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USING Q METHODOLOGY TO EXPLORE COLLEGE STUDENTS'  
CONCEPTUALIZATIONS OF SEXUAL CONSENT

by

ELIZABETH RUTH ANTHONY

Under the Direction of Dr. Sarah L. Cook

ABSTRACT

The high prevalence of sexual violence warrants continued research into its prevention. Understanding consensual sexual experiences holds promise for sexual violence prevention; however, sexual consent is a surprisingly understudied phenomenon. Existing research focuses on the tactics used to coerce consent and the ways in which college students initiate and indicate consent. Research that begins to articulate a theory of consent may help engineer situations antithetical to sexually violent experiences. This study is a first step toward that objective. This paper presents findings from an exploratory research study on college students' conceptualizations of sexual consent. The purpose of this study was twofold: To investigate how college students define consent and to understand how context influences the consent process. To explore these research questions, quantitative and qualitative data were collected using Q methodology. Exploratory factor analysis revealed two groups of college students who

conceptualize consent differently. One group focuses on the importance of consent to rape prevention, the other to healthy sexuality promotion. Qualitative interview data suggest contextual variables such as definition of consent and relationship type influence consent to a lesser extent than alcohol use, personal sexual experience, discrepant levels of sexual experience between partners, and feelings for a potential sexual partner. Results support replacing the current model of consent, in which consent is a contractual obligation between sexual partners, with one of sexual communication, where consent is woven into a broader conversation about healthy sexuality. The strengths and limitations of doing so are discussed and directions for future intervention research are presented.

INDEX WORDS: Sexual consent, Q methodology, College students, Sexual experiences, Sexual violence prevention

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CONCEPTUALIZATIONS OF SEXUAL CONSENT

by

ELIZABETH RUTH ANTHONY

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of

Philosophy

in the College of Arts and Sciences

Georgia State University

2011

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2011

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CONCEPTUALIZATIONS OF SEXUAL CONSENT

by

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## **DEDICATION**

This dissertation is dedicated to anyone who has ever muddled through the murky terrain between consensual sex and rape, struggling without language, to recognize and make sense of their victimization.

## **ACKNOWLEDGEMENTS**

I would like to acknowledge the considerable contributions made, not only to this project, but also to my training as a feminist researcher by my mentor and chair, Dr. Sarah Cook. More than anything, I have benefited from Sarah's willingness to care for her graduate students as people first and students second. Without her holistic mentorship, the cockroaches would have sent me back North! I would also like to thank my committee, Drs. Armistead, Parrott, Salazar, and Smith, for their participation in this work. This project benefitted greatly from their diverse expertise. I have enjoyed thinking about sexual consent from their lenses. Lastly, I want to recognize my graduate student mentor, Doyanne Darnell. Doyanne's attention to detail and passion for following the rules has made me a much stronger researcher and scholar than I would have been without her guidance. I realize now how rare it is to find someone with whom you have both fulfilling personal and professional relationships. Never have I had such fun working with someone.



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## **1 INTRODUCTION**

Sexual consent is a surprisingly understudied phenomenon given its centrality to human sexual interactions. Consent distinguishes between criminal and non-criminal sexual behavior (Westen, 2004). Sexual violence researchers pay considerable attention to the definition and measurement of tactics used to coerce consent, yet they have not defined sexual consent or developed theories to understand its antecedents and consequences. The frequency with which coercive tactics are reported in survey research supports the need to improve rape prevention efforts (Kolivas & Gross, 2007). Understanding positive behaviors related to sexual experiences, such as consent, may help illuminate sexual violence and its prevention (Borges, Banyard, & Moynihan, 2008). The purpose of this study is to describe college students' conceptualizations of sexual consent by collecting quantitative and qualitative data using Q methodology.

This study explores two broad questions: How do college students conceptualize sexual consent and how does context influence consent negotiations? Three specific contextual factors are examined: 1) definition of consent; 2) relationship type; and 3) drug and alcohol consumption. The descriptive data from this study can be used to develop theories on sexual consent. My long-term objective is to produce knowledge that informs sexual violence prevention interventions for diverse college student populations.

### **1.1 Prevalence of Sexual Violence**

Sexual victimization is a common experience in college women's lives. Over 25 years ago, Koss and Oros (1982) conducted the first national study to measure self-reported sexual victimization experiences among college women. Using the Sexual Experiences Survey (SES), roughly 15% of the women sampled reported having been raped at least once since the age 14. An additional 12% of the women sampled reported experiencing an attempted rape during the

same timeframe (Koss, Gidycz, & Wisniewski, 1987). Research conducted with various versions of the SES since 1987 consistently demonstrates that 15% of college women experience rape (see Kolivas & Gross, 2007 for a review of several prevalence studies).

National probability samples do not exist in studies of men's sexual victimization; however, we know that college men are also victims of sexual violence. Approximately 4% of men from a large Midwestern university sample reported that a partner initiated attempted intercourse at least once against his will (Stets & Pirog-Good, 1989). Other data double and quadruple the estimated scope of the problem. For example, 8.3% of men from a sample of 1,215 students attending Southern colleges and universities reported being threatened or forced to engage in vaginal, anal, or oral sex (Tewksbury & Mustaine, 2001). Struckman-Johnson (1988) reports the highest prevalence of male sexual victimization among a college population; 16% of men from a sample of University of South Dakota students said they had been forced to engage in sexual intercourse while on a date at least once in their life.

Sexual violence exists on a continuum of intrusiveness and severity. Situated at one end are rape and other forms of sexual assault. At the other are noncontact forms of sexual violence including street and sexual harassment. These forms of sexual violence can become assaultive, but more often involve unsolicited comments about a woman's body, sexual jokes, sexually insinuating gestures, leering, stalking, and obscene phone calls (Quinn, 2002). Somewhere in the middle of the continuum is "rape by acquiescence," or women's experiences of unwanted sex with their long-term male partners (Basile, 1999).

Basile (1999) conducted interviews with 41 women who reported experiencing some form of unwanted sex in a long-term intimate relationship in a national telephone survey. Using grounded theory to analyze women's experiences, Basile identified five categories of

acquiescence to unwanted sex, two of which meet legal definitions of rape in many states due to the partners' use of force or threatened use of force. The remaining ways wives "give in" to sex are seemingly more innocuous. "Unwanted turns to wanted" most often captured experiences of acquiescence among women in self-defined happy, noncoercive partnerships. Giving in to unwanted sex because of "perceived marital duty" or the desire to "avoid an argument" also emerged from women's descriptions of their experiences.

Several women from Basile's (1999) study did not categorize their experiences as rape even when the law would have. However, where the law would be silent (i.e., unwanted turns to wanted, perceived marital duty, avoid an argument), sexual violence researchers would see coercion. The data from Basile's study illustrate that rape is not considered a crime when it looks like sex. As a result, sexually violent experiences often go unpunished because the law says "consensual sex" can involve a bit of coercion or force (MacKinnon, 1989). Given this reality, a continuum of sexual violence creates a false dichotomy between consensual sex and rape when in fact there are often more or less subtle forms of violence inherent in "consensual" sexual experiences.

