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Sexual Decision Making in the Absence of Choice: The African American Female Dating Experience

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ABSTRACT

Although links between low mate availability and increased HIV and STI risk for African American women have been documented in the literature, we know little about the impact of limited mate choices on the quality of relationships between Black men and women and how these relationship dynamics impact risk for young Black women. We conducted a qualitative study with African American female young adults (N=12) to explore the perceived impact of structural forces on African American female young adults' dating and sexual behavior. Participants reported (1) perceptions of Black men as untrustworthy and manipulative, (2) the limited and often negative roles for Black men in the larger Black community, and (3) heterosexual relationships in the Black community as increasingly influenced by economics and commerce. Recommendations for HIV prevention interventions that include micro and macro level approaches are discussed.

Keywords: HIV prevention; African American; women; sexual risk taking

INTRODUCTION

Black women are far more affected by HIV than women of other races. In 2011, the rate of new HIV infections for Black women was 20 times higher than rates among White women and 5 times that of Hispanic/Latina women (CDC, 2012). Rates of Chlamydia, Gonorrhea, primary and secondary Syphilis, Trichomoniasis, Herpes Simplex Virus 2 (HSV-2) and Human Papillomavirus (HPV) among Black women continue to be substantially higher than rates among other racial/ethnic groups (CDC, 2011). African American young adults are at very high risk for STIs, even when their behaviors are relatively low risk. This is in stark contrast to their White young adult counterparts, who are at elevated STD and HIV risk only when they engage in high risk behaviors (Halfors et al., 2007).

One potential independent risk factor that may contribute to the heterosexual transmission of HIV and other sexually transmitted infections (STIs) among Black women is the prevalence of concurrent relationships, or sexual relationships that overlap in time (Andrasik et al., 2012; Morris et al., 2009; Adimora, Schoenbach, & Doherty, 2006; Adimora & Schoenbach, 2005). In African American communities, researchers have observed high partner overlap and turnover rates among higher risk individuals (persons who have had at least 4 partners in the past year) (Adimora et al., 2002; Adimora et al., 2001; Youm & Laumann, 2002). Concurrent relationships permit faster dissemination of HIV and other STIs through partnership networks because there is no delay in the transmission of disease as is the case in serial monogamous relationships where there is a gap between partners (Morris & Kretzchmar, 1997).

One factor that may contribute to a greater prevalence of concurrent relationships in the Black community is the shortage of Black men and the resulting low sex ratio (Newsome & Airhihenbuwa, 2013; Cornwell & Cunningham, 2008; Wyatt, 1997). African Americans in the United States have experienced the most severe and persistent shortage of men of any subculture, aside from postwar shortages of men, since the discovery of the modern census (Guttentag & Secord, 1983). Although the sex ratios for African Americans have historically, on average, been low, the sex ratio of noninstitutionalized Black men to their female counterparts has declined steadily since the 1960's. This imbalance is largely due to a birth sex ratio imbalance as well as higher rates of mortality and incarceration for African American men.

The higher rates of mortality among Black boys and men are driven by two factors: infant mortality and homicide. Black mothers have the highest rates of infant mortality with rates that were 2.3 times higher than those among Non-Hispanic White women in 2009 (Matthews & MacDorman, 2013). African American infant boys die at a rate of 14.5 per 1,000 live births while the rate of deaths among African American infant girls is 12 per 1,000.

In 2009, African Americans were the only racial group for which homicide made the top ten leading causes of death. Homicide is the leading cause of death for Black males between the ages of 15 and 34 (Minino, 2010; CDC, 2009), with 50% of all deaths among those aged 15-19, 49% among males aged 20-24 and 33% among males aged 25-34 due to homicide (CDC, 2009). Homicide is in the top 10 leading causes of death for African American males across all age groups from 1 to 54. African American male adolescents (aged 12-19) are fifteen times more likely than their White male peers and twice as likely as their Hispanic male peers to become homicide victims (Minino, 2010). Although the statistics for young Black men are often reported, those for Black male children often go ignored. From 2004-2009, homicide was the second leading cause of death for Black boys ages 1 to 4 and 10-14 (CDC, 2009).

The U.S. has the highest documented incarceration rate in the world and Black males are disproportionately represented in the criminal justice system. In 2010 Black men were incarcerated at 6.4 times the rate of White males (United States Department of Justice (USDOJ), 2011) and by 2011, Black men accounted for almost 40% of the total prison and jail population. More than 3% of all Black males are incarcerated as compared to .5% of White males, and 1.2% of Hispanic males (Bureau of Justice Statistics (BJS), 2012). Persistent racial discrimination and inequality has resulted in disproportionate levels of unemployment, poverty, mortality and incarceration among Black men. Incarceration and mortality effectively remove Black men from the larger Black community. One in every 10 Black males in their thirties is in prison or jail on

any given day (The Sentencing Project, 2011). For those who are incarcerated and returned to the community, prospects for employment and upward mobility are greatly diminished.

In their examination of sex ratios Guttentag & Secord (1983) contend that in low sex ratio societies wherein there is an oversupply of women there would be a recognizable set of relationship, family and social characteristics. These characteristics would include: a subjective sense of powerlessness among women, decline in marriage rates, rise in divorce rates, rise in children born out of wedlock, marked increase in single-parent families headed by women, and decreased likelihood that men would remain committed to the same woman throughout her childbearing years.

The potential social effects of male shortage on the African American community in the United States have received little attention. However, existing research indicates that this gender ratio imbalance may have deleterious consequences for the African American community. Some have postulated that the limited availability of African American men may promote dissortative mixing between lower risk African American women and men at higher risk for HIV (Doherty, Leone, & Aral, 2007). Indeed, African American women with only one partner in the past five years were found to be five times more likely to choose a higher risk sexual partner than their White counterparts (Laumann & Youm, 1999).

Persistent residential segregation resulting in Black neighborhoods with a high concentration of poverty, drug use and other deleterious influences (Fullilove & Wallace, 2011; Laveist et al., 2011; Sharkey & Elwert, 2011) contribute to a disproportionately adverse socioeconomic plight of black women (and men) and may impact partner selection, women's bargaining power and sexual availability, and both genders' participation in sexual risk behaviors. These factors combined with the relative scarcity of black men effectively shrinks the pool of available partners to those with a high prevalence of risk behaviors and HIV infection and may influence the belief by some women of the types of male sexual behavior (i.e., concurrent sexual relationships, refusal to use a condom) they must tolerate (Adimora et al., 2001).

