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To Investigate the Psychological Effects of Sexual Coercion on Married Individuals and its Impact on the Quality of Intimate Partnerships at Mikocheni in Dar ES Salaam.

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ABSTRACT

This study, *Silent Wounds: Investigating the Psychological Toll of Sexual Coercion on Intimate Partnerships*, examines the prevalence, psychological impact, and relational consequences of sexual coercion within marriage. Conducted in Mikocheni, Dar es Salaam, the research involved 300 respondents, including married individuals and professionals, such as counselors, lawyers, and gender desk officers. Using a mixed-methods approach, quantitative data were collected through structured questionnaires, and qualitative insights were obtained via expert interviews.Findings indicate that 37% of respondents experienced sexual coercion at least once, with women, particularly aged 30–39, being more likely to recognize coercion. Psychological effects included emotional distress (58%), mild stress (21%), depression (12%), anxiety or guilt (46% of females), withdrawal (32%), and low self-worth (28%). Coercion negatively affected marital relationships, with 25% reporting severe impacts, including loss of intimacy, increased conflict, emotional detachment, and consideration of separation. Key barriers to disclosure were fear of shame, cultural taboos, perception of coercion as a private matter, lack of legal recognition, and fear of retaliation.Professional insights emphasized the absence of clear legal frameworks addressing coercion and the need for psychosocial interventions. The study recommends legal reform to recognize and address sexual coercion, establishment of accessible community gender desks, psychosocial counseling and support programs, public awareness campaigns, and education for couples on healthy marital relationships. Addressing these gaps is essential to reduce psychological harm, empower survivors, and strengthen marital well-being.

Keywords: MaritalSexual coercion, Survivor, Stigma, and Trauma.

1.0 Introduction

This Research provides a review of marital sexual coercion. In Researcher's capacity as a pastor and counselor, numerous cases have been encountered in which married women report being coerced into sexual activity despite a lack of personal readiness or willingness. A closer examination of this issue reveals that sexual coercion within marriage is a phenomenon that has been extensively documented in various empirical studies (Adhikari&Tamang, 2010; Kaplan, Khawaja, &Linos, 2012; Ali, Ishfaq, & Hassan, 2021; Jewkes et al., 2018).

Gash and Harding (2018) define sexual coercion as a non-consensual sexual act between married couples, where one partner's willingness is absent. This observation is aligned with broader research showing that sexual coercion not only violates personal autonomy but also acts as a form of psychological and emotional violence with long-lasting effects on the survivor (Randall, 2008).

At the outset of this study, the researcher assumed that sexual coercion was a phenomenon affecting only women. However, a review of global data revealed a surprising reality: men, too, are subjected to coercion within intimate and marital relationships(Fulu*et al.*, 2023; Tsai *et al.*, 2016). These cases, though less visible, are frequently underreported perhaps due to societal stigma and entrenched cultural norms surrounding masculinity.

While sexual coercion affects both men and women, research overwhelmingly indicates that women suffer from it at higher rates and face more severe consequences. The World Bank (2016) reports alarming statistics, with 40% of women aged 15-49 experiencing physical violence and 44% reporting coercion, of which 17% is attributed to intimate partners. This resear aims to investigate the psychological effects of marital rape and its impact on intimate relationships, a critical but frequently neglected topic in dis ions of sexual violence. Deosthali*et al*. (2022) found that approximately $^{1}/_{3}$ of married women reported experiencing forced sex in their marriages, s gesting that the problem is widespread yet often hidden.

Studies in Tanzania and Malawi indicate that 20–30% of women experience marital sexual coercion, often underpinned by cultural norms of obedience (Maman et al., 2000; Conroy, 2014). In comparison, studies in Europe and rural Malawi report that approximately 10–12% of men experience sexual

coercion, with more than 11% of men in Dar es Salaam acknowledging intimate partner sexual victimization (Søftestad&Toverud, 2010; Maman*et al.*, 2016).