## **1.2 Legal Conceptions of Consent**

As consent is a critical concept in rape law, the legal community has devoted considerable attention to its definition. All 50 states define rape in one of two ways: sexual intercourse without consent or sexual intercourse with an individual who is incapable of giving consent (see Appendix A for state-by-state definitions of rape and consent). Physical "helplessness," mental "disability," and age are the most commonly recognized factors that render an individual incapable of giving consent. In addition, many states recognize specific tactics that negate consent including physical violence or threats to use physical violence to



obtain sex (e.g., Iowa), administration of drugs and/or alcohol to an individual without his/her knowledge for the purpose of engaging in sexual behavior (e.g., Hawaii), and engagement in sexual intercourse with someone who is asleep or unconscious and subsequently unable to give consent (e.g., Delaware).

While consent is a critical component of all 50 states' sexual offense statutes, jurisdictions around the country interpret consent differently. The law defines consent in general and specific terms (Westen, 2004). Generally, all 50 states agree that consent means acquiescence to sexual intercourse; however, states interpret 'acquiescence' in several different ways. To organize states' specific definitions of consent, Westen (2004) developed a categorical framework with three dimensions of consent: 1) factual versus legal; 2) attitudinal versus expressive; and 3) actual versus imputed (see Figure 1.1). These dimensions are not mutually exclusive; states' definitions of consent often encompass more than one category. In fact, some categories of consent are nested within others (see Figure 1.2). For example, an individual can factually consent in attitude or expression (explained below).

Factual consent refers to an individual's decision to engage in sexual intercourse (Westen, 2004). Legal consent refers to specific circumstances under which an individual's factual consent is invalid (i.e., could not be used as a legal defense to rape; Westen, 2004). For example, a 10-year-old girl living in the state of Georgia may factually consent to sexual intercourse with a 20-year-old man. Her "consent," however, is deemed invalid by Georgia law because 10-year-olds lack the competence to make such decisions. As a result, the 20-year-old man could not use the girl's factual consent as a legal defense to rape. All 50 states' sexual offense statutes contain an element of legal consent, as they recognize certain circumstances that negate factual consent.

The attitudinal/expressive dichotomy refers to the ways in which an individual can factually consent (Westen, 2004). As an attitude, factual consent is defined as a subjective decision to engage in sexual intercourse (Westen, 2004). As an expression, factual consent is defined as an outward demonstration of a subjective decision (Westen, 2004). As such, attitudinal consent is a state of mind that can only be inferred by an individual's expressive behavior. Sexual offense statutes in many states recognize consent as both an attitude and an expression. For example, the state of California defines consent as "positive cooperation in act or attitude pursuant to an exercise of free will." While many states do not articulate "acceptable" ways to consent, no state defines consent solely as an attitude.

The law recognizes yet a third interpretation of consent. To say that an individual consented to sex can refer to instances of actual consent in which s/he factually, legally, attitudinally, or expressively chose to engage in sexual intercourse (Westen, 2004). Or, it can refer to instances in which the law imputed an actual choice to her/him (Westen, 2004). The marital rape exemption clauses in California, Ohio, and Oklahoma's sexual offense statutes are examples of imputed consent. By entering into the institution of marriage, the law in these three states asserts that a woman consents to all future sexual experiences with her husband. As a result, a husband cannot be charged with raping his wife in California, Ohio, and Oklahoma because all sex in marriage is considered consensual.

### **1.3 The Affirmative Consent Standard**

The limited social science literature on sexual consent largely examines the ways men initiate and women indicate consent. In Westen's (2004) framework, this literature falls within the attitudinal/expressive dichotomy. Consent negotiations became the spotlight of popular and scholarly attention in 1999 when Antioch College students and administrators drafted an

affirmative consent policy that required all members of the college community to obtain verbal consent before engaging in each and every sexual behavior during a sexual interaction (Humphreys & Herold, 2003). Spurred by the occurrence of sexual violence and Tannen's miscommunication model of rape (reviewed later), Antioch College attempted to prevent rape by requiring initiators of sexual contact to assume nonconsent until the recipient of the sexual advance said 'yes' to each and every initiated behavior.

The affirmative consent standard generated three lines of research. The first explored college students' reception of Antioch College's sexual offenses policy. Humphreys and Herold (2003) mailed a questionnaire to a stratified random sample of 1,200 Canadian undergraduates. Just over 40% of the original sample returned the survey. Undergraduate women and men rated Antioch's policy negatively, calling it unrealistic, unenforceable, difficult to implement, and awkward. To explain their findings, Humphreys and Herold suggested that college students' negative responses might be the result of incongruence between affirmative consent and normative sexual behavior.

Three studies address Humphreys and Herold's (2003) incongruence hypothesis and represent the second line of research related to the affirmative consent standard. Hickman and Muehlenhard (1999) conducted focus groups with Midwestern college students to identify how young adults communicate consent. Focus group participants identified 34 verbal and nonverbal means through which they obtain and indicate consent. Hickman and Muehlenhard surveyed another sample of college students about how indicative each behavior was of their own consent in a hypothetical dating situation and how frequently they actually used each of the 34 behaviors. Participants most often reported demonstrating consent in a hypothetical and actual sexual

encounter by making no response. Participants rarely reported saying ‘no’ to indicate nonconsent (Hickman & Muehlenhard, 1999).

Byers and Lewis (1988) studied heterosexual dating couples’ disagreements over desired levels of sexual intimacy in their relationships. Using a self-monitoring technique, Byers and Lewis collected data from a sample of self-identified heterosexual college students in dating relationships over a four-week period. Thirty-one women and 25 men reported at least one disagreement with their partner over sexual intimacy. When disagreements occurred because the man in the relationship wanted to engage in sexual activity and the woman in the relationship did not, the man most often initiated the unwanted sexual activity with nonverbal behavior (Byers & Lewis, 1988).

Only one study examined Westen’s (2004) attitudinal/ expressive dichotomy within same-sex relationships (Beres, Herold, & Maitland, 2004). Exploratory factor analysis of sexual consent behaviors in a sample of 257 young adults from the United States and Canada identified four initiating and four reciprocating factors. Sexual consent initiating factors included nonverbal behaviors involving touch, no resistance behaviors, verbal behaviors, and nonverbal behaviors without touch. Sexual consent responding factors were no resistance behaviors, verbal behaviors, nonverbal behaviors, and undressing behaviors. Beres et al. found that both men who have sex with men and women who have sex with women used nonverbal behaviors such as touching and not resisting more frequently than verbal behaviors to initiate and indicate consent.

Antioch College’s affirmative consent policy assumed verbal behavior provides the best indication of sexual consent. However, findings from these studies suggest college students use nonverbal behaviors more frequently than verbal behaviors to initiate and acquiesce to sexual activity. Affirmative consent may not only be inconsistent with normative sexual behavior, but

also with the way in which we express positive emotions. For example, among a sample of 77 married and cohabitating college students, positive responses to sexual initiations were more often expressed nonverbally (Byers & Heinlein, 1989). Further, roughly 50% of college women and men believe nonverbal messages are more reflective of people's sexual intent than verbal messages (Sawyer, Desmond, & Lucke, 1993). These findings lend support to Humphreys and Herold's (2003) incongruence hypothesis; however, research investigating perceived ability to enact affirmative consent is needed. Though it may not be typical, perhaps affirmative consent is feasible with normative change.

