

Sex Scripts and Power: A Framework to Explain Urban Women's HIV Sexual Risk with Male Partners

Rachel Jones, PhD, RN

*College of Nursing, Rutgers, The State University of New Jersey, Ackerson Hall,
180 University Avenue, Newark, NJ 07102, USA*

Women's sexual risk behavior involves unprotected sex with a male partner who is infected with HIV or is at risk for being infected with HIV as a result of his sexual behavior with other women or with men, or injecting drugs [1]. Transmission of HIV by unprotected sex with an infected male partner accounts for 79% of HIV infection in women [2]. African American and Latina women, who together represent approximately 25% of all women in the United States, account for 83% of the reported diagnoses of AIDS in women [2]. Because the most prevalent route of HIV transmission in women is sex with infected men, an examination of the intimate partner relationship factors that seem to promote unprotected sex, even when the partner is perceived to engage in risk behaviors, presents implications for the design of relevant clinical interventions.

Rational theoretic frameworks have been used to explain sexual risk behaviors; however, these frameworks are limited in their ability to explain sexual risk [3,4]. For example, most studies of the effectiveness of health promotion messages that stress the importance of knowledge about HIV transmission risk or about the severity of the threat of HIV transmission have not demonstrated a relationship between the possession of such knowledge and behavior change [5]. The basic assumption of a rational model is that behavior change is predicted by the rules of logic. Explicit to the rational model is that a person will weigh the pros and cons of a risk behavior and decide not to engage in it if the risk outweighs the benefit [6,7]; however, risk perception is subject to interpretation and may

The author gratefully acknowledges funding by the National Institutes of Nursing Research (RO3 NR009349) and Rutgers University Busch Biomedical Grant.

E-mail address: racjones@rutgers.edu

vary depending on whether a clinician or the target population is interpreting the degree of risk. Complex emotions and values influence a person's judgment about whether there is any risk at all, or whether an acknowledged risk is a priority [8]. Particularly in sexual relationships, the risk for HIV sexual transmission may be perceived to be real; however, other risks, such as the risk of losing a partner if one doesn't engage in unprotected sex, may be perceived to be greater [9]. In the latter scenario, engaging in unprotected sex may be considered a rational behavior that follows a logical set of colloquial rules.

This article discusses young urban women's HIV sexual risk behavior in the context of a social environment that is replete with stereotypical gender expectations to have sex [10]. In this context, unprotected sex is viewed as necessary in securing and maintaining dyadic male-female relationships [11]. Further, HIV sexual risk is considered in the context of heightened emotions that may be characteristic of intimate partner relationships [4]. Sex script theory [12,13] and Barrett's theory of power as knowing participation in change [14,15] are integrated into a framework to explain young adult urban women's unprotected sexual behavior, particularly with men they perceive to be engaging in HIV risk behavior. Application of this framework helps to explain how powerful sex scripts can influence women to act consistently to reduce HIV risk while enjoying their relationships with men.

Perceptions of a male partner's HIV risk

Lack of awareness about their partner's HIV risk behaviors only partially explains women's HIV sexual risk behavior. Another consideration is that although some women are either aware of or uncertain about their male partner's HIV risk behaviors, they still engage in unprotected sex with him [10,16,17]. Although women's perception that their male partner engages in risk behaviors usually are accurate, these perceptions are less accurate when women perceive that their partner does not engage in these behaviors [18]. Further, although women may acknowledge their partner's engaging in sex with other women more readily, they underestimate their male partner's engagement in sex with men [19,20]. Therefore, although some women's HIV sex risk stems from their naiveté, other women seem to engage in unprotected sex (Jones R. and Oliver M., submitted for publication, 2005), despite what they intuit, or know.

Increasing a person's accurate assessment of their own HIV risk is central to the use of cognitive approaches to changing risk behavior. In support of the view that accurate perceptions of risk are not sufficient to provoke behavior change, results of a meta-analysis that was conducted by Gerrard and colleagues [4] indicate that men and women who engage in high-risk sexual behaviors hold higher estimates of their own risk than do those who do not engage in high-risk sexual behaviors. Gerrard and colleagues surmised that a sense of personal vulnerability, although important, is not

a sufficient motivator for changing risk behaviors, particularly in the context of heightened emotions before sexual intercourse. Fromme and colleagues [21], in considering several risk behaviors, concluded that a model that includes expected risk, expected benefits, and expectations of being involved in the behavior in the future is related to risk behavior. They noted that the importance of the benefits of risky behaviors (ie, the pleasure of unprotected sex) occur more frequently than do negative outcomes (eg, HIV infection). They also note that the palpable rewards (ie, pleasure) are more immediate than is the potential of becoming HIV infected eventually [21]. Therefore, heightened emotions and the perceived benefits of unprotected sex [22] may override the logic of taking action to reduce or avoid the perceived risk.