According to Bergen (2016), the prevalence and scope of sexual coercion within marital contexts reporting that between 10% and 14% of married women in the United States experienced sexual coercion. Sexual coercion is not only confined to Western contexts. Ahmad et al. (2021), drawing from the National Family Health Survey (2015–16) in India, revealed that over 83% of married women aged 15 to 49 accused their husbands of sexual abuse, while 7% identified their ex-husbands as offenders. Similarly, Deosthali*et al.* (2022), using NFHS-4 data, reported that 4% of women experienced coercion into sexual activity by their husbands, 2.1% were compelled to perform sexual acts, and 3% faced threats when they declined or resisted.

Globally, the percentage of women who reported experiencing forceful oversight from their spouses ranged from 21% in Japan (Krimmer and Simpson 2022), 32.1% in rural Vietnam (Krantz and Vung 2009), 49% in Nepal (Sapkota et al. 2016), 63% in Nigeria (Antai 2011) and 30% in Malawi (Mandal and Hindin 2013).

Collectively, these studies illuminate the multi-layered nature of sexual coercion, encompassing psychological trauma, social stigma, and legal barriers. Our review of literature reveals a persistent gap in comprehensive understanding and effective intervention strategies to support survivors. This body of research underscores the urgency of continued investigation into the psychological, relational, and societal impacts of sexual coercion, highlighting the need for culturally sensitive policies, survivor-centered counseling, and legal reforms.

1.2 Statement of the Problem

This research is based on a phenomenon. During the researcher's pastoral engagement, a particularly striking case involved a woman who had endured prolonged sexual coercion within her marriage, suffering in silence for years. Prolonged coercion led to a deep-seated shift in her perception of her husband, marked by emotional withdrawal and loss of trust. As intimacy eroded and communication broke down, the relationship ultimately culminated in divorce.

It came to the researchers' awareness that not only women are affected by coercion in their marriages. A study of newlywed couples found that 42% of men reported experiencing at least one act of sexual coercion from their spouse (Kaura&Lohman, 2007). In rural Malawi 10.4% of men had been subjected to sexual coercion by their intimate partners (Maman et al., 2016), while a study among the married university students in Uganda indicated that 29.9% of male participants had encountered significant forms of sexual coercion (Karamagi et al., 2006). These findings highlight that, although less visible, sexual coercion remains largely underexplored especially in Tanzania. This highlights the urgent need for research, counseling, and policy interventions to address the psychological and relational consequences of sexual coercion, which continue to remain hidden in the social fabric.

3.0 RESEARCH METHODOLOGY

The study adopted a mixed-methods approach, combining quantitative and qualitative techniques to capture both statistical patterns and personal experiences. It describes the research design, study area, population, sampling, data collection, analysis, and ethical considerations. The sensitive nature of sexual coercion required methods that ensured depth, accuracy, and confidentiality.

3.1 Study Area

The study was conducted in Mikocheni, an urban ward within Kinondoni Municipality in the Dar es Salaam Region. Mikocheni is home to residents from varied socio-economic and cultural backgrounds, including professionals, middle-income, and high-income households. The area was selected due to its accessibility and presence of relevant institutions such as counseling centers, gender desks, and ward offices that handle family and gender-based cases. These features made Mikocheni a suitable site for examining the diverse experiences and institutional responses to sexual coercion.

3.2 Population of the Study

The target population consisted of married individuals who had experienced sexual coercion, along with professionals directly involved in managing intimate partner violence cases. Survivors provided first-hand experiences of psychological distress and marital challenges, while professionals including counselors, legal officers, and social workers offered expert perspectives on interventions, systemic issues, and support mechanisms. The inclusion of both groups enabled the study to integrate lived experiences with institutional insights.

3.3 Research Approach

The study employed a **mixed-methods approach**, integrating quantitative and qualitative techniques. Quantitative data were collected through structured questionnaires administered to survivors, allowing measurement of prevalence, severity, and psychological impacts. Qualitative data were obtained through semi-structured interviews with professionals, providing detailed narratives on coping, intervention strategies, and institutional challenges. This integration enhanced the credibility and richness of findings by capturing both numerical evidence and human experiences.