The final line of research related to the affirmative consent standard concerns the occurrence of gendered miscommunication about consent to sex. According to the miscommunication model, heterosexual date and acquaintance rape are extreme instances of miscommunication between women and men over desired levels of sexual intimacy (Hansen, O'Byrne, & Rapley, 2010). As discussed by Edwards and Hamilton (2004), Tannen (1990) asserts that communication between women and men is essentially cross-cultural. That is, women and men speak fundamentally different languages. Therefore, heterosexual sexual encounters are high-risk situations because men could fail to recognize and interpret women's verbal and nonverbal cues of nonconsent. The miscommunication explanation has contributed to the popularity of assertiveness and refusal skills training as methods of date rape prevention (Kidder, Boell, & Moyer, 1983). These programs teach women how to say 'no' to unwanted sexual experiences (Kitzinger & Frith, 1999).

Two studies speak to the plausibility of miscommunication as a cause of sexual violence. Kitzinger and Frith (1999) used conversation analysis to explore how women say 'no' in nonsexual, ordinary everyday interactions. Analysis of transcribed conversations revealed that

whereas accepting an invitation very often involves a simple ‘yes,’ refusing an invitation almost never involves a simple ‘no.’ Instead, refusals are typically softened by delays, promises of future acceptance, pauses, hesitations, hedges, and palliatives (i.e., appreciations and apologies – That’s so nice of you to offer, but unfortunately, I already have plans). Furthermore, when refusing an invitation, the women sampled said they needed to explain their refusal to make clear they were willing, but unable to accept the offered proposal.

Kitzinger and Frith’s (1999) research not only highlights the difficulty of refusing an invitation in a nonsexual context, but also women’s sophisticated ability to convey and comprehend refusals that do not include the word ‘no.’ For example, the women sampled recognized a brief pause of no more than two-tenths of a second and weak acceptances (e.g., umm, okay) as indications of refusal. Refusing an invitation is difficult and uncomfortable in any context (Kitzinger & Frith, 1999). We rarely ‘just say no’ because doing so violates cultural norms and social etiquette (Kitzinger & Frith, 1999). Therefore, expecting women to use the word ‘no’ to refuse a sexual advance requires considerable normative change.

O’Byrne, Rapley, and Hansen (2006) extended Kitzinger and Frith’s (1999) work to men. Young, heterosexual male college students in their focus groups also recognized that refusing a sexual invitation has potentially negative consequences. To avoid negative reception, male respondents similarly reported softening a sexual refusal by saying that they were unable, rather than unwilling to accept an invitation. The men also demonstrated a sophisticated ability to comprehend women’s verbal refusals to sex in the absence of the word ‘no’ as well as the ability to recognize and understand subtle non-verbal sexual refusals (O’Byrne et al., 2006). For example, the men reported that if a woman says she has to get up early the next morning, she is refusing a sexual invitation (O’Byrne et al., 2006). Data from the focus groups convey men’s

sophisticated understanding of sexual refusals, given that they were able to infer ‘no’ in the complete absence of the word.

These studies suggest that heterosexual date and acquaintance rape are not the result of miscommunication between women and men. However, both studies are contextually limited; they fail to consider how other factors might contribute to sexual miscommunication. One such factor is alcohol. Alcohol is often consumed in the context of dating (O’Hare, 1990). In fact, drinking alcohol while on a date is so common that it is part of the heterosexual dating script. Approximately 25% of women and men include alcohol in both hypothetical and actual dating scripts (Rose & Frieze, 1993). Slightly more than 50% of individuals report either they or their partner consumed alcohol on their most recent first date (Mongeau & Johnson, 1995). Communication about sexual consent may be hampered by the use of alcohol.

#### **1.4 Alcohol Use among College Students**

The majority of college students consume alcohol (SAMHSA, 2009). Specifically, 63.9% of full-time college students between the ages of 18-22 reported having at least one drink in the past month (SAMHSA, 2009). Perhaps more problematic is the percentage of college students engaging in binge drinking, defined as consuming five or more drinks on the same occasion. Approximately 44% of college students reported binge drinking at least once during the past month and 16% reported binge drinking five or more times during the same timeframe (SAMHSA, 2009).

Data from the Harvard School of Public Health College Alcohol Study highlight the increasing frequency of binge drinking (defined in this study as consuming at least five drinks in a row for men or four drinks in a row for women at least three times in the past two weeks). Between 1993 and 1999 the percentage of college students who reported frequent binge drinking

rose from 19.8% to 22.7% (Wechsler & Nelson, 2008). Men, members of Greek organizations, and Caucasian students were among the college students most likely to engage in frequent binge drinking (Wechsler & Nelson, 2008).

### **1.5 Alcohol and Sexual Violence**

Heavy alcohol use is associated with a variety of negative outcomes (Wechsler, Lee, Kuo, & Lee, 2000), one of which is sexual victimization. Though never the victim's fault, self-report data suggest that approximately half of all sexual violence victims were drinking alcohol prior to their assault (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2001). Drinking frequency is positively correlated with experiencing unwanted attempted or completed kissing, fondling, or sexual touching (Banyard et al., 2007); unwanted anal, oral, or vaginal penetration (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007; Lawyer, Resnick, Bakanic, Burkett, Kilpatrick, 2010; Tyler, Hoyt, & Whitbeck, 1998); and sexual re-victimization (McCauley, Calhoun, & Gidycz, 2010).

Heavy alcohol use is also a significant predictor of sexual aggression (Parkhill, Abbey, & Jacques-Tiura, 2009; Koss & Gaines, 1993; Muehlenhard & Linton, 1987). Men who have been drinking alcohol perpetrate roughly 50% of all incidents of sexual violence (Abbey et al., 2001). Ullman, Karabatos, and Koss (1999) explored the relationship between alcohol and sexual aggression using a national sample of college men. Of the 694 men who self-reported perpetrating some form of sexual violence, 44% admitted they were using alcohol at the time of the assault and 41.9% reported that the woman they assaulted was also using alcohol.

Alcohol myopia and alcohol expectancy theories explain how alcohol contributes to sexual violence. Both theories are empirically supported and offer important opportunities for prevention. However, as intoxication is often used as an excuse for doing things one would not



otherwise do (Norris & Nurius, 1996), alcohol myopia and expectancy theories do not completely dismiss the possibility that perpetrators use alcohol to justify their sexually violent behavior. In fact, several studies highlight the use of alcohol as a means to obtain sex (Greer & Buss, 1994; Tyler et al., 1998). For example, approximately 23% of undergraduate men from a sample of 541 Caucasian college students admitted to getting a date drunk or stoned to engage in sexual intercourse (Tyler et al., 1998).