We conducted a series of focus groups to qualitatively explore dating and risk in the lives of young African American women. Focus groups were utilized because of their ability to elicit more naturalistic discourse and debate about sex and relationships. We also sought to improve our understanding of the perceived impact of structural forces on African American young adults' sexual behavior. When analyzing the data, our research team identified several data themes that focused on the experience of dating among young Black heterosexual women and the influence of male availability on decisions regarding dating and sex. This report focuses on these findings.

METHODS

Participants and Procedures

Study participants consisted of young African American heterosexual women (N=12) who reported being single and currently dating. Potential participants were recruited through the use of newspaper and Facebook advertisements. After phoning into project offices and completing an initial screening, participants were provided two options for attendance in a focus group, an evening (after work hours) and an afternoon (around lunch time) option. Women were eligible if they reported being between the ages of 21-30 years, typically consumed more than

five drinks per week, had an episode of binge drinking (4 or more drinks within two hours) on at least one occasion in the past year, and had at least one instance of unprotected sex in the past year. Further eligibility criteria required at least one of the following HIV/STI risk factors: (a) new sex partner in the past year; (b) two or more sex partners in the past year; (c) having had an STI; or (d) knowing or suspecting that a past year sex partner had himself had a concurrent sexual relationship, an STI and/or HIV, a same-sex sexual encounter, ever used IV drugs, or been incarcerated in the last 12 months. Individuals were excluded if they had medical conditions or took prescription medications that contraindicated alcohol use, or had a history of problem drinking or negative reactions to alcohol (based on the Brief Michigan Alcohol Screening Test; Pokorny, Miller, & Kaplan, 1972).

Prior to focus group participation participants provided verbal consent and completed a short demographics questionnaire. During audio recorded interviews, participants were asked questions about dating, sexual relationships and the use of condoms during sexual intercourse. The context and dynamics of relationships were explored in depth. Audio recordings were professionally transcribed and reviewed for accuracy by the first author. Participants were paid \$30 for their participation and all focus groups were held at a community location. All aspects of the study were approved by the University of Washington Human Subjects Division institutional review board prior to data collection (HSD#:32690-G).

Data Analysis

Analysis was conducted using a team-based approach and guided by the theory and methods of thematic analysis (Braun & Clarke, 2006). A team of three researchers began the analytic process by reading through the transcripts to gain a general sense of emergent topics in the data. To develop an initial template of themes, team members individually read transcripts of the focus groups to determine what content emerged as interesting or important. Each team member generated a preliminary list of codes by highlighting relevant text from the transcript that captured key elements and giving the code a descriptive label. No codes, categories, or themes were specified *a priori*. Then, the process of reading, coding, categorizing, discussing, and refining ideas began. The coding team met and reviewed each of the transcripts discussing codes and potential categories. Initially, coding of the data focused on identifying categories that “summarize and systemize the content of the data” (e.g., Men are Untrustworthy, Impact of Structural Factors) (Wilkinson, 2000, p.434).

Then team members met to develop clusters of meaning by removing overlapping and repetitive statements and organizing statements into meaning units (e.g., partner risk behavior, perceived shortage of men) (Moustakas, 1994). These meaning units were then organized into themes (e.g., sex without a condom, dating economics and commerce). Finally, the team met to develop a thematic framework (Ritchie & Spencer, 1994). Each transcript was coded by three researchers. Instances of disagreement on thematic codes were resolved with discussion. The team refined the thematic framework throughout the analytic process by identifying new themes and expanding existing ones.

Over the course of data analysis, research team meetings shifted focus from a discussion of potential codes and categories to a discussion of how the data addressed empirical questions about the disproportionate impact of HIV/AIDS on Black women (Morse & Field, 1995). The research team utilized various forms of triangulation—multiple sources of data (i.e., participants), multiple readings, multiple coders, and the iterative process of consensual

agreement—to enhance the validity of the analysis (Patton, 2002). Final codes and themes were entered into the qualitative data analytic program Atlas.ti version 6 to assist with data management and organization. Exemplars from the text were identified to capture the meaning of each theme.

RESULTS

We facilitated two focus groups with a total of 12 African-American female young adults. To accommodate a range of schedules, one focus group was held in the evening after work hours (n=5) and another was held in the afternoon (n=7) around lunch time. The mean age of participants was 24.8 with a range of 22 to 30. All participants reported being single, 10 reported having no children, and two reported having one child. The majority were employed (n=9, 75%) and had no history of incarceration (n=10, 83%). Despite 92% of the sample having a high school degree or more education (and 50% reported having at least some college), 83% reported household incomes less than \$41,000 a year—below the national median of \$49,445 (DeNavas-Walt & Smith, 2011). In terms of drug use behavior in the past year, fifty eight percent (n=7) reported drug use and drugs used included marijuana (n=7) and ecstasy (n=1). In terms of sexual behavior, the mean age at first sexual intercourse was 16.8 with a range of 14-21. Fifty eight percent of participants reported using contraceptives (oral contraceptive (n=1), Depo-Provera (n=1), Norplant (n=1), IUD (n=1) and withdrawal (n=1)), however, only four (33%) endorsed use of condoms. The majority of participants (58%, n=7) reported ever being diagnosed with an STI (Chlamydia (n=3), Gonorrhea (n=3), Human Papillomavirus (n=1), Trichomoniasis (n=1)) while only five (42%) reported using a condom during their last sex act. With regard to sexual behavior in the past year, 50% of the participants reported having sex with a male partner for the first time and the mean number of partners was 2.4 with a range of 1-6. When asked specific questions regarding male partners, 33% reported partners with a history of incarceration, 17% reported knowing or suspecting that a partner had an STI/HIV and 58% reported knowing or suspecting that their partner was having sex with someone else (and 1 participant reported MSM partner). Table One lists the participant's major demographic characteristics

All participants agreed that there was a definite shortage of “datable” men in the African American community. Three overarching themes arose from the data that provide important contextual information regarding the impact of male mate availability on increased HIV risk among Black female young adults: (1) perceptions of Black men as untrustworthy and manipulative; (2) the limited and often negative roles for Black men in the larger Black community; and (3) heterosexual relationships in the Black community as increasingly influenced by economics and commerce. Except where noted, responses were essentially unanimous concerning data themes outlined below.