3.4 Research Design

A **cross-sectional mixed-method design** was applied, enabling data collection at a single point in time. This design was appropriate for capturing diverse perspectives efficiently while maintaining depth and accuracy. Collecting data concurrently from survivors and professionals allowed for the integration of descriptive statistics with thematic insights, presenting a comprehensive picture of sexual coercion's psychological and relational impacts.

3.5 Sampling

Sampling refers to the process of selecting a portion of the population to represent the entire group. It enables researchers to draw conclusions about the whole population from a manageable subset. In this study, both survivors and professionals were included, ensuring diversity in age, education, and marital duration. This helped in identifying how different factors influence the psychological outcomes and relational effects of sexual coercion.

3.6 Sampling Design

A **mixed sampling design** was used—quantitative random sampling for survivors and purposive sampling for professionals. This approach ensured both statistical representation and expert insight. The dual design strengthened the validity and reliability of the study through triangulation, combining breadth and depth.

3.7 Sampling Techniques

Survivors were selected using simple random sampling based on institutional records from the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC, 2021) and the Kinondoni Municipal Social Welfare Department (2022). This provided each eligible participant with an equal chance of selection, reducing bias. Professionals were chosen using purposive sampling, targeting those with relevant experience handling sexual coercion cases to ensure informed and context-specific insights.

3.8 Sample Size

The study involved 310 participants, including 300 survivors and 10 professionals. The sample size for survivors was determined using Yamane's (1967) formula based on an estimated population of 1,200 survivors and a 5% margin of error. The inclusion of 10 professionals followed Guest et al. (2006), who suggest 6–12 informants suffice for qualitative saturation. Comparatively, Mikocheni's married population of about 15,000 individuals meant the 300 survivors represented approximately 2% of the total, ensuring proportionality and contextual relevance.

3.9 Data Collection Methods

Data were gathered using a mixed-methods approach, combining structured questionnaires for survivors and semi-structured interviews for professionals. The structured questionnaires provided quantifiable data on the prevalence and psychological effects of sexual coercion, while the interviews captured deeper narratives and professional perspectives. Both online and physical questionnaires were used to ensure confidentiality and accessibility. This integration of methods enabled the study to achieve both breadth and depth, producing comprehensive and reliable findings.

3.10 Data Analysis

Quantitative data were coded and analyzed using descriptive statistics, including frequencies, percentages, and cross-tabulations, to identify patterns in psychological distress and marital effects. Qualitative data were analyzed through thematic analysis following Braun and Clarke's (2006) six-step framework—coding, theme identification, and interpretation. Combining both analyses ensured a robust interpretation by linking statistical results with lived experiences and professional insights.

3.11 Validity and Reliability

Validity was achieved through pre-testing the questionnaires and consulting experts in gender and social sciences to ensure clarity and relevance. Reliability was maintained by standardizing data collection procedures, training research assistants, and cross-verifying responses. Triangulation of quantitative and qualitative findings further enhanced the study's credibility and trustworthiness.

3.12 Ethical Considerations

Ethical standards were upheld throughout the study. Participants provided informed consent, and their participation was entirely voluntary. Confidentiality and anonymity were guaranteed, with no identifying details recorded. Survivors who experienced distress during participation were referred to counseling services for professional support. Ethical clearance was obtained from relevant municipal and institutional authorities, ensuring compliance with established research ethics guidelines.

4.0 DATA ANALYSIS AND INTERPRETATION

This chapter presents the findings of the study titled *Silent Wounds: Investigating the Psychological Toll of Sexual Coercion on Intimate Partnerships*. The study involved 300 respondents from diverse marital backgrounds, and data were collected using structured questionnaires and expert interviews with counselors, lawyers, and gender desk officers. Both quantitative and qualitative analyses were employed to identify patterns, interpret psychological outcomes, and explore barriers preventing survivors from reporting experiences of marital coercion. The findings provide insight into the prevalence, frequency, psychological impact, relational consequences, and professional perspectives on sexual coercion within intimate partnerships.