Alcohol myopia theory emphasizes the pharmacological effects of alcohol and consists of two components: attention allocation and inhibition conflict (Steele, 1988; Josephs & Steele, 1990). Attention allocation refers to the narrowing of an intoxicated individual's attentional capacity, which causes the individual to notice only a fraction of the information s/he would normally be capable of processing (Steele, 1988; Josephs & Steele, 1990). When attention is restricted, only those cues that are most salient to the intoxicated individual receive attention (Steele, 1988; Josephs & Steele, 1990).

The inhibition conflict component of alcohol myopia theory predicts when restricted attentional capacity will lead to negative outcomes. Negative effects of alcohol occur only in situations with equally strong instigatory (i.e., go) and inhibitory cues (i.e., stop; Dermen & Cooper, 2000; Cooper, 2006). For example, if a situation contains only 'go' cues, an individual will most likely act regardless of alcohol consumption. Similarly, if a situation contains only 'stop' cues, an individual will most likely not act regardless of alcohol consumption. However, if a situation contains both 'go' and 'stop' cues, an intoxicated individual with limited attentional capacity will attend only to those cues that he/she finds most salient. 'Go' cues are often more salient than 'stop' cues when attention is restricted (Davis, George, & Norris, 2004).

Alcohol expectancy theory emphasizes the psychological effects of alcohol (Cooper, 2006). Alcohol expectancies are beliefs about how alcohol affects the self and others, which influence post-drinking behavior (George, Stoner, Norris, Lopez, & Lehman, 2000). The belief that alcohol enhances, stimulates, or disinhibits sexual experiences is a common alcohol expectancy (George et al., 2000; Morr & Mongeau, 2004; White, Fleming, Catalano, & Bailey, 2009). Combining alcohol expectancy and myopia theories provides an explanation for the co-occurrence of sexual violence and alcohol use. Sexual experiences can be high conflict situations with strong ‘go’ and ‘stop’ cues operating simultaneously. If an individual initiates a sexual experience while intoxicated and believes that alcohol enhances sexuality, s/he will likely focus exclusively on this instigatory cue. Though the recipient of the sexual advance may exhibit inhibitory cues of sexual refusal, the initiator will likely pursue sexual interaction because s/he fails to recognize ‘stop’ cues.

### **1.6 Alcohol and the Affirmative Consent Standard**

Lim and Roloff’s (1999) research highlights the particularly problematic combination of affirmative consent and alcohol consumption. Lim and Roloff examined consent and sexual context among a sample of 100 undergraduate women and men at a Midwestern university. Using a mixed factorial design, students were randomly assigned to verbal or nonverbal consent conditions where they encountered 12 randomly ordered sexual scenarios involving Tom and Sue. In the verbal conditions, Tom asks Sue if she wants to have sex and Sue says ‘yes.’ In the nonverbal conditions, Tom and Sue begin kissing and then proceed to have sex. The 12 scenarios reflected sexual situations in which alcohol or coercion were present. After reading each scenario, participants were asked to rate Sue’s level of impairment from alcohol and whether they thought Tom had raped Sue. When Sue verbalized her consent, participants believed her

judgment was significantly less impaired by alcohol than when Sue demonstrated her consent nonverbally (i.e., by kissing Tom). When Sue had been drinking, respondents were significantly less likely to think she had been raped if she verbally, as opposed to nonverbally, consented to sex.

Antioch College's affirmative consent policy presumed verbal consent was the best way to prevent sexual violence. However, Lim and Roloff's (1999) results suggest that the affirmative consent standard may discourage an individual who initiates sexual behavior from attending to nonverbal and contextual information that may contradict a verbal 'yes.' Apparently, if Sue can say 'yes,' Tom can have sex with her regardless of her level of intoxication. The results of Lim and Roloff's study also highlight participants' lack of awareness of legal definitions of rape. Sexual offense statutes in 24 states define rape as sexual intercourse with an individual who is incapable of giving consent due to intoxication, mental incapacity, or impairment. According to these statutes, Sue's consumption of alcohol may have negated her factual consent. Results from Lim and Roloff's study suggest individuals should consider more than a verbal 'yes' when determining whether they have obtained their partner's consent to sex.

## **1.7 Conceptualizing Sexual Consent**

The psychological literature typically conceptualizes consent as a single, isolated event in a linear sequence of heterosexual sexual engagement. Conceptualized as such, sex is a series of ever-increasingly intimate behaviors that culminate in penile-vaginal penetration. This conceptualization of sex resides in our collective psyche as the traditional sexual or heterosexual script. A popular explanation for gender differences in human sexual behavior, the traditional sexual script prescribes markedly different roles for women and men (Wiederman, 2005); men are cast as initiators of sexual activity and women as vaginal 'gatekeepers' charged with

controlling and confining male sexual desire (Masters, Norris, Stoner, & George, 2006). The heterosex script has heavily influenced the psychological study of consent. Within this limited body of research, many researchers operationally define consent as something men get and women give.

The scripted approach to understanding human sexual behavior is the intellectual innovation of sociologists Simon and Gagnon (1986). According to their theory, just as television and stage actors follow scripts, individuals use scripts in daily life to guide their own behavior and interpret the behavior of others (Simon & Gagnon, 1986). Scripts are shaped by cultural, interpersonal, and intrapsychic sources (Simon & Gagnon, 1986; Lenton & Bryan, 2005; Rose & Frieze, 1993). Cultural sources originate at institutional and organizational levels and are disseminated to individuals through their interactions with these systems (Lenton & Bryan, 2005). Cultural messages, however, are relatively generic; individuals must tailor them to the specific contexts of interpersonal interactions (Simon & Gagnon, 1986). To prepare for interaction with others, individuals rehearse their initiating and responding behaviors as well as the initiating and responding behaviors of others (Simon & Gagnon, 1986). In other words, individuals rehearse a script.

Sexual behavior is influenced by many cultural messages. In fact, scripting theory maintains that “sexuality is learned from culturally available messages that define what ‘counts’ as sex, how to recognize sexual situations, and what to do in sexual encounters” (Frith & Kitzinger, 2001, p. 210). One such cultural message is heteronormativity. “Widely used as shorthand for the numerous ways in which heterosexual privilege is woven into the fabric of social life, pervasively and insidiously ordering everyday existence” (Jackson, 2006, p. 108), heteronormativity is promulgated by the institution of marriage, religious doctrines, gender

inequality, and the mainstream media. As a result, some forms of sexuality – those practiced by the dominant culture – become socially ‘acceptable’ while all others become ‘deviant’ (Gilbert, Walker, McKinney, Snell, 1999).

