing. https://doi.org/10.1007/978-3-319-89999-2_215

Bhuptani, P. H., & Messman-Moore, T. L. (2019). Blame and shame in sexual assault. In *Handbook of sexual assault and sexual assault prevention* (pp. 309–322). Springer Nature Switzerland AG. https://doi.org/10.1007/978-3-030-23645-8_18

Bigras, N., Vaillancourt-Morel, M.-P., Nolin, M.-C., & Bergeron, S. (2021). Associations between Childhood Sexual Abuse and Sexual Well-being in Adulthood: A Systematic Literature Review. *Journal of Child Sexual Abuse*, *30*(3), 332–352. https://doi.org/10.1080/10538712.2020.1825148

Bőthe, B., Koós, M., Nagy, L., Kraus, S. W., Potenza, M. N., & Demetrovics, Z. (2021). International Sex Survey: Study protocol of a large, cross-cultural collaborative study in 45 countries. *Journal of Behavioral Addictions*, *10*(3), 632–645. https://doi.org/10.1556/2006.2021.00063

Bridge, L., Smith, P., & Rimes, K. A. (2019). Sexual orientation differences in the self-esteem of men and women: A systematic review and meta-analysis. *Psychology of Sexual Orientation and Gender Diversity*, *6*(4), 433–446. https://doi.org/10.1037/sgd0000342

Chu, J. A. (1992). The Revictimization of Adult Women With Histories of Childhood Abuse. *The Journal of Psychotherapy Practice and Research*, *1*(3), 259–269.

Cousins, E. (2019). *Queering Sexual Consent Negotiations*. http://lup.lub.lu.se/student-papers/record/8983181

Darden, M. C., Ehman, A. C., Lair, E. C., & Gross, A. M. (2019). Sexual Compliance: Examining the Relationships Among Sexual Want, Sexual Consent, and Sexual Assertiveness. *Sexuality & Culture*, *23*(1), 220–235. https://doi.org/10.1007/s12119-018-9551-1

Dimitrov, D. M. (2006). Comparing groups on latent variables: A structural equation modeling approach. *Work*, *26*(4), 429–436.

Dworkin, E. R. (2020). Risk for Mental Disorders Associated With Sexual Assault: A Meta-Analysis. *Trauma, Violence, & Abuse*, *21*(5), 1011–1028. https://doi.org/10.1177/1524838018813198

Dworkin, E. R., Krahé, B., & Zinzow, H. (2021). The global prevalence of sexual assault: A systematic review of international research since 2010. *Psychology of Violence*, *11*(5), 497–508. https://doi.org/10.1037/vio0000374

Dworkin, E. R., Menon, S. V., Bystrynski, J., & Allen, N. E. (2017). Sexual assault victimization and psychopathology: A review and meta-analysis. *Clinical Psychology Review*, *56*, 65–81. https://doi.org/10.1016/j.cpr.2017.06.002

Elder, W. B., Domino, J. L., Mata-Galán, E. L., & Kilmartin, C. (2017). Masculinity as an avoidance symptom of posttraumatic stress. *Psychology of Men & Masculinity*, *18*(3), 198–207. https://doi.org/10.1037/men0000123

Fernández-Fuertes, A. A., Fernández-Rouco, N., Lázaro-Visa, S., & Gómez-Pérez, E. (2020). Myths about Sexual Aggression, Sexual Assertiveness and Sexual Violence in Adolescent Romantic Relationships. *International Journal of Environmental Research and Public Health*, *17*(23), Article 23. https://doi.org/10.3390/ijerph17238744

Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, *55*(4), 530–541. https://doi.org/10.1111/j.1939-0025.1985.tb02703.x

Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of Childhood Exposure to Violence, Crime, and Abuse: Results From the National Survey of Children's Exposure to Violence. *JAMA Pediatrics*, *169*(8), 746–754. https://doi.org/10.1001/jamapediatrics.2015.0676

Fortier, M. A., DiLillo, D., Messman-Moore, T. L., Peugh, J., DeNardi, K. A., & Gaffey, K. J. (2009). Severity of Child Sexual Abuse and Revictimization: The Mediating Role of Coping and Trauma Symptoms. *Psychology of Women Quarterly*, *33*(3), 308–320. https://doi.org/10.1177/0361684309033003306

Gewirtz-Meydan, A., & Lahav, Y. (2021). Childhood sexual abuse and sexual motivations—The role of dissociation. *Journal of Sex Research*, *58*(9), 1151–1160. https://doi.org/10.1080/00224499.2020.1808564

Gewirtz-Meydan, A., & Lassri, D. (2023). Sex in the Shadow of Child Sexual Abuse: The Development and Psychometric Evaluation of the Post-Traumatic Sexuality (PT-SEX) Scale. *Journal of Interpersonal Violence*, *38*(5–6), 4714–4741. https://doi.org/10.1177/08862605221118969

Gewirtz-Meydan, A., & Ofir-Lavee, S. (2021). Addressing sexual dysfunction after childhood sexual abuse: A clinical approach from an attachment perspective. *Journal of Sex & Marital Therapy*, *47*(1), 43–59. https://doi.org/10.1080/0092623X.2020.1801543

Gewirtz-Meydan, A., & Opuda, E. (2022). The Impact of Child Sexual Abuse on Men's Sexual Function: A Systematic Review. *Trauma, Violence & Abuse*, *23*(1), 265–277. https://doi.org/10.1177/1524838020939134