Perceptions of Black men

All of the participants lamented about the perceived shortage of “dating quality” Black men in their dating pool and characterized the Black men available as untrustworthy and manipulative. The women described many instances of deceit. This dishonesty led to a general mistrust of males and a heightened vigilance to ensure that men would never see their “weak” side (See Table Two). As one participant described,

“And they (Black men) know because they see how you laugh, they see how you react, they see what makes you go – if you’re on the phone talking to

your homegirls, they're listening. They might not be right there listening, but they're listening. If you're like, "Oh, girl, I don't like this outfit." He's like, "Ooh, self-esteem, got you. I know exactly how to play you."

Table 1 Focus Group Participants' Demographics

Characteristics	% of participants (n)
Race / Ethnicity	
African American/Black	91.7 (11)
Mixed Race (Black/White)	8.3 (1)
Latina	8.3 (1)
Annual Household Income	
Below Poverty Line (\$10,890)	25.0 (3)
\$11,000 - \$20,999	8.3 (1)
\$21,000 - \$30,999	16.7 (2)
\$31,000 - \$40,999	33.3 (4)
\$41,000 - \$50,999	8.3 (1)
\$51,000 - \$60,999	8.3 (1)
Education	
Some High School	8.3 (1)
High School Graduate/GED	16.7 (2)
Trade or Vocational/Technical School	25.0 (3)
Some College	16.7 (2)
College Graduate	33.3 (4)
Employment	
Employed Full-Time	41.7 (5)
Employed Part-Time	33.3 (4)
Unemployed	25.0 (3)
Marital Status	
Single	97.7 (11)
Living with Partner	8.3 (1)
Number of Children	
No Children	83.3 (10)
1 Child	16.7 (2)
History of Incarceration	
Yes	16.7 (2)
No	8.3 (10)
Drug Use in the Past Year	
Marijuana Use	58.3 (7)
Ecstasy	8.3 (1)
Contraception Use	

Oral Contraceptives	8.3 (1)
Condoms	33.3 (4)
Depo-Provera	8.3 (1)
IUD	8.3 (1)
Norplant	8.3 (1)
Withdrawal	8.3 (1)
None	58.3 (7)
History of STI Diagnosis	
Chlamydia	25.0 (3)
Gonorrhea	25.0 (3)
Human Papilloma Virus (HPV)	8.3 (1)
Trichomoniasis	8.3 (1)
Sexual Partner Characteristics	
History of STI/HIV	16.7 (2)
Sex with someone else	58.3 (7)
Sex with a man (MSM)	8.3 (1)
Ever Incarcerated	33.3 (4)

Other women described men's behavior as a game where in the end the woman was always the one on the losing end. As one woman stated,

"You say something, and he's like, "Uh huh. That's the way I'm gonna play you. Oh, you've never had a daddy? Okay, call me daddy." You know? Guys, they know. They know exactly which angle to pull to try to get this woman to go."

The women described how men would engage in "the game" to have sex without a condom. Many of the women shared stories of the many ways in which men would make attempts to avoid condom use during sex. As one woman described,

"Guys know what they want to do, and they're gonna see the game, they're gonna corner it, figure out which angle to take and then they're gonna jump in it. "Okay, so I see she wants to use a condom. Let me go ahead, use a condom, get her where she's cool, trusts me and stuff, and then I'll do my way to getting her into taking the condom off." They have their game plan."

"The game" played by Black men was not limited to attempts to avoid condom use. Several participants reflected on the co-occurrence of avoidance of condom use and attempts to impregnate female partners. As one woman explained,

"There was a personal situation with me, I've had a guy that I've known for a while, he's a friend, he's a really good friend. We whatever (had sex) for the first time. This is the first time he said, "hey, you don't want to have my daughter?" ... "You don't want to have my daughter?" I'm like no, no. Then

a couple of weeks later, I found out that he had a baby girl on the way. It's just like, it can happen like that. "

Many women felt that experiences with dishonest men were unavoidable and recounted long term relationships wherein their male partner was described as dishonest and disloyal throughout. As one woman recounted,

"You just watch their moves! I was in a relationship with this guy for four years and he was the going-to-work type, and we were – I thought we were – gonna be so-called getting married and all that. Come to find out, the "work" was "the work." His work was another house, another woman. It just so happened that I was like, Hmm. Something's not adding up right, so I'm just gonna go ahead and follow him,"

The general consensus among the women was that the large majority of Black men available to them were less than ideal options. Many expressed feeling anxiety because of their inability to fully trust a male partner in a relationship. Discussions about the future and their prospects of finding a partner and having a happy and loving relationship were fatalistic and many reported pessimism about being able to have romantic relationships that do not involve infidelity and deceit. As one woman lamented,

"There are like ten of those kind of (dishonest, deceitful) men to one good guy, I swear. That's how I feel. It's so hard. And people say, "Don't go looking for them," but you have to look. You have to look at everything, not just the guy. You need to look at his background, look at his mom, his family; you've gotta look at everything. You can't just take their word no more. "

Table 2: Perceptions of Black Men as Untrustworthy and Manipulative theme and related text

THEMES	QUOTES
<p><u>Perceptions of Black men as untrustworthy and manipulative</u></p>	<p>Focus Group (FG) 1/Participant (P) 1: No matter what, I know somebody that knows you. I know an ex-girlfriend or someone somewhere that I can either be like okay, either you just a dog. He was all over town. Even if I know his ex and he'd be like "oh, her opinion isn't the best" because girls embellish stuff. Also if he really was a dog even though he did call one night or something...so you can't really take her exclusive opinion but if you heard that this guy is just safer, go to church every Sunday, everything they do good, just a great guy, really honest all the time, then I'll be more likely to trust him, versus if I hear he's had a rocky past. Even though he may be trustworthy, I don't know you like that.</p>
	<p>FG1/P2: I think it just really depends on the trust that you have in them as a person, not even necessarily who they've been with, but did they tell white lies about stupid stuff, like did you take out the trash? No, I didn't take out the trash. You catch people in white lies,</p>