While scripting theory provides a social alternative to essentialist understandings of human sexual behavior, scripts are problematic for a number of reasons. First, scripts render invisible all behaviors that fall outside of proscribed bounds. For example, rape scripts portray sexual violence as penile-vaginal penetration perpetrated by a violent, weapon-yielding male stranger against an innocent, physically resistant White woman. This conceptualization of rape is inconsistent with rape victims’ self-reported experiences in many respects. For example, according to data from the National College Women Sexual Victimization study, 9 out of 10 female victims of completed or attempted rape knew their assailant (Fisher, Cullen, & Turner, 2000). Defining rape as a violent attack by a stranger limits our ability to recognize what has become known as date and acquaintance rape and other forms of sexual violence. Similarly, the heterosexual script overlooks same-sex and transgender sexuality and fails to incorporate the infinite ways in which race, class, and (dis)ability status differentially pattern heterosexual sexual experiences.

Second, because it is embedded within heteronormative discourses on gender and sexuality, the heterosexual script reinforces the hierarchical organization of these social identities, situating masculinity and heterosexuality over femininity and homosexuality (Nielson, Walden, & Kunkel, 2000; Brickell, 2006). Given these limitations, this study employs additional social constructionist perspectives on gender and sexuality, specifically historicism, ethnomethodology, and symbolic interactionism, to explore the existence of multiple meanings of sexual consent among college students.

Incorporating historicism, ethnomethodology, and symbolic interactionism into the study of consent replaces the traditional ‘initiating and responding’ conceptualization of consent with a more complex understanding of the phenomenon. Historicism focuses on stability and change over time (Brickell, 2006). A historicist approach asserts that social identities, such as gender and sexuality, hold different meanings over time and place because they are situated within varied economic conditions, racial and ethnic identities, and dynamic family structures (Brickell, 2006). This study incorporates historicism by exploring consent as a dynamic process influenced by varied contextual factors such as one’s definition of consent, type of sexual relationship, and drug/alcohol consumption.

Ethnomethodology and symbolic interactionism focus on the experience of ‘being’ a social identity. According to these phenomenological approaches, the categories of male and female take on meaning only through the performative process of social interaction (Brickell, 2006). Much like explanations for women’s use of token resistance (described below; Muehlenhard & Hollabaugh, 1988), this study incorporates ethnomethodology and symbolic interactionism by suggesting that one’s conceptualization of consent speaks to one’s identity. As such, consenting is a “negotiation of social expectations, a way of expressing a social identity, or of fitting into a certain world” (Beres, p. 99).

From a symbolic interactionism perspective, token resistance provides women with a way to conform to the sexual gatekeeper role outlined by the heterosex script. Token resistance is defined as “indicating that [you do] not want to have sex even though [you have] every intention to and [are] willing to engage in sexual intercourse” (Muehlenhard & Hollabaugh, 1988, p. 872). Approximately 40% of a sample of 610 undergraduate college women reported engaging in token resistance at least once (Muehlenhard & Hollabaugh, 1988). Factor analysis of women’s

reasons for engaging in this behavior returned three factors: practical (e.g., not wanting to seem promiscuous), inhibition-related (e.g., moral concerns or discomfort with one's body), and manipulative (e.g., desiring to be in control; Muehlenhard & Hollabaugh, 1988), all of which relate to the heterosexual script.

## **1.8 Research Questions**

In response to calls for a more thorough understanding of consensual sex (Beres, 2007), this study explores two broad questions: How do college students conceptualize consent in 2011 and how do several contextual factors influence consent negotiations? To my knowledge, no studies exist that explore 1) how one's definition of consent influences one's negotiation of consent, 2) how consent negotiations differ across different types of relationships, or 3) how drugs/alcohol influence consent. The absence of these comparisons suggests consent is a static process. This study interrogates this assumption by exploring consent in three different types of relationships (first consensual sexual experience ever, first consensual sexual experience with a new dating partner, a consensual sexual experience in a long-term dating relationship) and in the presence of drugs/alcohol.

Several assumptions guide my work. First, I anticipate college students' definitions of consent will conform to Westen's (2004) categorical framework, given that consent is often equated with legal responsibility. Second, I anticipate one's definition of consent to influence one's negotiation of consent. For example, if an individual believes consent is an attitude, I would not expect him/her to actively seek an expressive indication of consent from his/her sexual partner. Finally, I believe type of relationship and the presence of drugs/alcohol will influence consent negotiations. I expect participants to place less emphasis on establishing consent for each sexual experience in the context of a long-term dating relationship as compared to a first

consensual sexual encounter ever or a consensual sexual experience with a new sexual partner. I also believe drugs/alcohol will reduce the likelihood of establishing consent.



*Figure 1.1* Westen's (2004) categorical framework organizing legal definitions of sexual consent. \*States rarely adopt a single specific definition of consent. Instead, definitions usually encompass multiple definitions of consent. \*\*Only the part of the state's definition relevant to the definition of consent is presented.