Gil-Llario, M. D., Fernández-García, O., Gil-Juliá, B., Estruch-García, V., & Ballester-Arnal, R. (2022). Development and Psychometric Properties of an Instrument for the Assessment of Assertiveness in Sexual Relations. *Sexuality Research and Social Policy*. https://doi.org/10.1007/s13178-021-00630-6

Goldberg, A. E., & Kuvalanka, K. A. (2018). Navigating identity development and community belonging when “there are only two boxes to check”: An exploratory study of nonbinary trans college students. *Journal of LGBT Youth*, *15*(2), 106–131. https://doi.org/10.1080/19361653.2018.1429979

Haavio-Mannila, E., & Kontula, O. (1997). Correlates of increased sexual satisfaction. *Archives of Sexual Behavior*, *26*(4), 399–419. https://doi.org/10.1023/A:1024591318836

Hall, K. S. K. (2019). Cultural Differences in the Treatment of Sex Problems. *Current Sexual Health Reports*, *11*(1), 29–34. https://doi.org/10.1007/s11930-019-00189-9

Hartman, J. E. (1997). *Childhood sexual abuse and adaptive adult interpersonal functioning: The mediating role of trust in self and others* [Doctoral Dissertation, University of Texas]. https://www.proquest.com/openview/fbcfd8e7d4f432a442d72d092b7ab70c/1?cbl=18750&diss=y&pq-origsite=gscholar

Jones, A. C., Robinson, W. D., & Seedall, R. B. (2018). The Role of Sexual Communication in Couples’ Sexual Outcomes: A Dyadic Path Analysis. *Journal of Marital and Family Therapy*, *44*(4), 606–623. https://doi.org/10.1111/jmft.12282

Jouriles, E. N., Simpson Rowe, L., McDonald, R., & Kleinsasser, A. L. (2014). Women’s expression of anger in response to unwanted sexual advances: Associations with sexual victimization. *Psychology of Violence*, *4*(2), 170–183. https://doi.org/10.1037/a0033191

Katz, J., May, P., Sörensen, S., & DelTosta, J. (2010). Sexual Revictimization During Women’s First Year of College: Self-Blame and Sexual Refusal Assertiveness as Possible Mechanisms. *Journal of Interpersonal Violence*, *25*(11), 2113–2126. https://doi.org/10.1177/0886260509354515

Kelley, E. L., Orchowski, L. M., & Gidycz, C. (2016). Sexual victimization among college women: Role of sexual assertiveness and resistance variables. *Psychology of Violence*, *6*(2), 243–252. https://doi.org/10.1037/A0039407

Kimmel, M. (2007). *The Sexual Self: The Construction of Sexual Scripts*. Vanderbilt University Press. https://doi.org/10.2307/j.ctv1675bd1

Klein, V., Savaş, Ö., & Conley, T. D. (2021). How WEIRD and Androcentric Is Sex Research? Global Inequities in Study Populations. *The Journal of Sex Research*, *59*(7), 810–817. https://doi.org/10.1080/00224499.2021.1918050

Labadie, C., Godbout, N., Vaillancourt-Morel, M.-P., & Sabourin, S. (2018). Adult Profiles of Child Sexual Abuse Survivors: Attachment Insecurity, Sexual Compulsivity, and Sexual Avoidance. *Journal of Sex & Marital Therapy*, *44*(4), 354–369. https://doi.org/10.1080/0092623X.2017.1405302

Leclerc, B., Bergeron, S., Brassard, A., Belanger, C., Steben, M., & Lambert, B. (2015). Attachment, Sexual Assertiveness, and Sexual Outcomes in Women with Provoked Vestibulodynia and Their Partners: A Mediation Model. *Archives of Sexual Behavior*, *44*(6), 1561–1572. https://doi.org/10.1007/s10508-014-0295-1

Leserman, J., Drossman, D. A., & Li, Z. (1995). The reliability and validity of a sexual and physical abuse history questionnaire in female patients with gastrointestinal disorders. *Behavioral Medicine (Washington, D.C.)*, *21*(3), 141–150. https://doi.org/10.1080/08964289.1995.9933752

Livingston, J. A., Testa, M., & VanZile-Tamsen, C. (2007). The Reciprocal Relationship Between Sexual Victimization and Sexual Assertiveness. *Violence Against Women*, *13*(3), 298–313. https://doi.org/10.1177/1077801206297339

Lopez-Alvarado, S., Prekatsounaki, S., Van Parys, H., & Enzlin, P. (2022). Sexual Assertiveness and Its Correlates in Emerging Adults: An Exploratory Study in Cuenca (Ecuador). *International Journal of Sexual Health*, *34*(4), 679–690. https://doi.org/10.1080/19317611.2022.2106527

Loshek, E., & Terrell, H. K. (2015). The Development of the Sexual Assertiveness Questionnaire (SAQ): A Comprehensive Measure of Sexual Assertiveness for Women.