Sex scripts to explain sexual risk behavior

Scripts are an organized knowledge structure that relate to the sequence of events that occur in well-known situations [13]. Sex scripts provide a repertoire of socially shared meanings about sexual behavior synthesized from the culture/environment, enacted in interpersonal relationships, and interpreted through the lens of each person's own view of her or his sexuality [12] or sexual self-schema [23]. Several researchers have used sex scripts as a framework to understand sexual behavior in relation to the use of alcohol and sex [24], heterosexual aggression [25], sexual communication [26], and high-risk sex [27].

Sex scripts guide an individual's or dyad's expectations about appropriate sexual behavior in various circumstances. They also contain a reservoir of information that provides meaning to events. Sex scripts can direct a person's interpretation of an occurrence as potentially threatening [28], rather than innocuous, because the occurrence is associated in memory [6] with its prevailing popular meaning as well as with past personal experiences [7]. For example, a woman may become upset because she sees her male partner talking to another woman in a friendly manner. The urban sex script offers a rapidly available system of meanings and behaviors that are associated with this experience. One meaning is that the relationship is threatened by an interloper—another woman. The aggrieved party becomes angry and hurt, and grows more determined to hold on to her partner. She wants to remind him that she is the best woman for him. She does so by engaging in unprotected sex (Jones R. and Oliver M., submitted for publication, 2005).

Sex scripts and associative memory processing

To grasp the meaning of an event (eg the previously described encounter with a male partner) quickly, preexisting scripted meanings are accessed readily in memory by associative processing [6,7]. Relevant cues, such as another woman speaking with one's partner, can activate memories of

previous experiences and their meanings nearly instantaneously and without conscious effort [6,28,29]. Associative memory processing accesses memories of sights, sounds, and sensations, as well as complex concepts that, in turn, elicit emotions and behavior [6]. In addition to explaining cue–behavior relationships, associative memory processing seems to account for behavior–outcome relationships [7]; for example, engaging in unprotected sex to obtain the favorable relationship-promoting outcomes that are predicted by the sex script.

Because the focus is narrow, associative memory processing occurs more rapidly than does the process of reasoning [6,7]. This explains how a stereotypical set of behaviors may be accessed quickly, particularly in times of stress [28,29]. Subsequently, a person may seem to behave impulsively. Stacy and colleagues [7] described the impulsive pattern of associative processing as a “one-track mind,” because one’s focus is directed toward a narrow range of behaviors.

Sex scripts and the reasoning process

Smith and Kirby [6] postulated that for a person to comprehend a situation, one uses reason to access semantically coded memories. They believed that the reasoning process is resource intensive and is a slower process than is associative memory processing. Because it is resource intensive, the reasoning process is limited to accessing semantic-encoded information, unless emotions, sensations, sights, or sounds are associated with a semantic meaning. This may explain why models of HIV sexual risk behavior that rely primarily on rational frameworks have limited success in explaining sexual behavior.

If the argument that was presented by Smith and Kirby is correct, then sexual health–promotion messages may be more effective if they are integrated into a familiar, contemporary sex script. According to Stacy and colleagues [7], unless alternative behaviors are associated strongly in memory with an impulsive pattern, there is little likelihood that health-promoting behaviors will be enacted, particularly if these involve high emotional states, such as states of anger or sadness.

Following the logic of the high-risk sex script

Perhaps, just as an event may be interpreted rapidly because it is associated with a sex script, sex scripts also may be a reference point from which to contemplate whether unprotected sex will facilitate a desired goal. Given that sex scripts depict positive outcomes of unprotected sex, women may decide that the benefits outweigh the risks. In this case, the reasoning process follows colloquial logic. Within its own ethos, the sex script serves as the logic behind the choice to engage in unprotected sex, even if the partner is perceived to engage in HIV risk behaviors. An example is accepting a partner’s cheating as long as he comes home every night, and continuing to

engage in unprotected sex (Jones R. and Oliver M., submitted for publication, 2005) [11]. Unprotected sex is part of a romance script [30] that follows the logic to “do whatever it takes” to hold onto a man (Jones and Oliver, submitted for publication, 2005).