	<p>you're less likely to trust them fully, so.</p> <p>FG1/P6: Can I just tell you something? There was a personal situation with me, I've had a guy that I've known for a while, he's a friend, he's a really good friend. We whatever for the first time. This is the first time he said, "hey, you don't want to have my daughter?" Nothing had ever happened between us. "You don't want to have my daughter?" I'm like no, no. Then a couple of weeks later, I found out that he had a baby girl on the way. It's just like, it can happen like that. Just little stupid stuff like that. Some people go for it, you know what I'm saying and some people don't.</p> <p>FG1/P5: You can talk to anybody and they can tell you whatever. Guys can say "I ain't got no kids" and then you find out he got three. It just depends on the dude</p> <p>FG1/P1: You've got to think about it, before it was how much you trust him. Afterwards, then you gotta think about do you want to spend 18 years on this person. Trust only lasts a couple months or years, but a relationship? Do I trust him enough to have sex without a condom? That's like a relationship, but then you start thinking kids, that's way deeper than that.</p> <p>FG1/P3: ...you're like, "man, he had sex with me without a condom. Did he have sex with her without a condom last week too?" Once again it puts that fear thing back in your head. And you know with that HIV test, it takes seven long days.</p> <p>FG1/P5: From my experience they're usually like, "I've known you for a long time and you know how it is. It's only me and you".</p> <p>FG1/P7: Just depends on what the guy is. Sometimes you're with someone and you know they're just with you. But if there's that doubt in your mind. Hmm, let me hold off on that [having sex without a condom]. If he's someone who's with you all day every day, then you know he's not with nobody else. Well, then yeah okay we do that. He's also over your house every night and you're always over his; but if you see him once every two weeks, no.</p> <p>FG1/P6: I haven't had anybody approach me and ask can we just not [use condoms]. Nobody's really been can we just not use one [condom] this time, it's always something that happens sneakily. He will try to do it or try to put it [penis] in.</p> <p>FG1/P4: I think most of the time it's not really like someone tries to persuade you. They just do it [insert penis into vagina without condom] and hope that you don't notice like a lot of times. What really happens is they try to do it [have sex without a condom] and then you say no and then they're like oh, I'm not going to be able to [have sex] if I put it [condom] on. That's what happens. They start and then you're like no and they have so many excuses of why [they can't use a condom].</p>
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	<p>FG2/P2: You never know. It could be one slip-up when he's out drunk and he might cheat on you, might get some head from somebody, and there you go. You've got some kind of something and you bring it back to me.</p>
	<p>FG2/P5: I feel like people get to the point where they accept it [infidelity]. Even if they know there are other girls, it almost starts becoming a competition between the other girls, "I need to be more special than her." She was probably the youngest girl he slept with. She was 24. They were ranging from 24 – he had six girls he had rotating. He was out of control. They all had special relationships.</p>
	<p>FG2/P1: I asked him about wearing a condom because we did start off wearing condoms and then he stopped using them. I was like, "We should use condoms; don't you think? Why'd you do this?" And he's like, "Have you ever gotten anything?" I'm like, "No." But at the same time, all I've ever got done was a pee test, and that doesn't tell you shit. I'm like, "No, I've never gotten anything." And he's like, "Yeah, because I don't just mess with anybody." But he has hella kids</p>
	<p>FG2/P4: You just watch their moves! I was in a relationship with this guy for four years and he was the going-to-work type, and we were – I thought we were – gonna be so-called getting married and all that. Come to find out, the "work" was "the work." His work was another house, another woman. It just so happened that I was like, "Hmm. Something's not adding up right, so I'm just gonna go ahead and follow him," you know.</p>
	<p>FG2/P3: Guys know what they want to do, and they're gonna see the game, they're gonna corner it, figure out which angle to take and then they're gonna jump in it. "Okay, so I see she wants to use a condom. Let me go ahead, use a condom, get her where she's cool, trusts me and stuff, and then I'll do my way to getting her into taking the condom off." They have their game plan.</p>
	<p>FG2/P1: Yeah, they analyze you. Like she was saying, this is the one that's confident; this is the one that's this, that, they've got names for them. And they know because they see how you laugh, they see how you react, they see what makes you go – if you're on the phone talking to your homegirls, they're listening. They might not be right there listening, but they're listening. If you're like, "Oh, girl, I don't like this outfit." He's like, "Ooh, self-esteem, got you. I know exactly how to play you." You say something, and he's like, "Uh huh. That's the way I'm gonna play you. Oh, you've never had a daddy? Okay, call me daddy." You know? Guys, they know. They know exactly which angle to pull to try to get this woman to go – because I know what angle to pull to get a guy to do what I want, so the opposite sex is doing the same thing.</p>

	<p>FG2/P5: My cousin would be like, “I do that to girls. Why would you want a guy like – I do that! So, you’re not messing with him. Nuh, uh, that’s my homeboy! He’s the same dude, nuh, uh, no.” So, I always had a fair warning. Not everybody does. But I grew up in Seattle, I know everybody in Seattle. So, I’m aware of the so-called hidden danger out there. A lot of guys pray on young, naïve, gullible, self-esteem, parent problems –</p>
	<p>FG2/P3: I feel like it’s not even a trust problem – that’s in addition, too – but I’ve been on birth control. I was on Depo and I used a condom, condom broke, I got pregnant on Depo. That’s how I have my son now. It’s not just the men I don’t trust, it’s the doctors. You know? It’s certain things that had me the way that I am towards certain situations.</p>

Limited Roles for Black Men.

The Pimp: All of the participants described the various roles that Black men had in their lives as either absent or negative. The majority of participants (n=9) described being raised in homes where their father was not present and there was a general absence of male role models. The women frequently highlighted the connection between parental problems, low self-esteem and the acceptance of negative male roles by their female peers. Many of the participants felt that the men in their dating pool preyed on girls with parental problems. As one participant described, *“A lot of guys prey on [girls that are] young, naïve, [have low] self-esteem and parent problems”*

Many of the participants described situations wherein young women are seeking escape from a negative home environment. The women related that men would often capitalize on these situations promising young girls a way out. As one woman stated,

“Young girls are like, “Oh, I hate being at my mom’s,” and so, they’re [men are] like, “Come on. I got you. Come on!” So, it’s like, “I got you out of that bad dirty place. Your mom was a crack-head,” and so, they’ll be like, “You need to do this in return. You need to go out there and make your way, make your money, be a part of what I got going on.” So, guys will try to – “I’m the king and this is my dynasty, want to be a part of it?” They’ll try to make it seem so much more. And to a young girl in the desert, that water over there looks good, but it’s not really water.”