Journal of Sex Research, *52*(9), 1017–1027. https://doi.org/10.1080/00224499.2014.944970

Ma, Y. (2018). Prevalence of Childhood Sexual Abuse in China: A Meta-Analysis. *Journal of Child Sexual Abuse*, *27*(2), 107–121. https://doi.org/10.1080/10538712.2018.1425944

McKenna, J. L., Roemer, L., & Orsillo, S. M. (2021). Predictors of Sexual Consent Communication Among Sexual Minority Cisgender and Nonbinary Young Adults During a Penetrative Sexual Encounter with a New Partner. *Sexuality & Culture*, *25*(4), 1490–1508. https://doi.org/10.1007/s12119-021-09831-y

McNicoll, G., Corsini-Munt, S., Rosen, N., McDuff, P., & Bergeron, S. (2017). Sexual Assertiveness Mediates the Associations Between Partner Facilitative Responses and Sexual Outcomes in Women With Provoked Vestibulodynia. *Journal of Sex & Marital Therapy*, *43*(7), 663–677. https://doi.org/10.1080/0092623X.2016.1230806

Ménard, A. D., & Offman, A. (2009). The interrelationships between sexual self-esteem, sexual assertiveness and sexual satisfaction. *Canadian Journal of Human Sexuality*, *18*(1–2), 35–45.

Monks, S. M., Tomaka, J., Palacios, R., & Thompson, S. E. (2010). Sexual Victimization in Female and Male College Students: Examining the Roles of Alcohol use, Alcohol Expectancies, and Sexual Sensation Seeking. *Substance Use & Misuse*, *45*(13), 2258–2280. https://doi.org/10.3109/10826081003694854

Morokoff, P. J., Quina, K., Harlow, L. L., Whitmire, L., Grimley, D. M., Gibson, P. R., & Burkholder, G. J. (1997). Sexual Assertiveness Scale (SAS) for women: Development and validation. *Journal of Personality and Social Psychology*, *73*(4), 790–804. https://doi.org/10.1037/0022-3514.73.4.790

Morokoff, P. J., Redding, C. A., Harlow, L. L., Cho, S., Rossi, J. S., Meier, K. S., Mayer, K. H., Koblin, B., & Brown-Peterside, P. (2009). Associations of Sexual Victimization, Depression, and Sexual Assertiveness with Unprotected Sex: A Test of the Multifaceted

Model of HIV Risk Across Gender. *Journal of Applied Biobehavioral Research*, *14*(1), 30–54. https://doi.org/10.1111/j.1751-9861.2009.00039.x

Murray, L. K., Nguyen, A., & Cohen, J. A. (2014). Child Sexual Abuse. *Child and Adolescent Psychiatric Clinics of North America*, *23*(2), 321–337. https://doi.org/10.1016/j.chc.2014.01.003

Nagy, L., Bergeron, S., Koós, M., Gewirtz-Meydan, A., Vaillancourt-Morel, M.-P., Kraus, S. W., Potenza, M. N., Demetrovics, Z., Dupuis-Fortier, F., & Bőthe, B. (2025). A short screen for lifetime sexual victimization experiences: Expanding research on the Sexual Abuse History Questionnaire (SAHQ) across cultures, genders, and sexual identities. *International Journal of Clinical and Health Psychology*, *25*(1), 100535. https://doi.org/10.1016/j.ijchp.2024.100535

Nagy, L., Koós, M., Kraus, Dr. S. W., Demetrovics, Z., Potenza, M. N., Ballester-Arnal, R., Batthyány, D., Bergeron, S., Billieux, J., Briken, P., Burkauskas, J., Cárdenas-López, G., Carvalho, J., Castro-Calvo, J., Chen, L., Chen, J.-K., Ciocca, G., Corazza, O., Csako, R., … Bőthe, B. (2025). Sexual Assertiveness Across Cultures, Genders, and Sexual Orientations: Validation of the Short Sexual Assertiveness Questionnaire (SAQ-9). *Assessment*, *0*(0). https://doi.org/10.1177/10731911241312757

Niehaus, A. F., Jackson, J., & Davies, S. (2010). Sexual Self-Schemas of Female Child Sexual Abuse Survivors: Relationships with Risky Sexual Behavior and Sexual Assault in Adolescence. *Archives of Sexual Behavior*, *39*(6), 1359–1374. https://doi.org/10.1007/s10508-010-9600-9

Noar, S. M., Morokoff, P. J., & Harlow, L. L. (2002). Condom Negotiation in Heterosexually Active Men and Women: Development and Validation of a Condom Influence Strategy Questionnaire. *Psychology & Health*, *17*(6), 711–735. https://doi.org/10.1080/0887044021000030580

Norris, J., Nurius, P. S., & Dimeff, L. A. (1996). THROUGH HER EYES: Factors Affecting Women's Perception of and Resestance to Acquaintance Sexual Aggression Threat. *Psychology of Women Quarterly*, *20*(1), 123–145. https://doi.org/10.1111/j.1471-6402.1996.tb00668.x

Oesterle, D. W., Jarnecke, A. M., & Gilmore, A. K. (2022). Sexual Re-Assault among College Women Differs Based on Sexual Refusal Assertiveness and Assertive Resistance Strategy Intentions. *Journal of Interpersonal Violence*, *37*(19–20), NP17473–NP17491. https://doi.org/10.1177/08862605211028656

Onuoha, F. N., & Munakata, T. (2005). Correlates of adolescent assertiveness with HIV avoidance in a four-nation sample. *Adolescence*, *40*(159), 525–532.