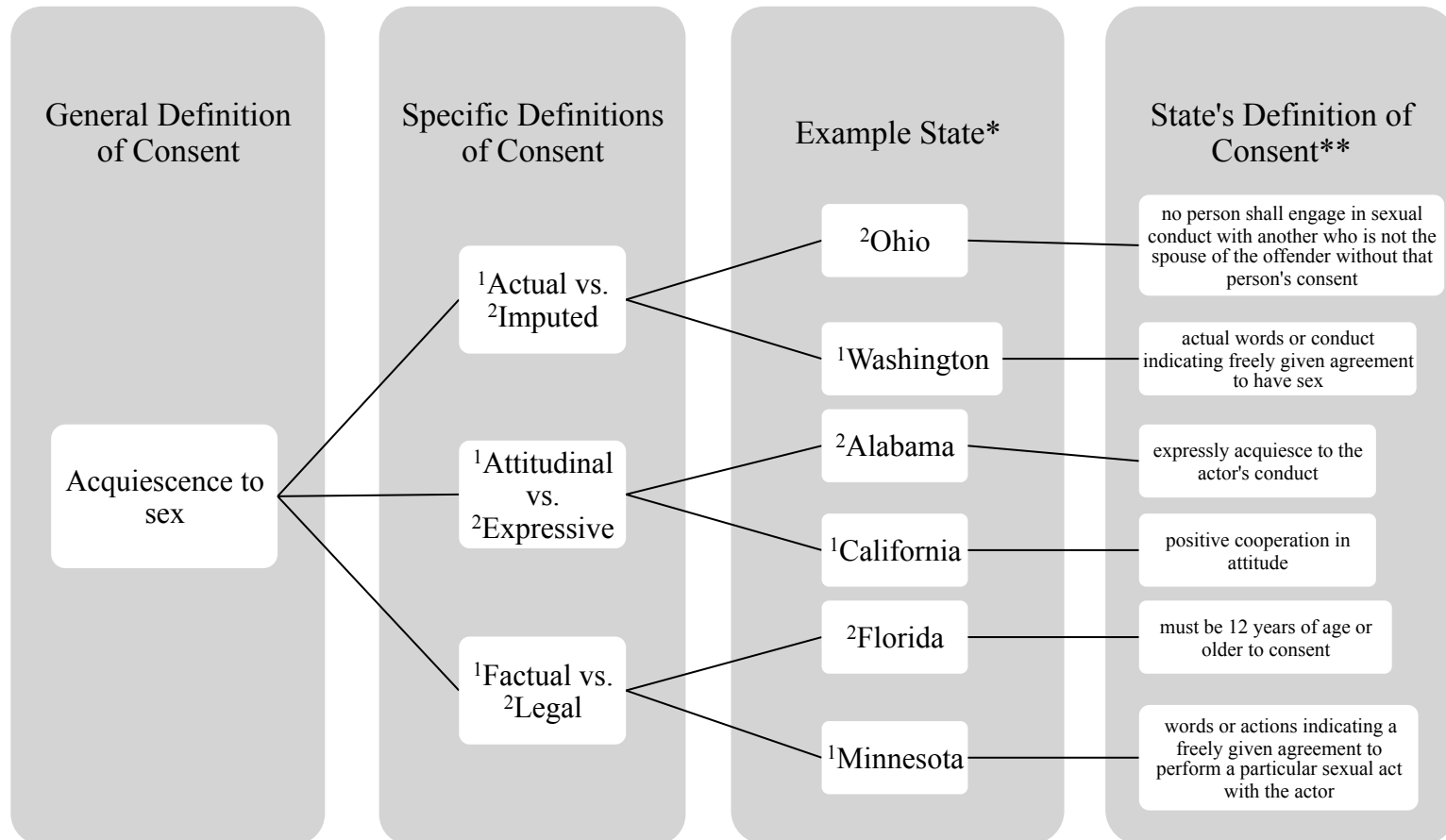
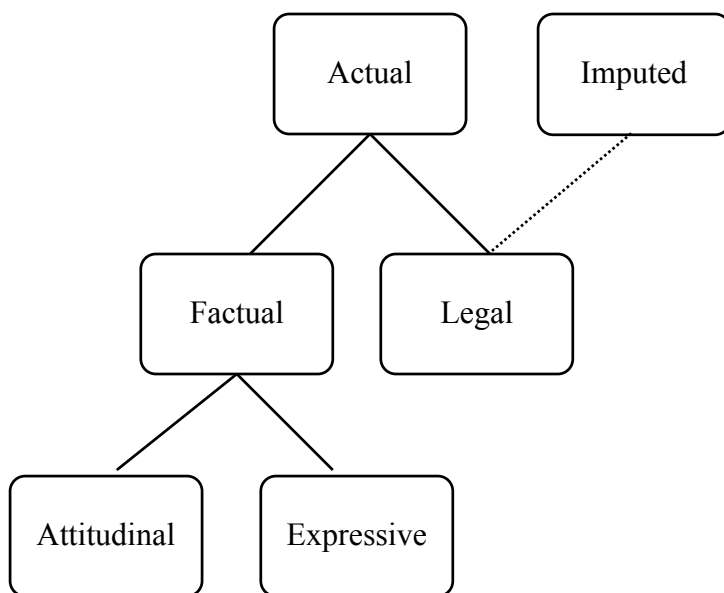


Figure 1.2 Hierachy of Westen's (2004) categories of legal consent.



## 2 OVERALL DESIGN

I collected data with Q methodology. Q methodology combines quantitative and qualitative approaches to reveal social perspectives on a particular phenomenon of interest (McKeown & Thomas, 1988). In Q methodology, participants' opinions about the topic under investigation are collected using a sorting technique where respondents rank-order a series of statements according to their point of view (van Exel & de Graaf, 2005). Sorted data are synthesized using correlation and factor analytic techniques. Whereas traditional factor analysis groups *items* according to shared variance to reveal underlying latent constructs, when used in Q methodology, factor analysis clusters *participants* to reveal groups of individuals who share a common perspective about the phenomenon under investigation (Webler, Danielson, & Tuler, 2009).

To meet the objectives of Q methodology, I collected data in three separate, but overlapping studies; data from Study I informed Study II and data from Study II informed Study III. The purpose of Study I was to identify the range of college students' opinions about consent. To obtain statements for rank ordering in Study II, I gathered college students' opinions about consent online with open- and close-ended questions in Study I. I coded participants' opinions using inductive and deductive categories. Thus, both anticipated and unanticipated categories were documented. Using a manual, iterative, exhaustive coding process, I organized participants' responses into categories, stratified by category, and randomly sampled within category to draw a representative sample for sorting in Study II. In Study II, participants rank-ordered statements about consent, which I then correlated and factor analyzed. In Study III, I interviewed a sub-sample of respondents from Study II to collect contextual information about consent in the context of college students' consensual sexual experiences.

### 3 STUDY I METHOD

#### 3.1 Sample

I collected data from a convenience sample of 95 undergraduate students enrolled in introductory psychology courses at Georgia State University (GSU;  $M$  age = 21.3 years,  $SD$  = 5.4 years). Women comprised 82.2% of the sample. The vast majority of participants (87.2%) self-identified as heterosexual/“straight.” The remaining self-identified their sexual orientation as bisexual (10.6%), gay (1.1%), and transgender (1.1%). Approximately 44% of participants were in a committed dating relationship, 36.8% were single, 13.7% were casually dating, 5.3% were married, 4.2% were cohabitating, and 2.1% were divorced at the time of the study.

Participants were able to self-identify as a member of up to nine racial and ethnic groups (i.e., Black/African American, Pacific Islander/Native Hawaiian, White/European American/Caucasian, Hispanic/Latino(a), Central Asian, South East Asian, Middle Eastern/West Asian, Native American/Alaska Native, biracial/multiracial). I re-categorized participants who selected more than one racial/ethnic identity as biracial/multiracial. As such, 45.7% of the sample identified as Black/African American, 29.3% identified as White/European American/Caucasian, 5.4% identified as South East Asian, 2.2% identified as Hispanic/Latino(a), 2.2% identified as Central Asian, and 15.2% self-identified or were categorized as biracial/multiracial.

#### 3.2 Measures

College students' opinions about sexual consent were gathered using an instrument I created for this study. First, participants defined sexual consent in their own words. To ensure that all subsequent information they provided regarding sexual consent was rooted in personal experience, participants described one of their consensual sexual experiences and answered the

following questions about it: What was the nature of your relationship with this person (open-ended)? Was this your first sexual experience with this individual (yes/no)? What behaviors did you engage in during this experience (kissing, touching/petting, dry humping, digital sex/finger/fisting, masturbation, oral sex, anal sex, vaginal sex, other)? Did you think about getting or giving consent during this experience (yes/no)? If a participant answered, “yes” to the previous question, he/she was also asked what specifically about sexual consent he/she thought about.

Next, participants answered two dichotomous gated questions about whether they gave or received consent during the experience they described. If respondents answered, “yes” to one or both questions, additional information was obtained. Participants indicated to what they consented or received consent (a particular sexual act, my partner, other) how they gave/received consent (open-ended), what it meant to give/receive consent (open-ended), and when they gave/received consent (before anything physical happened, while kissing, during foreplay, during a previous sexual experience with their partner, before each new sexual act, other). Additionally, participants who reported receiving consent were asked how they knew their partner consented.

I used a five-item questionnaire that asked participants to identify their race/ethnicity, relationship status, sexual orientation, gender, and age to gather demographic information.