Many women noted the way that men targeted young girls whom they felt would be easy to lure into commercial sex. In both groups, women spoke about the role of Black men as “pimps”. For example, one women stated, “This whole table knows what the pimping game is, right? A guy coming in and trying to get all of us to be on his team and be his beneficial.” Similarly, many women described men as actively engaging in activities to determine the likelihood of a female partner consenting to commercial sex work. As one woman described,

“He’ll pick and choose which ones he can turn out. He’ll be like, oh, she looks like she could be hoe-quality.”

Women often referred to Black men as “aggressive” and referenced the role of “pimp” as one example of this aggression. A few women, when reflecting on sexual experiences with Black men, reported nonconsensual sexual experiences. One woman stated, describing “aggressive” men she had sex with,

“When they are horny, they’re just like, “Come on and do me!” They’re strong. It’s like they have these second muscle – you try to get up and their body gets harder and you’re just like, “Wait a minute!” They have this Hulk thing that comes over and it’s game over”.

Baby Daddy

All of the women reported that one of the most common roles for Black men was that of “Baby Daddy”. Many agreed that this was not a term of endearment and that often this role meant increased stress and higher risk for African American women. In the language used to describe African American male partners, Baby Daddy was the most prominent role provided by the women in both focus groups. This role was characterized by the man fathering a child or multiple children with multiple women, and, in most cases, relinquishing parenting and financial responsibility for the child and relying on the child’s mother for money and other resources. Several women reported feeling trapped and deceived by their Baby Daddy. As one participant explained,

“There are so many guys who don’t do nothing here and there are so many girls that got a whole lot. I personally have a baby daddy. You trapped me. I told him that. You poked a hole in that sucker (condom). I don’t know how I got pregnant. ... He got another baby mama and she’s on welfare or something. I was trying to do something with my life.”

The women described the Baby Daddy as having special privileges. These could include relatively mundane things, such as dropping by – under the guise of “seeing the kid” – to partake of the woman’s food resources and cable television access. More importantly, the women described the Baby Daddy as having special sexual privileges that placed Black women at greater risk of HIV and other STIs. These special privileges often meant regular sex and sex without a condom. The women all agreed that most women, who may in some circumstances expect their male partners to wear condoms, often do not expect their Baby Daddy to wear a condom. In addition, women often continue to have sexual relations with their Baby Daddy even when they know that he is having sex with other women. As one participant explained, about her friend’s Baby Daddy,

“I know a couple girls that he deals with and I’m like, “Ew, they’re probably not even using condoms, because he’s the baby’s dad. And the baby’s dad has a special role. He just can come and get it (sex). “Hey, what are you doing?” “Oh, nothing, chilling, about to come over.” “All right, come over.” Next thing you know, you are in the room. He has like 5 babies moms though, so he rotates through all of them. “

Many women described how the normalization of the role of Baby Daddy reduced concerns about HIV and STIs. Women reported that pregnancy was more of a reality and a concern in their daily lives. In a sense, women suggested that the Baby Daddy role reduced perceptions of risk among Black women. As one woman explained, “I think most of us know somebody that's been pregnant, but not a lot of us know people that have HIV, so I think like everyone said, you think about the kids thing first.”

Other women explained how their concerns about pregnancy influenced condom use, creating vulnerability to HIV and STI exposure. One woman described how avoidance of pregnancy drove condom use,

“People are no longer looking at condoms for the protection of STIs, but yet, it's, “I don't want to get pregnant,” type thing. When they don't care about getting pregnant, they're like, “Oh, yeah, go ahead. We don't need a condom!”

Some women described the double standard that exists between Baby Daddy's and Black women who become mothers. Women reported negative stigma attached to pregnancy for women while Black men are revered for impregnating women. As one woman explained,

“And that's why women are more concerned about being pregnant than STDs because you can, like they say, cure the STD, take a pill or get a vaccination, but once you get pregnant, people know you've had unprotected sex. For us, as women, that makes us hoes; for guys, they're G's.”

Other women noted that the role of Baby Daddy effectively created barriers to Black women's social advancement by placing greater responsibility and financial burden on them. As one woman stated:

“I see somebody pregnant. I see them waiting in line to get their money.” Many women recounted experiences of themselves or other Black women they know struggling as a result of having both children and men who depend on them for resources. For example, one woman noted that, “He (Baby Daddy) wasn't supposed to stay apart of the program. I think that that's really going on. How many girls do you see? All my homegirls are one working parent households with kids.”

All on the Bitch

All participants noted a strong influence of the criminal justice system. They discussed the myriad ways that their daily lives are impacted by the criminalization of Black men and how the revolving doors of jails and prisons have impacted their community and their dating pool of men. This discussion, in both focus groups, included reference to “All on the Bitch” wherein Black men are perceived as attempting to “get over” (i.e., take advantage of Black women for financial support and other resources) on the Black women in their lives. “All on the Bitch” originates from the jails and prisons. As one woman explained,

“It (“All on the Bitch”) used to be in jail but now it's not even in jail – if you need somebody to buy you something or put some money on your commissary card, it's outside of the jail now. You see it more outside of the jail than you do anywhere else.”

Women described men as taking little responsibility for themselves or their female partners. Many of the women felt that most of the men in their dating circle had very little to give and that most of the men they were dating or had dated drained their resources. As one woman noted,

“Now, it’s about how many women you’ve got, how many houses you’ve got, and it’s nothing that you got for yourself. Now, it’s All on the Bitch. That’s what they say. AOB, All on the Bitch.”

When reflecting on experiences with men and their attempts to “get over” on them some women felt that “getting over” was not restricted to men but had become part of the way of relating in the larger African American community. As one woman explained,

“In the past the so-called getting over – the All on the Bitch – all that wasn’t there. It was more of a unity (in the Black community), it feels like. Now everybody’s like, “Hater this,” and, “I need this,” and everybody’s going away from collaboration, and showing that they care. It’s no longer there.”

Dating Economics and Commerce

All of the participants described relationships that were based on money and commerce. For the majority of the women, choosing a man meant deciding which man would be less expensive. As one woman stated,

“I remember actually making a conscious decision about choosing a dude about – for the money that he wanted. I said, “Well, shit his dick is cheaper, so I’m gonna go for him!” I swear to god!”