Peddle, A. K., Hammett, J. F., Gilmore, A. K., Metzger, I. W., Davis, K. C., George, W. H., & Stappenbeck, C. A. (2025). The Roles of Sexual Relationship Power and Sexual Assertiveness for Condom Use in the Association Between Sexual Victimization History and Condom Use Frequency. *Psychology of Women Quarterly*, *49*, 381–394. https://doi.org/10.1177/03616843251349691

Pierce, A. P., & Hurlbert, M. K. (1999). Test-retest reliability of the Hurlbert Index of Sexual Assertiveness. *Perceptual and Motor Skills*, *88*(1), 31–34. https://doi.org/10.2466/pms.1999.88.1.31

Quina, K., Harlow, L. L., Morokoff, P. J., Burkholder, G., & Deiter, P. J. (2000). Sexual communication in relationships: When words speak louder than actions. *Sex Roles: A Journal of Research*, *42*(7–8), 523–549. https://doi.org/10.1023/A:1007043205155

R Core Team. (2021). *R: A language and environment for statistical computing.* [Computer software]. R Foundation for Statistical Computing. https://www.R-project.org/

Relyea, M., & Ullman, S. E. (2017). Predicting Sexual Assault Revictimization in a Longitudinal Sample of Women Survivors: Variation by Type of Assault. *Violence Against Women*, *23*(12), 1462–1483. https://doi.org/10.1177/1077801216661035

Rickert, V. I., Sanghvi, R., & Wiemann, C. M. (2002). Is lack of sexual assertiveness among adolescent and young adult women a cause for concern? *Perspectives on Sexual and Reproductive Health*, *34*(4), 178–183.

Rosseel, Y. (2012). lavaan: An R Package for Structural Equation Modeling. *Journal of Statistical Software*, *48*, 1–36. https://doi.org/10.18637/jss.v048.i02

Rothman, E. F., Exner, D., & Baughman, A. L. (2011). The Prevalence of Sexual Assault Against People Who Identify as Gay, Lesbian, or Bisexual in the United States: A Systematic Review. *Trauma, Violence, & Abuse*, *12*(2), 55–66. https://doi.org/10.1177/1524838010390707

Sanchez, D. T., Phelan, J. E., Moss-Racusin, C. A., & Good, J. J. (2012). The Gender Role Motivation Model of Women's Sexually Submissive Behavior and Satisfaction in Heterosexual Couples. *Personality and Social Psychology Bulletin*, *38*(4), 528–539. https://doi.org/10.1177/0146167211430088

Santos-Iglesias, P., & Sierra, J. C. (2012). Sexual victimization among Spanish college women and risk factors for sexual revictimization. *Journal of Interpersonal Violence*, *27*(17), 3468–3485. https://doi.org/10.1177/0886260512445383

Santos-Iglesias, P., Sierra, J. C., & Vallejo-Medina, P. (2013). Predictors of Sexual Assertiveness: The Role of Sexual Desire, Arousal, Attitudes, and Partner Abuse. *Archives of Sexual Behavior*, *42*(6), 1043–1052. https://doi.org/10.1007/s10508-012-9998-3

Sasson-Levy, O. (2002). CONSTRUCTING IDENTITIES AT THE MARGINS: Masculinities and Citizenship in the Israeli Army. *The Sociological Quarterly*, *43*(3), 357–383. https://doi.org/10.1111/j.1533-8525.2002.tb00053.x

Satorra, A., & Bentler, P. M. (2001). A scaled difference chi-square test statistic for moment structure analysis. *Psychometrika*, *66*(4), 507–514. https://doi.org/10.1007/BF02296192

Schry, A. R., & White, S. W. (2013). Sexual Assertiveness Mediates the Effect of Social Interaction Anxiety on Sexual Victimization Risk Among College Women. *Behavior Therapy*, *44*(1), 125–136. https://doi.org/10.1016/j.beth.2012.09.001

Simon, W., & Gagnon, J. H. (2003). Sexual Scripts: Origins, Influences and Changes. *Qualitative Sociology*, *26*(4), 491–497. https://doi.org/10.1023/B:QUAS.0000005053.99846.e5

Slavin, M. N., Scoglio, A. A. J., Blycker, G. R., Potenza, M. N., & Kraus, S. W. (2020). Child Sexual Abuse and Compulsive Sexual Behavior: A Systematic Literature Review. *Current Addiction Reports*, *7*(1), 76–88. https://doi.org/10.1007/s40429-020-00298-9

Snell, W. E., Fisher, T. D., & Miller, R. S. (1991). Development of the Sexual Awareness Questionnaire: Components, Reliability, and Validity. *Annals of Sex Research*, *4*(1), 65–92. https://doi.org/10.1177/107906329100400104

Soper, D. S. (2025). *A-priori Sample Size Calculator for Structural Equation Models* [Computer software]. https://www.danielsoper.com/statcalc

Steel, J. L., & Herlitz, C. A. (2007). Risk of Sexual Dysfunction in a Randomly Selected Nonclinical Sample of the Swedish Population. *Obstetrics & Gynecology*, *109*(3), 663. https://doi.org/10.1097/01.AOG.0000253240.41239.00

Sterzing, P. R., Ratliff, G. A., Gartner, R. E., McGeough, B. L., & Johnson, K. C. (2017). Social Ecological Correlates of Polyvictimization among a National Sample of Transgender, Genderqueer, and Cisgender Sexual Minority Adolescents. *Child Abuse & Neglect*, *67*, 1–12. https://doi.org/10.1016/j.chiabu.2017.02.017

Stoltenborgh, M., van IJzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment*, *16*(2), 79–101. https://doi.org/10.1177/1077559511403920