### **3.3 Procedure**

GSU’s Institutional Review Board (IRB) approved all procedures for this study. I recruited students through SONA, GSU’s web-based research participant management system. Data were collected online through PsychData, an internet-based survey host specifically designed for social science research. Upon clicking on the web link for this study provided in

SONA, participants received an online informed consent form. The consent form explained the nature of the study, what participants would be asked to do, costs and benefits of the study, and respondents' rights as participants. Students consented by typing their first and last names in text boxes at the bottom of the consent form and clicking continue. After consenting, students completed the questionnaire and demographic form. All students received an online debriefing statement explaining the full nature of the study and were also given the option of receiving consent and debriefing forms through email. The debriefing statement also included contact information for the principle investigator (PI) and student PI. Participation did not exceed 30 minutes. Students received one research credit for their involvement. No student reported an adverse reaction to the research procedure.

## **4 STUDY I RESULTS**

### **4.1 Descriptive Data**

Just over 60% of the sample described their first sexual experience with a new partner. During this experience, 97% of participants reported engaging in kissing, 92.5% touching/petting, 76.3% vaginal sex, 57.0% oral sex, 50.5% digital sex, 30.1% dry humping, 11.8% masturbation, and 3.2% anal sex.

Most participants (65.6%) said they thought about giving or getting consent during the experience they described. In fact, the vast majority of participants did both; 84.6% of the sample reported giving consent and receiving consent from their partner during the sexual experience they described. Of those participants who gave consent, 78.0% said they consented to their partner whereas 17.1% reported consenting to a particular sexual act. Of those participants who received consent, 82.7% reported their partner consented to them and 14.8% reported their partner consent to a particular sexual act.



Just over 33% of participants reported consenting before anything physical happened, 31.0% consented while kissing, 25.0% during foreplay, 3.6% did so during a previous sexual experience with their partner, and 3.6% consented before each new sexual act. Due to an online survey error, participants were able to report obtaining consent at multiple times. Approximately 50% of participants who said they received consent reported doing so before anything physical happened, 54.3% received consent while kissing or during foreplay, 12.3% during a previous sexual experience with their partner, and 14.8% before each new sexual act.

#### **4.2 Qualitative Data**

Responses to open-ended questions returned a total of 235 statements about sexual consent. According to Webler et al. (2009), researchers using Q methodology should draw their Q-sample from a population of between 100 to 300 statements. Therefore, 95 participants produced enough statements from which to draw the Q-sample for Study II. As expected, college students' opinions reflected Westen's (2004) legal framework. However, only 5 of his 6 categories emerged from the qualitative data; participants did not report opinions consistent with imputed consent. Most common were opinions categorized as legal consent (see Appendix B). Statements that made reference to specific circumstances that influence a person's ability to make rational decisions, such as coercion, pressure, manipulation and force, age, substance use, power inequality, and mental impairments were categorized as legal. For example, one participant reported, "Sexual consent is when both parties are willing and agree to engage in a sexual experience with each other and there is no force or coercion involved." Another said, "Each participant must be of sound mind, meaning each individual must not be mentally handicapped either by physical or mental impairment or by substance impairment."

Opinions that echoed Westen's (2004) notion of expressive consent were also common. Many participants reported consent must be given verbally. For example, one participant said, "sexual consent is the act of verbally giving permission for someone to engage in sexual acts with you." For others, verbal consent from one partner was insufficient. These participants suggested consent only occurs "when both parties involved have clearly and verbally expressed that they want to have sex." Only one participant endorsed a gendered notion of expressive consent suggesting that consent occurs "when a girl has said 'yes,' that she is willing to have sex."

Less common, but still represented were statements consistent with Westen's (2004) notion of consent as an attitude. These respondents defined consent as "a mutual feeling between two individuals" an "expression of desire" or an "indication of wanting to engage in sexual intercourse." Though somewhat rare on its own, consent as an attitude was often an element of a more comprehensive definition. In fact, much like states' legal definitions of consent, participants' opinions typically reflected multiple categories in Westen's (2004) framework. For example, one participant's definition stated, "Sexual consent is giving your 'okay' for a sexual relationship to take place if you are of age." Depending on how this respondent defines 'okay,' this statement includes both expressive or attitudinal consent and legal consent.

Qualitative data were also categorized according to Cook and Parrott's (2009) taxonomy of aggression against women. Opinions reflective of this framework were not anticipated, but rather emerged inductively from the data. According to Cook and Parrott, the purpose of their taxonomy is to organize forms of aggression against women. Form is conceptualized along two dimensions: active vs. passive and direct vs. indirect. Active aggression is defined as harm delivered by the perpetrator. Passive aggression is harm that results from the perpetrator's lack of

response. For example, according to their taxonomy, if a perpetrator were to physically assault his girlfriend, his behavior would constitute active aggression. On the other hand, if a perpetrator failed to intervene while someone else physically assaulted his girlfriend, his lack of response would constitute passive aggression.

Qualitative data suggest college students similarly think about consent according to its form. Cook and Parrott's (2009) active vs. passive dimension can be used to describe individuals' roles during consent negotiations. The individual who initiates consent implicitly adopts an active conceptualization of consent. Consent is passive from the perspective of the individual who gives consent. Several participants' opinions reflected active consent. In fact, some respondents suggested that consent is implied when one initiates sexual behavior. For example, one participant said, "He made the first move giving me the impression that he wanted sexual intercourse with me." Some women reported actively obtaining consent by initiating "kissing which led him to believe that I was giving him my consent to sexual activity" or by asking their male partner if "it was ok for me to touch him."

According to participants, passive consent can be expressed verbally or nonverbally. For example, several respondents said they consented by "just let[ting] things happen" or "giving my partner permission" to engage in sexual behavior with me. One participant said, "I let him continue what he was doing without denying or rejecting him" to indicate her consent while another participant said, "He asked and I said 'yes'." Qualitative data also highlight the fluidity of active and passive roles. As illustrated by the following quotations, roles appear to blur as partners engage in discussions about sex: "Over the course of several weeks the act was discussed and just before the act, it was discussed again." "We talked about it and learned what each had had experience with and what each was comfortable with."

Active and passive consent can be direct or indirect. Cook and Parrott (2009) define direct aggression as harm delivered through face-to-face interaction between perpetrator and victim. Indirect aggression results in harm to the victim, but that harm is delivered through a third party. Pushing your partner down the stairs constitutes direct aggression while spreading hurtful rumors about your partner constitutes indirect aggression. Presumably, your partner will be harmed by the hurtful rumors; however, your partner will experience that harm through others' gossiping.

As illustrated by the following quotation, many participants reported obtaining consent by asking for it directly: "I asked him if he wanted to have sex with me." A smaller number of respondents reported obtaining consent indirectly "by asking if he had a condom" or "by asking her to spend the night with me." These statements reflect direct and indirect forms of verbalized consent, respectively. Direct and indirect forms of nonverbal consent were also reported. Reciprocating sexual behavior "by kissing him back and not telling him to remove his hands from my breasts and lips" or believing "my body language let him know that I was a willing partner" were categorized as indirect behavioral consent. Participants who reported consenting by initiating sexual behavior were categorized as endorsing a direct behavioral notion of consent.