Some women described situations where men contributed nothing to the household. Many of these men were dependent on several women for an array of services and good. As one woman explained,

“Some guys will just mess with girls and live with them for their stuff – See one girl, drive her car. Date another girl, take her check. I know a guy who just goes from girl to girl. Right now, he’s living with – he’s 22 or something – he’s living with a girl who’s 30-something with 5 kids...she doesn’t think she can do better. And he’s happy because he’s got a place to live. She’s got a car and a house and a job.”

When reflecting on dating experiences with Black men, many women reported relationships based on exchange. Of note, throughout the discussion of relationships none of the women mentioned love, caring, respect or commitment. Both groups focused on the commercial aspects which they perceived as the prominent feature of their relationships with men. As one woman explained,

“I feel like it’s almost like an exchange. “I’ll give you this, and you give me this,” If he asked for money on his phone bill, and then she may be like, “Oh, can I get these shoes that I saw?” It’s like a back-and-forth exchange. It’s

almost like I'm purchasing something and I get you that, and then she's like – you purchased something for me, so I'm gonna give you this, like, I'm gonna give you some extra head or something.”

Another woman described that men often have several relationships all of which are based on exchange. This often means that men are taking from one woman to give to another. As she explained,

“It's almost like a Ponzi scheme, like, they'll get money from one girl and spend a little bit of it on another girl and then she'll think, “Oh, he bought me this so it's fine that I gave him some gas money because he bought me flowers the other day.” But he borrowed that \$8.00 and bought you those flowers from some other girl. “

One participant noted that she had the idea of the kind of man she would date but doubted that her idea of a man would ever be present in any of the men in her dating pool. She stated,

“For me, I want someone that is with me every day. That would give me assurance. That would let me know that this is the guy that I choose to have sex with without a condom because after work, we're together every day. We're eating dinner. We're waking up, we're eating breakfast. He's going to work.”

In sum, the women described the African American men in their dating pool as untrustworthy, deceitful, and dishonest. For many, multiple negative experiences with Black men led to perceptions of Black men as pimps and players who were trying to “get over” on Black women. Men were seen as completely self-involved, making attempts to get everything for themselves without giving back to the women or children in their lives. As a result, these women were pessimistic about their future with Black men and held a fatalistic view of the potential for marriage and family life with a Black man.

DISCUSSION

The women in our sample expressed frustration and anger with regard to their Black male dating options. Without being questioned specifically about mate availability, all participants spontaneously reported experiencing a lack of quality men in their dating pool, often leading to restricted choices and increased risk for HIV and other STIs. Of note, in Seattle, WA, Black men ages 20-29 outnumber Black women in the same age group 3896 to 2876 (US Census Bureau, 2011). However, in Seattle, King County African Americans are incarcerated at a rate of more than 7 times that of White individuals and 17 times that of Asian/pacific Islander populations (Seattle King County Department of Health, 2012). Our findings are consistent with other research which has found that young Black women perceive that females outnumber males in greater numbers than is actually the case (Ferguson, Quinn, Eng, & Sandelowski, 2006). For many of the women, the roles and characteristics of the Black men in their dating pool did not coincide with their definition of “datable men.” These roles and characteristics were always negative and were often derived from the criminal justice system (i.e., pimp, All on the Bitch) or descriptors for the relative absence of men as responsible fathers (i.e., Baby Daddy). These women expressed little hope for a meaningful relationship given their partner choices and were fatalistic about their prospects of marriage and fidelity. Situations were described in which

participants and their female peers had a greater willingness to take sexual risks to preserve relationships with men even when they were not ideal. Often, risk was increased as a result of the role Black men filled. For example, men identifying as “Baby Daddy” were generally seen as partners with whom unprotected sex was expected and consummated, even with the knowledge that he was having sex with other women.

The women described the perceived shortage of datable men as fostering a greater mercantile approach to dating relationships resulting in adversarial economic dynamics between Black men and women. From participant accounts, many of the Black women in their community actively seek and achieve economic independence for themselves rather than acquiring economic or social status through marriage. These findings appear consistent with studies that have explored relationships in communities impacted by discrimination and social inequality (Krieger, 1999; Guttentag & Secord, 1983). These achievements, however, are overshadowed by the experience of considerable stress, despair and anger – much of which is directed at the exploitation by men. Participants described dating situations wherein there was no relation between their economic independence and relationship power or equity, such that, even after achieving some economic independence, the women experienced less power in relationships than their male partners. Furthermore, many women highlighted men’s efforts to “get over” on them by making attempts to acquire resources or goods from the multiple women in their lives.

For all participants, the perceived shortage of quality men fostered persistent relationship dissatisfaction. The women described broken relationships that were characterized by lack of communication, trust, and respect. These relationships were often influenced by the absence of a father figure in many Black homes and Black male involvement in the criminal justice system. The loss of men from African American communities, resulting from the mass incarceration of Black men, has been linked to dramatic changes in dating rituals, sexual relationships and intimacy between Black men and women (Fullilove, 2011). This breakdown of relationships is consistent with the historical trauma literature (Evans-Campbell, 2008; Walters & Simoni, 2002). Historical trauma or the collective complex trauma inflicted on African American people results intergenerationally in psychological and social responses to traumatic events at the individual, familial, and community level. These responses often result in broken and dysfunctional relationships, impaired communication, the breakdown of traditional culture and values, and internalized racism (Evans-Campbell, 2008; Walters & Simoni, 2002).

All of the women in our sample described ways in which they experienced Black males in their lives playing out the negative social stereotypes attributed to Black men. Furthermore, many of the women recounted stories that pointed to the internalization of these stereotypes by the Black men they were dating. Societal social definitions of Black men seemed to influence both male and female sense of self and purpose. It was clear that the social positioning of Black men negatively influenced both male and female behavior. Predominant stereotypes characterized Black men as untrustworthy, criminal, irresponsible, lazy, manipulative and aggressive. The collective negative attitudes about Black men may contribute to heterosexual relationships characterized by lack of communication, avoidance coping, impaired problem-solving, anger, frustration and stress.