Stulhofer, A., Graham, C., Bozicevic, I., Kufrin, K., & Ajdukovic, D. (2009). An Assessment of HIV/STI Vulnerability and Related Sexual Risk-Taking in a Nationally Representative

Sample of Young Croatian Adults. *Archives of Sexual Behavior*, *38*(2), 209–225. https://doi.org/10.1007/s10508-007-9234-8

Swami, V., Diwell, R., & McCreary, D. R. (2014). Sexuality and the drive for muscularity: Evidence of associations among British men. *Body Image*, *11*(4), 543–546. https://doi.org/10.1016/j.bodyim.2014.08.008

Tobin, V., & Delaney, K. R. (2019). Child abuse victimization among transgender and gender nonconforming people: A systematic review. *Perspectives in Psychiatric Care*, *55*(4), 576–583. https://doi.org/10.1111/ppc.12398

Tolman, D. L., Davis, B. R., & Bowman, C. P. (2016). "That's just how it is": A gendered analysis of masculinity and femininity ideologies in adolescent girls' and boys' heterosexual relationships. *Journal of Adolescent Research*, *31*, 3–31. https://doi.org/10.1177/0743558415587325

Træen, B., & Sorensen, D. (2008). A qualitative study of how survivors of sexual, psychological and physical abuse manage sexuality and desire. *Sexual and Relationship Therapy*, *23*(4), 377–391. https://doi.org/10.1080/14681990802385699

Turchik, J. A., Probst, D. R., Chau, M., Nigoff, A., & Gidycz, C. A. (2007). Factors predicting the type of tactics used to resist sexual assault: A prospective study of college women. *Journal of Consulting and Clinical Psychology*, *75*(4), 605–614. https://doi.org/10.1037/0022-006X.75.4.605

Ullman, S. E. (2007). Relationship to Perpetrator, Disclosure, Social Reactions, and PTSD Symptoms in Child Sexual Abuse Survivors. *Journal of Child Sexual Abuse*, *16*(1), 19–36. https://doi.org/10.1300/J070v16n01_02

Vannier, S. A., & O'Sullivan, L. F. (2011). Communicating Interest in Sex: Verbal and Nonverbal Initiation of Sexual Activity in Young Adults' Romantic Dating Relationships. *Archives of Sexual Behavior*, *40*(5), 961–969. https://doi.org/10.1007/s10508-010-9663-7

Walker, D. P., Messman-Moore, T. L., & Ward, R. M. (2011). Number of Sexual Partners and Sexual Assertiveness Predict Sexual Victimization: Do More Partners Equal More Risk? *Violence and Victims*, *26*(6), 774–787. https://doi.org/10.1891/0886-6708.26.6.774

Walker, H. E., Freud, J. S., Ellis, R. A., Fraine, S. M., & Wilson, L. C. (2019). The Prevalence of Sexual Revictimization: A Meta-Analytic Review. *Trauma, Violence, & Abuse*, *20*(1), 67–80. https://doi.org/10.1177/1524838017692364

Walker, H. E., & Wamser-Nanney, R. (2023). Revictimization Risk Factors Following Childhood Maltreatment: A Literature Review. *Trauma, Violence, & Abuse*, *24*(4), 2319–2332. https://doi.org/10.1177/15248380221093692

Wang, K., & Pachankis, J. E. (2016). Gay-Related Rejection Sensitivity as a Risk Factor for Condomless Sex. *AIDS and Behavior*, *20*(4), 763–767. https://doi.org/10.1007/s10461-015-1224-6

Westland, C. J. (2010). Lower bounds on sample size in structural equation modeling. *Electronic Commerce Research and Applications*, *9*(6), 476–487. https://doi.org/10.1016/j.elerap.2010.07.003

Wiederman, M. W. (2015). Sexual Script Theory: Past, Present, and Future. In J. DeLamater & R. F. Plante (Eds.), *Handbook of the Sociology of Sexualities* (pp. 7–22). Springer International Publishing. https://doi.org/10.1007/978-3-319-17341-2_2

Zerubavel, N., & Messman-Moore, T. L. (2013). Sexual victimization, fear of sexual powerlessness, and cognitive emotion dysregulation as barriers to sexual assertiveness in college women. *Violence Against Women*, *19*(12), 1518–1537. https://doi.org/10.1177/1077801213517566

Zhang, H., & Yip, P. S. F. (2018). Perceived and Actual Behavior in Female Sexual Assertiveness: A Within-Couple Analysis in Hong Kong. *Journal of Sex & Marital Therapy*, *44*(1), 87–95. https://doi.org/10.1080/0092623X.2017.1321597