Therefore, it is proposed that sex scripts may be involved in rapid associative memory processing that is related to impulsive behavior and in rational processing that is related to deliberate behavior. This may explain how unprotected sex can become a patterned, scripted response to a variety of situations. Unprotected sex becomes a pattern of behavior because, like a fallback position, it is a usual response to diverse situations and is intrinsic to winning and holding on to a man (Jones R. and Oliver M., submitted for publication, 2005).

Defining sex scripted patterns of unprotected sex

Using open and axial coding procedures [31], Jones and Oliver (submitted for publication, 2005) found that the central theme that emerged from a content analysis of focus group discussions with young adult urban women was “patterns of unprotected sex.” Patterns of unprotected sex is defined as a common approach that is used to maintain hope, sensuality, intimacy, strategic gain (win him, keep him), stability, or usefulness (what he does for me) with a primary boyfriend or a less committed partner. Patterns of unprotected sex can be understood within the context of the normatively high value that is placed on relationships with men [32]. It is the fallback behavior of the sex script. Although a fall back behavior, patterns of unprotected sex is a complex concept. It may occur in the context of impoverished women’s economic necessities. Although related to stereotypical gender expectations to have sex [10,33], contemporary patterns of unprotected sex does not occur only as a passive response to a male partner’s expectation for sex. It also manifests as a more assertive behavior by women who feel pressured to perform sexually [10,34]. It may follow the soap opera, love song, love novel, or conjugal ideal [35], whereby unprotected sex is taken for granted and legitimized in the context of romantic love [36] or main partner status [37]; however, patterns of unprotected sex also takes into account that young adult urban women often are not swept off their feet and are not naive about their partner’s behaviors, even when engaging in unprotected sex.

The anticipated outcomes of patterns of unprotected sex are that it will heal loneliness, offer connection through physical intimacy, and provide reassurance from an ambivalent lover. Fearful about losing a male partner, unprotected sex offers blissful affection and a sense of momentary stability. Additionally, sensation-seeking women seek sensual arousal [38] and, in seeking sensuality, find greater stimulation with unprotected sex.

The problem with sex-scripted behavior is that engagement in a pattern of unprotected sex is often unsuccessful in achieving one’s objective.

Contrary to satisfying loneliness, the need for reassurance and relationship intimacy can be exacerbated if women are exposed to disappointment, heartbreak, and HIV infection.

Emerging contemporary sex scripts: the role of media, sexual pressure, and trust

Simon and Gagnon [12] suggested that when dominant cultural influences are weak, local cultural and interpersonal interpretations of appropriate sexual behaviors fill the void. The abandonment of the once normative lengthy courtship seems to have left the type of void that was suggested by Simon and Gagnon [27]. In its place, contemporary sex scripts have emerged from a confluence of the environment, one's immediate network of friends, and intimate partners' improvisation of the script in the course of their relationship [26,39].

The mass media provides a plethora of antisocial and demeaning sex scripts for women and men in the form of entertainment and the selling of products. Furthermore, demeaning sex scripts are promoted widely in music videos [40] and television [41]. Under these conditions, it is difficult for prosocial role models in the community, including parents, siblings, friends, and dedicated community leaders, to shape how emerging contemporary sex scripts are defined.

The environment is replete with multiple sources of pressure to engage in sex; these pressures are experienced by both members of a dyad. Sexual pressure involves stereotypical, gender expectations that structure women's freedom to explore partner and condom use choices. Sexual pressure consists of the imposition of sexual choices that are limited by an individual's adherence to stereotypical gender expectations for sex and the fear of, or experience with, adverse consequences if these expectations (eg, losing the relationship, threats, physical coercion) are not met [10]. Stereotypical notions of male and female sexual behavior increase the likelihood of engaging in unprotected sex with a partner who is perceived to engage in a HIV risk behavior [10]. Therefore, women who hold gender stereotypical views about sexual behavior are more likely to be partnered with a man whom they perceive to engage in an HIV risk behavior. It has been demonstrated in several studies that women who perceived that their partners engage in risk behaviors (usually sex with women) felt lower trust for their male partners but still engaged in unprotected sex (Jones R. and Oliver M., submitted for publication, 2005) [10,16].