Limitations

The findings of this study should be viewed in light of its limitations. First, the focus group guide did not expressly ask about mate availability, nor did the focus group guide ask participants to explicitly reflect on relations between mate availability and increased risk for HIV and other STIs. Because of this, participants may have been less likely to provide more specific feedback on perceived risk in their sexual relationships. Our sample may differ from young African American women who declined participation. It is also possible that due to concerns about social desirability, the women may not have accurately represented their own dating history. Additional sample characteristics limited the generalizability of our findings. Regarding alcohol use, only heavy episodic drinkers were included. Others such as abstainers, light drinkers, and heavy problem drinkers were excluded. Also, women had to exhibit a pattern of inconsistent condom use in the previous year. These inclusion/exclusion criteria prevent us from generalizing the observed relationships to women whose drinking habits do not fit the range reported by our participants. Moreover, they were required to be 21-30 years of age; it is unclear whether the current findings would generalize to underage drinking women whose contextual risks for sexual risk behavior may differ from those of their older peers. In sum, because the alcohol consumption patterns and sexual risk indicators of this study's sample were high relative to the general population, care must be taken when generalizing the current findings to other groups of women. That noted, the participants in this study were recruited due to their elevated risk levels and thus they are an important focus of research in this area. Finally, it is implicit in our approach and findings that Black women face unique dating pool challenges distinct from those faced by White women and other women of color. However, in the current study, we did not have comparisons with focus groups of other women. Although the stories of these women may differ from other African American women, they point to dating experiences and perceptions that place these women at higher risk of HIV and other STIs.

CONCLUSION

This study described many significant issues for young African American women and their dating experiences, and highlighted the need for structural interventions (e.g., more housing or jobs, decreased rates of incarceration or reincarceration) which might positively impact a broad range of outcomes beyond those traditionally impacted by HIV prevention research. To ensure effective structural interventions for young African Americans, issues must be addressed at both the macro (social justice systems, poverty, discrimination) and micro (condom self-efficacy, self-esteem) level. Interventions for African American females should be gender- and culture-specific and focus on empowerment and negotiation of safer sex.

Both qualitative and quantitative reviews of women (Crepaz et al., 2009; Mize et al., 2002; Ickovics & Yoshikawa, 1998; Exner, Seal & Ehrhardt, 1997; Wingood & DiClemente, 1996) have shown that efficacious interventions for African American females have consistently been delivered by women and focused on self-efficacy, assertiveness, and negotiation skills intended to empower women to seek, build, and sustain greater equity in their relationships. Future prevention interventions could use a combination of micro and macro level approaches. At the macro level, researchers may consider partnering with social service organizations outside of HIV prevention to address social and structural issues that disproportionately impact African American communities. At the micro level, increasing the women's awareness of the importance of power in the relationship might be particularly significant for African American

women. This would involve educating women about their financial and economic power in the “All on the Bitch” system (i.e., that men are depending on them for money) and providing skills to advocate for their needs more effectively. Interventions should focus on modifying the exchange system participants described as characterizing their existing relationships and placing these negotiations in the context of striving for more emotionally healthy and beneficial bartering arrangements. Interventions at both the micro and macro level are needed to aim to repair the broken relationships at the individual, familial and community level in the African American community. These interventions must address both societal stereotypes of Black men as criminal and untrustworthy and the internalization of these views among Black men and women. Failure to account for the socio-environmental context can lead to further pathologized perceptions of Black men and continue to reinforce power inequalities, environmental, institutional, and interpersonal discrimination. Finally, because these women constituted a relatively high functioning sample, these findings also suggest that there are extant factors that contribute to African American women’s resiliency despite the existence of problematic dating dynamics associated with perceived shortages of African American men. Future work could focus on identifying and better capitalizing on these factors.

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REFERENCES

- Adimora, A.A., Schoenbach, V.J., & Doherty, I.A. (2006). HIV and African Americans in the southern United States: Sexual networks and social context. *Sexually Transmitted Diseases*, 33(7suppl), S39-S45.
- Adimora, A.A., & Schoenbach V.J. (2005). Social context, sexual networks, and racial disparities in rates of sexually transmitted infections. *The Journal of Infectious Diseases*, 191, S115-S122
- Adimora, A.A., Schoenbach, V.J., Bonas, D.M., Martinson, F.E., Donaldson, K.H., Stancil, T.R. (2002). Concurrent sexual partnerships among women in the United States. *Epidemiology*, 13, 320-327.
- Adimora, A.A., Schoenbach, V.J., Martinson, F.E.A., Donaldson, K.H., Fullilove, R.E., & Aral, S.O. (2001). Social Context of Sexual Relationships Among rural African Americans. *Sexually Transmitted Diseases*, 28(2), 69-76.
- Andrasik MP, Chapman C, Clad R, Murray M, Foster, J, Morris M, Parks M, & Kurth A. (2012) Developing Concurrency Messages for the Black community in Seattle, WA. *AIDS Education and Prevention*, 24(6): 527-548.
- Bureau of Justice Statistics (BJS) (2012). *Prisoners in 2011*, BJS Bulletin. Retrieved on May 10, 2013 from <http://www.bjs.gov/content/pub/pdf/p11.pdf>.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa

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- Centers for Disease Control and Prevention (CDC). (2012). *Epidemiology of HIV Infection through 2012*. Retrieved on June 6, 2013 from http://www.cdc.gov/hiv/pdf/statistics_epidemiology_of_infection_through_2011.pdf
- CDC. (2011). *Sexually Transmitted Disease Surveillance 2010*. Atlanta: U.S. Department of Health and Human Services. Retrieved on June 18, 2012 from <http://www.cdc.gov/std/stats10/surv2010.pdf>
- CDC. (2009). Leading causes of Death in Males United States. Retrieved on May 10, 2013 from <http://www.cdc.gov/men/lcod/>
- Cornwell, C., & Cunningham, S. (2008). *Sex ratios and risky sexual behavior*. Athens: Department of Economics, University of Georgia.
- Crepaz, N., Marshall, K.J., Aupont, L.W., Jacobs, E.D., Mizuno, Y., Kay, L.S., Jones, P, McCree, D.H., & O'Leary, A. (2009). The efficacy of HIV/STI behavioral interventions for African American females in the United States: a meta-analysis. *American Journal of Public Health*, 99(11): 2069-78.
- DeNavas-Walt, C., Proctor, B.D., Smith, J.C. (2011). U.S. Census Bureau, Current Population Reports. *Income, Poverty, and Health Insurance Coverage in the United States: 2010*. U.S. Government Printing Office, Washington, DC. Retrieved on June 10, 2013 from <http://www.census.gov/prod/2011pubs/p60-239.pdf>.
- Doherty, I.A., Leone, P.A., & Aral, S.O. (2007). Social determinants of HIV infection in the deep south. *American Journal of Public Health*, 97: 391.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaskan communities: a multilevel framework for exploring impacts on individuals, families and communities. *Journal of Interpersonal Violence*, 23(3): 316-38.
- Exner, T.M., Seal, D.W., Ehrhardt, A.A. (1997). A review of HIV interventions for at-risk women. *AIDS Behav*, 1, 93-124.
- Ferguson, Y.O., Quinn, S.C., Eng, E., & Sandelowski, M. (2006). The gender ratio imbalance and its relationship to risk of HIV/AIDS among African American women at historically black colleges and universities. *AIDS Care*, 18(4): 323-331.
- Fullilove, M.T., & Wallace, R. (2011). Serial forced displacement in American cities, 1916-2010. *Journal of Urban health*, 88(3), 381-389.
- Fullilove, R.E. (2011). Mass incarceration in the United States and HIV/AIDS: Cause and Effect? *Ohio State Journal of Criminal Law*, 9(1): 353-360.
- Guttentag, M., & Secord, P. (1983). *Too many women? The sex ratio question*. (pp. 199- 230). Beverly Hills, CA: Sage
- Hallfors, D.D., Iritani, B.J., Miller, W.C., Bauer, D.J. (2007). Sexual and drug behavior patterns and HIV and STD racial disparities: The need for new directions. *Am J Public Health*, 97(1): 125-132.
- Ickovics, J.R., & Yoshikawa, H. (1998). Preventive interventions to reduce heterosexual HIV risk for women: current perspectives, future directions. *AIDS*, 12, S197-S208.
- Kreiger, N. (1999). Embodying inequality: A review of concepts, measures, and methods for studying health consequences of discrimination. *International Journal of Health Services*, 29(2): 295-352.

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Andrasik et al.

- Laumann, E.O., & Youm Y. (1999). Racial/Ethnic group differences in the prevalence of sexually transmitted diseases in the United States: A network explanation. *Sexually Transmitted Diseases*, 26, 250-261.
- Laveist, T., Pollack, K., Thorpe, R. Jr., Fesahazion, R., & Gaskin, D. (2011). Place, not race: disparities dissipate in southwest Baltimore when blacks and whites live under similar conditions. *Health Affairs*, 30(10), 1880-7.
- Matthews, M.S., & MacDorman, M.F. (2013). Infant Mortality Statistics from the 2009 Period Linked Birth/Infant Death Data set. *National Vital Statistics Reports*, 51(8). Retrieved May 23, 2013 from http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_08.pdf
- Minino AM. (2010). Mortality among teenagers aged 12-19 years: United States, 1999-2006. *NCHS data brief*, 37. Hyattsville, MD: National Center for Health Statistics. Retrieved June 18, 2012 from <http://www.cdc.gov/nchs/data/databriefs/db37.pdf>.
- Mize, S.J., Robinson, B.E., Bockting, W.O., Scheltema, K.E. (2002). Meta-analysis of the effectiveness of HIV prevention interventions for women. *AIDS Care*, 14, 163-180.
- Morris, M., Kurth, A.E., Hamilton, D.T., Moody, J., & Wakefield, S. (2009). Concurrent partnerships and HIV prevalence disparities by race: linking science and public health practice. *American Journal of Public Health*, Jun99(6), 1023-31 PMID:19372508
- Morris, M. & Kretzschmar, M. (1997). Concurrent Partnerships and the spread of HIV. *AIDS*, 11, 641-648.
- Morse, J. M., & Field, P. A. (1995). *Qualitative research methods for health professionals* (2nd ed.). Thousand Oaks, CA: Sage.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Newsome, V., & Airhihenbuwa, C.O. (2013). Gender ratio imbalance effects on HIV risk behaviors in African American Women. *Health Promotion Practice*, 14(3): 459-63.
- Patton, M. (2002). *Qualitative research evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Pokorny, A.D., Miller, B.A., & Kaplan, H.B. (1972). The brief MAST: a shortened version of the Michigan Alcoholism Screening Test. *American Journal of Psychiatry*, 129(3): 342-5.
- Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. In A. Bryman & R.G. Burman (Eds.), *Analyzing qualitative data* (pp. 173-194). London, England: Routledge.
- Seattle King County Department of Health (2012). King County jails Annual indicators and measures. Retrieved on June 28, 2013 from <http://your.kingcounty.gov/aimshigh/search2.asp?JSDetainOffendersApp>.
- Sharkey, P., & Elwert, F. (2011). The legacy of disadvantage: multigenerational neighborhood effects on cognitive ability. *American Journal of Sociology*, 116(6), 1934-81.
- The Sentencing Project (2011). *Racial Disparity*. Retrieved on July 10, 2012 from www.sentencingproject.org/template/page.cfm?id=122.
- U.S. Census Bureau (2011). *American Community Survey: Sex by age 9black or African American Alone, Seattle city, Washington*. Retrieved on June 26, 2013 from http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_B01001B&prodType=table

- U.S. Department of Justice (USDOJ) (2011). *Correctional Population in the United States, 2010*. Bureau of Justice Statistics Bulletin. Retrieved on June 18, 2012 from <http://bjs.ojp.usdoj.gov/content/pub/pdf/cpus10.pdf>
- U.S. Department of Justice (2009). *Prison Inmates at Midyear 2009 – Statistical Tables*. Bureau of Justice Statistics Bulletin. Retrieved June 18, 2012 from <http://bjs.ojp.usdoj.gov/content/pub/pdf/pim09st.pdf>.
- Walters, K.L., & Simoni, J.M. (2002). Reconceptualizing native women's health: an "indigenist" stress-coping model. *American Journal of Public Health*, 92(4), 520-4.
- Wilkinson, S. (2000). Women with breast cancer talking causes: Comparing content, biographical and discursive analysis. *Feminism & Psychology*, 10(4), 431-460.
- Wingood, G.M., & DiClemente, R.J. (1996). HIV sexual risk reduction interventions for women: a review. *Am J Prev Med*, 12, 209-217.
- Wyatt, G.E. (1997). *Stolen Women: Reclaiming our sexuality, taking back our lives*. New York, NY: John Wiley.
- Youm, Y., & Laumann, E.O. (2002). Social network effects on the transmission of sexually transmitted diseases. *Sex Transm Dis*. 29(11), 689-97.