TABLES

Table 1

Sociodemographic Characteristics of the Total Sample

Variables	N = 64,282-64,486	%
Country of residence		
Algeria	11	0.02
Australia	472	0.73
Austria	661	1.03
Bangladesh	74	0.11
Belgium	537	0.83
Bolivia	283	0.44
Brazil	3,016	4.68
Canada	2,100	3.26
Chile	803	1.25
China	1,301	2.02
Colombia	1,307	2.03
Croatia	1,937	3.00
Czech Republic	1,206	1.87
Ecuador	211	0.33
France	1,376	2.13
Germany	2,686	4.17
Gibraltar	54	0.08
Hungary	9,850	15.27
India	118	0.18
Iraq	52	0.08
Ireland	1,287	2.00
Israel	1,161	1.80
Italy	2,048	3.18
Japan	342	0.53
Lithuania	1,617	2.51
Malaysia	496	0.77
Mexico	1,575	2.44
New Zealand	2,319	3.60
North Macedonia	970	1.50
Panama	261	0.40
Peru	2,107	3.27
Poland	8,482	13.15
Portugal	1,954	3.03
Slovakia	881	1.37
South Africa	1,273	1.97
South Korea	980	1.52
Spain	1,885	2.92
Switzerland	987	1.53
Taiwan	1,492	2.31
Turkey	588	0.91
United Kingdom	1,135	1.76
United States of America	1,753	2.72
Other	838	1.30
Language		
Arabic	74	0.11
Bangla	67	0.10
Croatian	2,045	3.17
Czech	1,162	1.80
Dutch	421	0.65

English	10,042	15.57
French	3,312	5.14
German	2,884	4.47
Hebrew	1,146	1.78
Hindi	10	0.02
Hungarian	9,746	15.11
Italian	2,082	3.23
Japanese	271	0.42
Korean	965	1.50
Lithuanian	1,683	2.61
Macedonian	1,013	1.57
Mandarin – simplified	1,315	2.04
Mandarin – traditional	1,499	2.32
Polish	8,921	13.83
Portuguese – Brazil	3,087	4.79
Portuguese – Portugal	1,962	3.04
Slovak	1,643	2.55
Spanish – Latin America	6,584	10.21
Spanish – Spain	1,874	2.91
Turkish	619	0.96
Sex assigned at birth		
Male	25,689	39.80
Female	38,791	60.20
Gender identity (original answer options in the survey)		
Masculine/Man	25,232	39.10
Feminine/Woman	37,489	58.10
Indigenous or other cultural gender minority identity (e.g., two-spirit)	119	0.19
Non-binary, gender fluid, or something else (e.g., genderqueer)	1466	2.27
Other	180	0.28
Gender identity (categories used in the analyses)		
Man	25,232	39.10
Woman	37,489	58.10
Gender-diverse individuals	1,775	2.74
Trans status		
No, I am not a trans person	62,690	97.20
Yes, I am a trans man	234	0.36
Yes, I am a trans woman	190	0.30
Yes, I am a non-binary trans person	541	0.84
I am questioning my gender identity	671	1.04
I don’t know what it means	147	0.23
Sexual orientation		
Heterosexual/Straight	45,169	69.70
Gay or lesbian	3,590	5.54
Heteroflexible	5,197	8.02
Homoflexible	419	0.65
Bisexual	6,181	9.53
Queer	683	1.05
Pansexual	1,551	2.39
Asexual	301	0.46
I do not know yet or I am currently questioning my sexual orientation	1,057	1.63
None of the above	506	0.78
I don't want to answer	157	0.24
Highest level of education		

Primary (e.g., elementary school)	670	1.04
Secondary (e.g., high school)	15,102	23.40
Tertiary (e.g., college or university)	47,701	75.50
Currently being in education		
Not being in education	41,5285	64.00
Being in primary education (e.g., elementary school)	35	0.05
Being in secondary education (e.g., high school)	960	1.49
Being in tertiary education (e.g., college or university)	22,175	34.40
Work status		
Not working	13,299	20.60
Working full time	36,829	57.10
Working part-time	9,022	14.00
Doing odd jobs	5,319	8.25
Socioeconomic status		
My life circumstances are among the worst	116	0.18
My life circumstances are much worse than average	426	0.66
My life circumstances are worse than average	2,742	4.25
My life circumstances are average	19,942	31.00
My life circumstances are better than average	25,636	39.80
My life circumstances are much better than average	12,302	19.10
My life circumstances are among the best	3,317	5.14
Residence		
Metropolis (population is over 1 million people)	20,756	32.20
City (population is between 100,000-999,999 people)	23,260	36.10
Town (population is between 1,000-99,999 people)	16,700	25.90
Village (population is below 1,000 people)	3,757	5.83
Relationship status		
Single	14,433	22.40
In a relationship	25,682	39.80
Married or common-law partners	22,356	34.70
Widow or widower	223	0.35
Divorced	1,773	2.75
Having children		
No	43,152	66.92
Yes, 1	7,412	11.49
Yes, 2	9,102	14.11
Yes, 3	3,349	5.19
Yes, 4	889	1.38
Yes, 5	254	0.39
Yes, 6-9	109	0.17
Yes, 10 or more	15	0.02
	M	*SD*
Age	32.90	12.00

Note. Percentages might not add up to 100% due to missing data. *M* = mean, *SD* = standard deviation.

Table 2

Descriptive Statistics on Sexual Victimization and Sexual Assertiveness

	Total sample	Men	Women	Gender-diverse individuals
	% (n)	*% (n)*	*% (n)*	*% (n)*
CSA (with or without AASA)	30.4% (19,607)	21.3% (5,378)	35.7% (13,382)	48.0% (847)
AASA (with or without CSA)	46.3% (29,834)	27.1% (6,834)	58.0% (21,759)	70.3% (1,241)
CSA only (without AASA)*	11.1% (7,143)	11.3% (2,851)	11.0% (4,129)	9.2% (163)
AASA only (without CSA)*	26.9% (17,370)	17.1% (4,307)	33.4% (12,506)	31.6% (557)
Both CSA and AASA*	19.3% (12,464)	10.0% (2,527)	24.7% (9,253)	38.8% (684)
	M (SD)	*M (SD)*	*M (SD)*	*M (SD)*
Sexual assertiveness	44.8 (9.61)	42.9 (9.39)	45.9 (9.54)	46.6 (9.83)

Note. CSA = Childhood sexual abuse. AASA = adolescent or adult sexual abuse. *Categories simultaneously used in the invariance analyses in which no sexual victimization was the referent group.