Sexual pressure is a multidimensional concept that includes a "show trust" factor. The show trust factor is the pressure to demonstrate trust in the male partner by engaging in unprotected sex. The show trust factor can be differentiated from dyadic trust, which is defined as a feeling that a partner is benevolent and honest [42]. These two concepts were found to be correlated significantly and negatively [10]. This means that the more women feel pressure to show trust by engaging in unprotected sex, the

less they feel that their partner is concerned about the welfare of the dyad. Engaging in unprotected sex with partners that women distrust and perceive to engage in risk behaviors indicates that women are not attending to their genuine feelings [10].

Patterns of unprotected sex and HIV risk

According to the sex script, women are less likely to use condoms with their main partner than with their occasional partner [43]. Although women acknowledge that their partners have sex with other women, they are less likely to entertain the notion of their partner having sex with men [19]. In a study of 306 women with primary and nonprimary partners [10], the most frequent type of sexual behavior was vaginal. In addition, most engaged in oral sex and nearly one fourth (24%) engaged in anal sex. Of the women who engaged in anal sex, 60% never used a condom. More than half (56%) of the women with nonprimary partners and 35% of those with primary partners engaged in unprotected sex with a partner that they perceived to have engaged in a risk behavior, the criterion for HIV risk behavior.

The highest risk for HIV sexual transmission is associated with unprotected anal sex [44]. Although heterosexual anal sex remains underestimated [45], numerically more heterosexuals may be engaging in anal sex than men who have sex with men [46]. Anal sex is more likely with main partners than occasional partners [10,16,44,47], and unprotected sex is more likely with a main partner. Unprotected anal sex is an area of concern in regards to HIV transmission in women because women are less aware of the potential that their male partner may be engaging in sex with men, that anal sex is more likely to be engaged in with main partners, and according to the sex script, is more likely to be unprotected with main partners.

Power as knowing participation in change: introducing low- and high-power sex scripts

The solution to the problem may be to engage women in a process whereby they identify, for themselves, first whether they are engaging in patterns of unprotected sex, whether a pattern of unprotected sex achieves their goal of securing their relationship, and whether the relationship is even worthy of pursuit. It is proposed here, that by engaging women in a process described by Barrett as power as knowing participation in change [14,15], a new fallback position can emerge. As postulated by Stacy and colleagues [7], new behavior may be integrated into the familiar sex script in the sense that it is designed to fulfill familiar relationship needs. More powerful sex scripts could be associated with the needs served by patterns of unprotected sex. For example, if raw sex means intimacy, condom-protected sex means "caring for each other," an attribute of dyadic trust. Condom-protected sex may enhance feelings of security and safety for oneself and one's partner,

thereby increasing pleasure. This may appeal to sensation-seeking women who are seeking experience and adventure, and not risk [16,38]. Condom-protected sex can be a symbol of seduction, in that producing the condom suggests that it is time to engage in sex.

Barrett's theory of power as knowing participation in change helps to conceptualize sex scripts as either low- or high-power scripts. According to Barrett [15], power involves being aware of what one is choosing to do, having a tendency to explore all available choices, feeling free to put into action what one has chosen, and participating to help make the changes happen. A woman's awareness of herself is central to whether she feels worthy of focusing on her own well-being, or whether she focuses on engaging in unprotected sex with multiple high-risk partners to impress and engage them.

In low-power scripts, women repeat patterns of unprotected sex based on an awareness of having to satisfy their man, having choices that are limited to doing what it takes to hold on to a man, feeling stuck in their ways, and continuing to engage in patterns of unprotected sex in the hope that things will get better (Jones R. and Oliver M., submitted for publication, 2005). High-power sex scripts involve expanding awareness of one's own value as a woman who deserves respect. Furthermore, there is recognition that there are choices in partners and sexual behaviors, and there is determination to pursue these choices, such as carrying their own condoms and insistence that either a condom be used or abstain. Movement from a low-power script toward a high-power script may occur as an awakening [48]—a point in time when women become aware of being so tired of a partner's cheating that they leave the relationship (Jones R. and Oliver M., submitted for publication, 2005).