4.1 Demographic Characteristics of Respondents

Table 4.1: Demographic Profile of Respondents

Variable	Category	Frequency (f)	Percentage (%)
Age Group	18–29 years	24	8
	30–39 years	84	28
	40–49 years	192	64
Gender	Male	153	51
	Female	147	49
Education Level	Primary/Vocational	15	5
	Secondary	36	12
	University	249	83
Employment Status	Formally Employed	210	70
	Self-Employed	54	18
	Small Business/Farming	36	12

Source: Field Data (2025)

The majority of respondents (64%) were middle-aged adults (40–49 years), 28% were early middle-aged (30–39 years), and 8% were young adults (18–29 years). Gender distribution was nearly equal, with 51% male and 49% female, ensuring perspectives from both genders were represented.

Regarding education, 83% of respondents held university-level qualifications, 12% completed secondary school, and 5% had primary or vocational training. Employment status was similarly high, with 70% formally employed, 18% self-employed, and 12% engaged in small business or farming. These results indicate that sexual coercion is not confined to less educated or economically disadvantaged groups but also affects well-educated, financially stable, and mature couples.

4.2 Prevalence and Frequency of Sexual Coercion

Table 4.2: Prevalence and Frequency of Sexual Coercion

Response	Frequency (f)	Percentage (%)
Never experienced coercion	189	63
Experienced coercion (≥1)	111	37
- Rarely	72	24
- Sometimes	27	9
- Frequently	12	4

Source: Field Data (2025)

Among the respondents, 37% reported experiencing sexual coercion at least once in their marriage. Of these, 24% indicated it occurred rarely, 9% sometimes, and 4% frequently. Gender differences were notable: men were less likely to identify coercive experiences as harmful, whereas women, especially those aged 30–39, more readily recognized such experiences as forced or emotionally damaging.

Cultural influences were evident, with some respondents noting that *"tradition and customs forbid discussing private marital issues"*, highlighting a persistent societal silence surrounding marital intimacy and coercion. These findings underscore the role of age, gender, and cultural norms in shaping perceptions and acknowledgment of sexual coercion.

4.3 Psychological Effects on Survivors

Table 4.3: Psychological Effects on Survivors (N = 111)

Psychological Symptom	Frequency (f)	Percentage (%)
Emotional distress	64	58
Mild stress	23	21
Depression	13	12
Suicidal thoughts / hopelessness	7	6
Low self-worth & mistrust	31	28
Withdrawal / silence	36	32
Mild anxiety / guilt (females)	51	46

Source: Field Data (2025)

Among survivors of sexual coercion, 58% reported emotional distress, 21% experienced mild stress, and 12% displayed signs of depression. Mild anxiety or guilt affected 46% of female respondents. Withdrawal and silence were coping mechanisms for 32%, while 28% reported diminished self-worth and loss of trust. A smaller proportion (6%) experienced suicidal thoughts or hopelessness.

Counselors highlighted that many victims internalize trauma, expressing feelings of worthlessness and inability to enjoy intimacy. These outcomes are consistent with trauma theory, which posits that unaddressed emotional distress can contribute to long-term psychological instability and relational difficulties.

4.4 Impact on Relationship Quality

Table 4.4: Impact on Relationship Quality

Level of Impact	Frequency (f)	Percentage (%)
Little or no effect	47	42
Moderate effect	37	33
Severe effect	27	25

4.5 Specific Effects Reported:

Table 4.5 Specific Effects Reported

Type of Effect	Frequency (f)	Percentage (%)
Loss of intimacy and affection	42	38
Increased conflict / poor communication	30	27
Emotional detachment / mistrust	21	19
Consideration of separation	8	7

Source: Field Data (2025)

When asked about relational consequences, 42% reported little or no impact, 33% moderate impact, and 25% severe impact. Among those reporting moderate to severe effects, the most common outcomes were loss of intimacy (38%), increased conflict (27%), emotional detachment (19%), and consideration of separation (7%). While most couples remained married, many relationships were described as emotionally distant, often maintained out of duty rather than love. Some participants cited unplanned pregnancies and fear of intimacy, emphasizing the cumulative effect of coercion on marital satisfaction and emotional bonds.