Table 3

Associations between Sexual Abuse and Sexual Assertiveness According to Gender Identity

Group	n	Predictor	*b*	*SE*	*p*	*β*
Men	24,996	**CSA***	**-0.275**	**0.06**	**<0.001**	**-0.021**
		AASA	-0.004	0.07	0.950	<-0.001
		CSA+AASA	-0.101	0.09	0.268	-0.007
Women	37,244	**CSA***	**-0.275**	**0.06**	**<0.001**	**-0.021**
		AASA	**-0.413**	**0.05**	**<0.001**	**-0.046**
		CSA+AASA	**-0.554**	**0.06**	**<0.001**	**-0.057**
Gender-diverse individuals	1,757	**CSA***	**-0.275**	**0.06**	**<0.001**	**-0.018**
		AASA	-0.061	0.28	0.831	-0.007
		CSA+AASA	0.005	0.28	0.985	0.001

Note. CSA = childhood sexual abuse, AASA = adolescent or adult sexual assault, CSA+AASA = both childhood sexual abuse and adolescent or adult sexual assault. No sexual victimization history is the referent. *b* = unstandardized regression coefficient, *SE* = standard error, *p* = probability, *β* = standardized regression coefficient. Significant paths at $p<.05$ or lower are presented in bold. *Paths with no significant gender-based differences are represented by the coefficients of the constrained model. These estimates were not calculated separately for each group, as the paths were constrained to be equal across groups as part of the invariance testing.

Table 4

Associations between Sexual Victimization and Sexual Assertiveness among Men According to Country of Residence

Country	n	Predictor	*b*	*SE*	*p*	*β*
Australia	239	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.025**
		AASA	0.011	0.74	0.988	0.001
		CSA+AASA*	-0.144	0.09	0.125	-0.011
Austria	255	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.027**
		AASA	-0.388	0.72	0.589	-0.035
		CSA+AASA*	-0.144	0.09	0.125	-0.010
Belgium	277	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.024**
		AASA	0.196	0.72	0.786	0.016
		CSA+AASA*	-0.144	0.09	0.125	-0.009
Brazil	1967	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.029**
		AASA	0.300	0.29	0.299	0.025
		CSA+AASA*	-0.144	0.09	0.125	-0.013
Canada	771	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.023**
		AASA	0.169	0.37	0.647	0.017
		CSA+AASA*	-0.144	0.09	0.125	-0.011
Chile	394	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.028**
		AASA	-0.550	0.54	0.312	-0.057
		CSA+AASA*	-0.144	0.09	0.125	-0.012
China	653	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.028**
		AASA	-0.671	0.39	0.085	-0.068
		CSA+AASA*	-0.144	0.09	0.125	-0.016
Colombia	521	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.026**
		AASA	-0.349	0.50	0.486	-0.030
		CSA+AASA*	-0.144	0.09	0.125	-0.010
Croatia	425	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.020**
		AASA	0.927	0.57	0.103	0.085
		CSA+AASA*	-0.144	0.09	0.125	-0.009
Czech Republic	557	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.019**
		AASA	**-1.477**	**0.43**	**0.001**	**-0.148**
		CSA+AASA*	-0.144	0.09	0.125	-0.011
France	574	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.026**
		AASA	-0.012	0.49	0.981	-0.001
		CSA+AASA*	-0.144	0.09	0.125	-0.008
Germany	1143	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.026**
		AASA	0.684	0.39	0.082	0.052
		CSA+AASA*	-0.144	0.09	0.125	-0.008
Hungary	5619	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.024**
		AASA	0.032	0.15	0.826	0.003
		CSA+AASA*	-0.144	0.09	0.125	-0.008
Ireland	473	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.022**
		AASA	-0.276	0.49	0.577	-0.028
		CSA+AASA*	-0.144	0.09	0.125	-0.009