High-power sex scripts

Content analysis of focus group discussions by Jones and Oliver (submitted for publication, 2005) led to the identification of high-power sex scripts' characteristics. One key concept is "girl power." Girl power means a sense of solidarity. It means having friends to talk with, to lift a friend up when she feels alone, and to remind her to focus on her priorities. Girl power addresses the need for connection. Another concept is "powerful use of condoms." Women rely upon themselves to provide condoms and to emphasize matter-of-fact communications with a partner who resists using condoms. "Take the power" emphasizes the ways that one can feel good about using a condom, particularly because its use can reduce the stress that is associated with possible exposure to HIV or other sexually transmitted infections. Because the sex script directs that condoms be used with the "other" woman, the following themes may appeal to women's need to maintain intimacy in a long-term relationship: condoms can enhance pleasure, they reduce stress, and their use shows that men care. This is important for women who suspect that their partner is cheating, but who feel the need to show trust by engaging in unprotected sex.

Summary

Sex scripts provide a repertoire of socially shared meanings about sexual behavior [12]. Sex scripts may be involved in rapid associative memory processing for more impulsive behavior and in rational processing for more deliberate behavior. Particularly in sexual relationships, the risk for HIV sexual transmission may be perceived to be real; however, the risk of losing a male partner if one doesn't engage in unprotected sex may be perceived to be greater. Contrary to unprotected sex satisfying loneliness, the need for reassurance and relationship intimacy can be exacerbated.

Power involves being aware of what one is choosing to do, having a tendency to explore all available choices, feeling free to put into action what one has chosen to do, and participating to help make one's choices happen [15]. In low-power scripts, women repeat patterns of unprotected sex based on awareness of having to satisfy their man, and by having choices that are limited to doing what it takes to hold on to a man. High-power sex scripts involve expanding awareness of one's own value as a woman and recognizing that there are choices. Women carry their own condoms and insist that the condom be used or they abstain or they leave/withdraw from the situation.

The promotion of condom use during anal sex, as well as vaginal and oral sex, is an aspect of HIV risk reduction counseling that needs to be communicated in a nonjudgmental manner. Sexual behavior rarely is influenced by the cold hard facts of HIV risk reduction. By understanding contemporary urban sex scripts and power as knowing participation in change, clinicians have the opportunity to engage women in a process of discovering their awareness of themselves as women, the range of available choices, how free they feel to pursue their choices, and how they can participate in making their choices happen. Women can be assisted in discovering their high-power scripts.

Stacy and colleagues [7] suggested that effective risk reduction should involve associating new patterns with more familiar ones. It may be necessary to approach HIV sexual risk reduction by associating high-power scripts that include satisfactory relationships and health-promoting behaviors into normative sex scripts.

Based on the identification of low- and high-power themes, the author is developing video vignettes in an urban soap opera format that can be delivered on hand-held computers. The vignettes depict the emotional entanglements of a woman, her main partner, and the "other" woman. The stories end with a surprise twist. The themes are grounded in content that is derived from the analysis of discussions with focus groups that are composed of urban women. At the end, the characters think aloud about how they could have handled the situation differently. They could have acted with power. Finally, the high-risk scenes are re-enacted. This time, the actors depict high-power themes that demonstrate a range of women's choices and

communicate public health messages. The descriptions of high-power themes are based on the stories told by women who routinely practice high-power sex scripts (Jones R. and Oliver M., submitted for publication, 2005). In essence, this is a method of sharing the wisdom of women in the community.