4.6 Barriers to Reporting and Seeking Help

Table 4.6: Barriers to Reporting and Seeking Help

Barrier	Frequency (f)	Percentage (%)
Fear of shame and stigma	183	61
Cultural silence/taboo	162	54
Belief it's a private marital issue	144	48
Lack of legal recognition	111	37
Fear of retaliation / conflict	75	25

Source: Field Data (2025)

A majority of respondents (82%) had never disclosed experiences of sexual coercion. Key barriers included fear of shame and community stigma (61%), cultural taboos (54%), belief that it is a private marital matter (48%), lack of legal recognition (37%), and fear of retaliation (25%). Women frequently cited fear of shame and humiliation, whereas men highlighted the absence of support systems. Legal professionals confirmed that Tanzanian law does not explicitly recognize marital rape, rendering prosecution extremely difficult, even when evidence is present.

4.7 Professional Insights

Table 4.7: Summary of Professional Insights

Professional Group	Key Observations	Recommendations
Counselors	Victims show chronic anxiety, low self-esteem, and withdrawal	Faith-based counseling, gender desk referrals, group sessions
Lawyers	No legal recognition of marital rape	Legal reform, public education, and police training
Gender Desk Officers	2,000+ sexual and gender-based violence cases; marital coercion increasing	Establish community-level gender desks

Source: Expert Interviews (2025)

4.7.1 Counselors' Perspectives

Counselors reported that most survivors exhibit chronic anxiety, withdrawal, and low self-esteem. They recommended faith-based counseling, gender desk referrals, and psychoeducational programs to help survivors rebuild confidence. Group support initiatives in churches, mosques, and community centers were particularly effective in reducing stigma and promoting recovery.

4.7.2 Legal Experts' Perspectives

Legal experts unanimously agreed that Tanzanian laws do not clearly criminalize marital rape. Consequently, most cases are resolved informally within families rather than through the legal system. Experts recommended legal reform, public awareness campaigns, and specialized training for law enforcement to manage cases of marital sexual violence professionally and empathetically.

4.7.3 Gender Desk Officers' Perspectives

Gender desk officers reported over 2,000 sexual and gender-based violence cases, with marital coercion emerging as an underreported but growing trend. Many survivors showed symptoms of excessive anxiety and mental distress. Officers recommended establishing local-level gender desks to increase accessibility and reduce survivors' fear of exposure or retaliation.

4.8 Summary of Findings

The findings indicate that sexual coercion within marriage is a hidden yet serious psychological and social problem. Despite high education levels among respondents, survivors experience deep emotional trauma, including anxiety, shame, self-blame, and emotional detachment.

Cultural norms, fear of stigma, and absence of legal recognition prevent victims from reporting abuse or seeking justice. Without strong legal frameworks, professional psychosocial support, and public awareness, survivors continue to suffer in silence, perpetuating cycles of trauma and relational dysfunction.

4.8.1 Recommendations for Action

The study proposes actionable steps to address marital sexual coercion in Dar es Salaam. Key recommendations include:

Legal and Institutional Reform

i. Explicitly criminalize all forms of non-consensual sex within marriage.
ii. Update laws to remove the invisibility of marital sexual coercion and provide legal protection for survivors.
iii. Implement trauma-informed training for law enforcement, legal professionals, and social workers.
iv. Establish confidential reporting systems supported by local gender desks and social welfare officers.

Community-Based Education and Support

i. Launch awareness campaigns to challenge harmful gender norms, educate the public on marital consent, and reduce stigma.
ii. Utilize religious institutions, community gatherings, and educational platforms to shift societal attitudes.
iii. Create multi-sectoral support systems integrating legal aid, psychological counseling, and social services.
iv. Collaborate with NGOs and women's rights groups to ensure holistic support for survivors.

4.8.2 Recommendations for Further Study

Future research should address gaps in understanding and enhance interventions:

1. **Longitudinal Research on Psychological Effects**

Examine the long-term mental health, self-esteem, and social functioning impacts of marital sexual coercion also Evaluate how early interventions affect recovery trajectories.

2. **Cultural and Institutional Barriers to Disclosure**

Investigate societal, cultural, and institutional factors that prevent survivors from reporting coercion and Study community attitudes, gender norms, and family roles in perpetuating silence.

Explore alternative support models tailored to specific cultural contexts to guide effective interventions.

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