Israel	456	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.024**
		AASA	**1.104**	**0.54**	**0.041**	**0.095**
		CSA+AASA*	-0.144	0.09	0.125	-0.010
Italy	395	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.023**
		AASA	**-1.187**	**0.56**	**0.035**	**-0.109**
		CSA+AASA*	-0.144	0.09	0.125	-0.009
Japan	229	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.023**
		AASA	0.081	0.69	0.907	0.007
		CSA+AASA*	-0.144	0.09	0.125	-0.009
Lithuania	486	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.024**
		AASA	0.246	0.45	0.585	0.023
		CSA+AASA*	-0.144	0.09	0.125	-0.008
Malaysia	244	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.027**
		AASA	-1.065	0.66	0.109	-0.110
		CSA+AASA*	-0.144	0.09	0.125	-0.012
Mexico	418	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.029**
		AASA	-0.734	0.49	0.135	-0.077
		CSA+AASA*	-0.144	0.09	0.125	-0.014
New Zealand	981	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.023**
		AASA	0.174	0.32	0.591	0.018
		CSA+AASA*	-0.144	0.09	0.125	-0.011
North Macedonia	437	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.021**
		AASA	**0.920**	**0.46**	**0.044**	**0.090**
		CSA+AASA*	-0.144	0.09	0.125	-0.010
Peru	1054	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.029**
		AASA	**-0.713**	**0.33**	**0.032**	**-0.067**
		CSA+AASA*	-0.144	0.09	0.125	-0.012
Poland	802	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.023**
		AASA	-0.191	0.33	0.567	-0.019
		CSA+AASA*	-0.144	0.09	0.125	-0.011
Portugal	324	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.022**
		AASA	-0.838	0.66	0.207	-0.071
		CSA+AASA*	-0.144	0.09	0.125	-0.010
Slovakia	400	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.026**
		AASA	0.373	0.53	0.479	0.038
		CSA+AASA*	-0.144	0.09	0.125	-0.009
South Africa	529	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.022**
		AASA	0.142	0.49	0.774	0.013
		CSA+AASA*	-0.144	0.09	0.125	-0.010
South Korea	337	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.035**
		AASA	**-2.216**	**0.77**	**0.004**	**-0.178**
		CSA+AASA*	-0.144	0.09	0.125	-0.012
Spain	584	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.020**
		AASA	-0.020	0.39	0.959	-0.002
		CSA+AASA*	-0.144	0.09	0.125	-0.011
Switzerland	300	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.023**

		AASA	-0.427	0.65	0.509	-0.039
		CSA+AASA*	-0.144	0.09	0.125	-0.007
Taiwan	808	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.023**
		AASA	-0.141	0.43	0.744	-0.011
		CSA+AASA*	-0.144	0.09	0.125	-0.010
Turkey	260	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.036**
		AASA	0.406	0.75	0.591	0.038
		CSA+AASA*	-0.144	0.09	0.125	-0.014
United Kingdom	366	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.019**
		AASA	**1.170**	**0.54**	**0.030**	**0.116**
		CSA+AASA*	-0.144	0.09	0.125	-0.011
United States of America	715	**CSA***	**-0.325**	**0.09**	**<0.001**	**-0.022**
		AASA	0.249	0.43	0.565	0.022
		CSA+AASA*	-0.144	0.09	0.125	-0.011

Note. CSA = childhood sexual abuse, AASA = adolescent or adult sexual assault, CSA+AASA = both childhood sexual abuse and adolescent or adult sexual assault. No sexual victimization history is the referent. *b* = unstandardized regression coefficient, *SE* = standard error, *p* = probability, *β* = standardized regression coefficient. Significant paths at $p<.05$ or lower are presented in bold. *Paths with no significant country-based differences are represented by the coefficients of the constrained model. These estimates were not calculated separately for each group, as the paths were constrained to be equal across groups as part of the invariance testing.

Table 5

Associations between Sexual Victimization and Sexual Assertiveness among Women According to Country of Residence

Country	n	Predictor	*b*	*SE*	*p*	*β*
Australia	218	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.013**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.049**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.067**
Austria	384	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.019**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.051**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.058**
Belgium	242	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.020**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.054**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.063**
Brazil	1004	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.023**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.042**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.061**
Canada	1147	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.018**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.051**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.063**
Chile	379	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.022**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.047**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.066**
China	579	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.026**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.041**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.063**
Colombia	761	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.027**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.042**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.060**
Croatia	1474	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.021**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.054**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.061**
Czech Republic	637	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.018**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.053**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.057**
France	738	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.019**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.048**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.063**
Germany	1462	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.022**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.050**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.059**
Hungary	3954	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.023**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.052**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.064**
Ireland	757	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.014**

		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.046**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.059**
Israel	677	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.022**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.046**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.060**
Italy	1606	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.023**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.050**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.055**
Lithuania	1097	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.022**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.047**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.058**
Malaysia	230	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.019**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.049**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.067**
Mexico	1080	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.029**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.048**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.071**
New Zealand	1159	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.016**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.047**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.064**
North Macedonia	515	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.020**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.050**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.056**
Peru	1002	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.027**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.041**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.065**
Poland	7450	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.023**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.051**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.060**
Portugal	1587	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.023**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.046**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.057**
Slovakia	463	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.019**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.053**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.058**
South Africa	672	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.020**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.045**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.057**
South Korea	617	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.022**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.041**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.050**
Spain	1244	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.019**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.050**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.053**

Switzerland	648	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.021**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.051**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.060**
Taiwan	666	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.025**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.044**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.051**
Turkey	282	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.025**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.044**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.064**
United Kingdom	719	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.019**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.050**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.066**
United States of America	869	**CSA***	**-0.288**	**0.08**	**<0.001**	**-0.015**
		AASA*	**-0.428**	**0.05**	**<0.001**	**-0.045**
		CSA+AASA*	**-0.585**	**0.06**	**<0.001**	**-0.062**

Note. CSA = childhood sexual abuse, AASA = adolescent or adult sexual assault, CSA+AASA = both childhood sexual abuse and adolescent or adult sexual assault. No sexual victimization history is the referent. *b* = unstandardized regression coefficient, *SE* = standard error, *p* = probability, *β* = standardized regression coefficient. Significant paths at $p<.05$ or lower are presented in bold. *Paths with no significant country-based differences are represented by the coefficients of the constrained model. These estimates were not calculated separately for each group, as the paths were constrained to be equal across groups as part of the invariance testing.