References

- [1] Centers for Disease Control and Prevention. Cases of HIV infection and AIDS in the United States, 2003. Available at: <http://www.cdc.gov/hiv/stats/2003SurveillanceReport.htm>. Accessed July 24, 2005.
- [2] Centers for Disease Control and Prevention. HIV/AIDS among women. National Center for HIV, STD, and TB Prevention. Division of HIV/AIDS Prevention. Available at: <http://www.cdc.gov/hiv/pubs/facts/women.htm>. Accessed June 15, 2006.
- [3] Dolcini MM, Catania JA. Psychosocial profiles of women with risky sexual partners: National AIDS Behavioral Surveys (NABS). *AIDS Behav* 2000;4:297–308.
- [4] Gerrard M, Gibbons FX, Bushman BJ. Relation between perceived vulnerability to HIV and precautionary sexual behavior. *Psychol Bull* 1996;119(3):390–409.
- [5] Albarracin D, McNatt PS, Klein CTF, et al. Persuasive communications to change actions: an analysis of behavioral and cognitive impact in HIV prevention. *Health Psychol* 2003;22(2):166–77.
- [6] Smith CA, Kirby LD. Consequences require antecedents: toward a process model of emotion elicitation. In: Forgas JP, editor. *Feeling and thinking: the role of affect in social cognition*. 2nd edition. New York: Cambridge University Press; 2000. p. 83–106.
- [7] Stacy AW, Newcomb MD, Ames SL. Implicit cognition and HIV risk behavior. *J Behav Med* 2000;23(5):475–99.
- [8] Slovic P. Trust, emotion, sex, politics, and science: Surveying the risk-assessment battlefield. *Risk Anal* 1999;19:689–701.
- [9] Sobo EJ. *Choosing unsafe sex: AIDS risk denial among disadvantaged women*. Philadelphia: University of Pennsylvania Press; 1995.
- [10] Jones R. Reliability and validity of the sexual pressure scale. *Res Nurs Health* 2006;29(4): 281–93.
- [11] Bowleg L, Lucas KJ, Tschann JM. The ball was always in his court: an exploratory analysis of relationship scripts, sexual scripts, and condom use among African American women. *Psychol Women Q* 2004;28:70–82.
- [12] Simon W, Gagnon JH. Sexual scripts: permanence and change. *Arch Sex Behav* 1986;15(2): 97–120.
- [13] Singer JL, Salovey P. Organized knowledge structure and personality: person schemas, self schemas, prototypes, and scripts. In: Horowitz MJ, editor. *Person schemas and maladaptive interpersonal patterns*. Chicago: University of Chicago Press; 1991. p. 33–79.
- [14] Barrett EAM. Using Rogers' science of unitary human beings in nursing practice. *Nurs Sci Q* 1988;1:50–1.
- [15] Barrett EAM. A Rogerian practice methodology for health patterning. *Nurs Sci Q* 1998;11: 136–8.
- [16] Jones R. Relationships of sexual imposition, dyadic trust, and sensation seeking with sexual risk behavior in young urban women. *Res Nurs Health* 2004;27:185–97.
- [17] Sikkema KJ, Koob JJ, Cargill VC, et al. Levels and predictors of HIV risk behavior among women in low-income public housing developments. *Public Health Rep* 1995; 110:707–13.
- [18] Ellen JM, Vittinghoff E, Bolan G, et al. Individuals' perceptions about their sex partners' risk behaviors. *J Sex Res* 1998;35:328–32.

- [19] Montgomery JP, Mokotoff ED, Gentry AC, et al. The extent of bisexual behavior in HIV-infected men and implications for transmission to their female sex partners. *AIDS Care* 2003; 15(6):829–37.
- [20] King JL. *On the down low: a journey into the lives of “straight” Black men who sleep with men*. New York: Broadway Books; 2004.
- [21] Fromme K, Katz EC, Rivet K. Outcome expectancies and risk-taking behavior. *Cognit Ther Res* 1997;21:421–42.
- [22] Sobo EJ. Inner-city women and AIDS: the psycho-social benefits of unsafe sex. *Cult Med Psychiatry* 1993;17:455–85.
- [23] Anderson BL, Cyranowski JM. Women’s sexual self-schema. *J Pers Soc Psychol* 1994;67(6): 1079–100.
- [24] Parsons JT, Vicioso KJ, Punzalan JC, et al. The impact of alcohol use on the sexual scripts of HIV-positive men who have sex with men. *J Sex Res* 2004;41(2):160–72.
- [25] Krahe B. Sexual scripts and heterosexual aggression. In: Trautner TEHM, editor. *The developmental social psychology of gender*. Mahwah (NJ): Lawrence Erlbaum Associates Publishers; 2000. p. 273–92.
- [26] Metts S, Spitzberg BH. Sexual communication in interpersonal contexts: a script-based approach. In: Burlinson BR, editor. *Communication yearbook*, vol. 19. Thousand Oaks (CA): Sage; 1996. p. 49–91.
- [27] Emmers-Sommer TM, Allen M. *Safer sex in personal relationships: the role of sexual scripts in HIV infection and prevention*. Mahwah (NJ): Lawrence Erlbaum Associates, Publishers; 2005.
- [28] Fiske ST. Schema-triggered affect: applications to social perception. In: Clark MS, Fiske ST, editors. *Affect and cognition: The Seventeenth Annual Carnegie Symposium on Cognition*. Hillsdale (NJ): Lawrence Erlbaum; 1982. p. 55–78.
- [29] Fiske ST. *Social beings: a core motives approach to social psychology*. Hoboken (NJ): Wiley and Sons; 2004.
- [30] Gavey N, McPhillips K. Subject to romance: heterosexual passivity as an obstacle to women initiating condom use. *Psychol Women Q* 1999;23:349–67.
- [31] Strauss A, Corbin J. *Basics of qualitative research: grounded theory procedures and techniques*. Newbury Park (CA): Sage; 1990.
- [32] Surrey JL. The self-in-relation: a theory of women’s development. In: Jordan JV, Kaplan AG, Baker JB, et al, editors. *Women’s growth in connection: writings from the Stone Center*. New York: The Guilford Press; 1991. p. 51–66.
- [33] Hynie M, Lydon JE, Cote S, et al. Relational sexual scripts and women’s condom use: the importance of internalized norms. *J Sex Res* 1998;35:370–80.
- [34] Rosenthal SL, Lewis LM, Cohen SS. Issues related to the sexual decision-making of inner city adolescent girls. *Adolescence* 1996;31:731–40.
- [35] Sobo EJ. Narratives of love and the risk of safer sex. In: DeMunck VC, editor. *Romantic love and sexual behavior*. Westport (CT): Praeger; 1998. p. 203–21.
- [36] Moore SM, Rosenthal DA. Contemporary youths’ negotiations of romance, love, sex, and sexual desire. In: DeMunck VC, editor. *Romantic love and sexual behavior*. Westport (CT): Praeger; 1998. p. 233–47.
- [37] Reiss IL. Some observations on ideology and sexuality in America. *J Marriage Fam* 1981; 43(2):271–83.
- [38] Zuckerman M. *Behavioral expressions and biosocial bases of sensation seeking*. New York: University of Cambridge Press; 1994.
- [39] Reed D, Weinberg MS. Premarital coitus: developing and established sexual scripts. *Soc Sci Q* 1984;47(2):129–38.
- [40] Ward LM, Hansbrough E, Walker E. Contributions of music video exposure to Black adolescents gender and sexual schemas. *J Adolesc Res* 2005;20:143–66.
- [41] Herrett-Skjellum J, Allen M. Television programming and sex stereotyping: a meta-analysis. In: Burlinson BR, editor. *Communication yearbook*, vol. 19. Thousand Oaks (CA): Sage; 1996. p. 157–85.

- [42] Larzelere R, Huston TL. Dyadic trust scale. In: Freeman N, Sherman R, editors. *Handbook of measurements for marriage and family therapy*. New York: Brunner/Mazel; 1987. p. 113–4.
- [43] Lansky A, Nakashima AK, Jones JL. Risk behaviors related to heterosexual transmission from HIV-infected persons. Supplement to HIV/AIDS Surveillance Study Group. *Sex Trans Dis* 2000;27(8):483–9.
- [44] Baldwin JI, Baldwin JD. Heterosexual anal intercourse: an understudied, high-risk sexual behavior. *Arch Sex Behav* 2000;29:357–73.
- [45] Halperin DT. Heterosexual anal intercourse: prevalence, cultural factors, and HIV infection and other health risks, Part I. *AIDS Patient Care STDS* 1999;13:717–30.
- [46] Masters WH, Johnson VE, Kolodny RC. *Masters and Johnson on sex and human loving*. Boston: Little, Brown Co.; 1986.
- [47] Gross M, Holte SE, Marmor M, et al. Anal sex among HIV-seronegative women at high risk of HIV exposure. *J Acquir Immune Defic Syndr* 2000;24:393–8.
- [48] Mallory C, Noerager Stern P. Awakening as a change process among women at risk for HIV who engage in survival sex. *Qual Health Res* 2000;10(5):581–94.