Though not included in their taxonomy of forms of aggression against women, Cook and Parrott (2009) contrast proactive and reaction functions of aggression. Proactive aggression facilitates control over one's partner whereas reactive aggression is often used to resolve conflict. I also categorized college students' opinions about consent along this dimension. Statements such as, "I think generally consent is given unless you resist (say 'no', stop etc.)," "I didn't tell him to stop," and I participated "in a sex act without verbal or physical indications of resistance" suggest some college students believe consent is assumed in a sexual experience unless one

partner indicates otherwise. I categorized these statements as reactive consent. Statements indicative of proactive consent suggest just the opposite; consent must be actively established before engaging in sexual behavior. For example, one participant said consent is secured when “two parties have discussed what they want sexually and do not push the other's boundaries or make them participate in something they are not willing to do.”

## **5 STUDY I DISCUSSION**

The primary purpose of this study was to collect a population of statements about sexual consent. In addition to gathering stimulus material for Study II, this study also captured informative details about college students' consensual sexual experiences. Contrary to affirmative consent policies, which require individuals to obtain verbal consent for each and every sexual act during a sexual encounter, participants overwhelmingly associated consent with their sexual partners as opposed to specific sexual behaviors. These data lend support to Humphries and Harold's (2003) hypothesis that college students evaluated Antioch's affirmative consent policy negatively because it was inconsistent with normative sexual behavior among this population. Qualitative data, however, highlight an exception to this rule. One participant reported, “My boyfriend always asks when he feels like doing something different than usual,” suggesting sexual partners obtain consent for specific sexual acts if they deviate from an established routine or agreed upon set of sexual behaviors.

Results from this study suggest that college students equate sexual consent with their sexual partners as opposed to sexual acts. However, as illustrated by the quotation in the previous paragraph, consenting to your partner is not without boundaries. Therefore, to what are college students giving their partners consent? That is, what do they expect to happen when they consent to their sexual partners? That so many participants reported engaging in kissing,

touching, petting (approximately 90%) and vaginal intercourse (approximately 75%) during the sexual experience they described, suggests college students may actually be giving their partners consent to participate in these behaviors. Perhaps sexual partner and sexual behavior cannot be teased apart. Given the low reported prevalence of masturbation and anal sex, engaging in these behaviors may require additional consent.

Data on when participants obtained or gave consent provides insight into college students' conceptualization of sexual behaviors. Of all the response options provided, "before anything physical happened," "while kissing," and "during foreplay" were endorsed most frequently by participants who reported giving and getting consent. This finding suggests college students may not consider these sexual acts "serious" enough to require consent. Consent may be negotiated when engaging in behaviors more "serious" than kissing and fondling. However, these data, particularly data from participants who reported receiving consent, may be artificially inflated by social desirability bias. Similar to the sizable discrepancy between reports of sexual victimization and sexual perpetration (with reports of perpetration considerably lower than reports of victimization; Kolivas & Gross, 2007), students who received consent reported doing so more and sooner than students who gave consent. As admitting to perpetrating a nonconsensual sexual experience is socially undesirable, future research is needed that more subtly assesses the timing of consent to interpret these preliminary findings.

One question was inadvertently administered differently based on whether a participant reported giving or receiving sexual consent. In response to, "When did you give/get consent in this experience," participants who received consent were able to select multiple responses (i.e., before anything physical happened; while kissing; during foreplay; during a previous sexual experience with their partner; or before each new sexual act). Participants who reported giving

consent were only able to select one. However, error in the administration of this question returned preliminary evidence suggesting that consent is a recurring event in a sexual experience. Comparing data from these questions reveals participants selected more than one response option when they could. According to college students in this sample, consent is obtained multiple times throughout the course of a single sexual experience.

Applying Cook and Parrott's (2009) taxonomy to categorize participants' opinions created two ambiguous categories of consent, indirect and passive. These categories emerged as ways college students give and get consent. Contrary to the heterosex script, which equates sexual activity with masculinity and sexual passivity with femininity, women reported obtaining consent indirectly and men reported giving consent passively in this largely heterosexual sample. However, asking your partner to spend the night, an example of indirect consent, or consenting by physically responding to your partner's sexual initiations, an example of passive consent, could lead to unwanted sexual experiences. Agreeing to spend the night is not the same as agreeing to partake in a sexual experience just as kissing your partner back in no way implies a willingness to do more than kiss. Though reported use of these categories suggests active and passive roles are not statically bounded by gender, indirect and passive consent require the ability to put these ambiguous messages in a broader context as passively participating in a sexual experience could just as easily result from genuine desire as it could fear of resisting. Future research is needed to explore when these categories are interpreted as consensual.

The types of categories and the frequency with which they were documented preliminarily support the existence of two groups of college students who think about consent differently. College students most often expressed opinions consistent with legal and expressive conceptualizations of consent. These two categories are, in fact, closely related. Expressive

consent is encompassed within legal consent if verbal consent is used as a means to avoid charges of rape and other forms of sexual violence. Given the ubiquity of sexual assault programming on college and university campuses (Potter, Krider, & McMahon, 2000), which typically equate consent with legal responsibility, these data suggest some college students are listening to this message.

A second group of college students appear to think about consent as something loosely resembling Westen's (2004) notion of attitudinal consent. I say 'loosely' because in contrast to Westen's definition of attitudinal consent as a state of mind, college students reported a mutual component such that consent is a mutual feeling shared between sexual partners. As such, consent is not just about what 'I' want to do, but rather what 'we' want to do. As a mutual feeling, consent becomes more of a relational or interpersonal process, the purpose of which may be to ensure mutual enjoyment, connectedness, and increased satisfaction during a sexual experience. It appears these college students are not focused on warding off legal ramifications as much as they are on working to ensure "that you are on the same page as your partner." These preliminary interpretations will be interrogated in Study II.

## **6 STUDY II METHOD**

### **6.1 Sample of Statements**

According to van Exel and de Graaf (2005), the Q-sample must represent of the breadth of communication about the topic under investigation. To obtain a representative Q-sample of statements for sorting, researchers can use unstructured or structured sampling methods (McKeown & Thomas, 1988). Unstructured samples are likened to samples of convenience where little effort is made to ensure coverage of all possible themes or issues related to the topic of study. Structured samples are composed systematically; the researcher identifies themes



emergent from the data or imposes hypothetical categories in a deductive fashion (McKeown & Thomas, 1988; van Exel & de Graaf, 2005; Webler et al., 2009).

I used a structured sampling technique to draw the Q-sample. Statements were selected from the 235 reported in Study I using a stratified random sampling technique. Statements consistent with Westen's (2004) legal framework of consent and Cook and Parrott's (2009) taxonomy of aggression against women were numbered within each category and sampled using a random numbers generator. To ensure a representative sample, I added seven statements about consent to the Q-sample that are common throughout the literature but were absent from the data collected in Study I (see Table 6.1). Statements that were grammatically incorrect or difficult to understand were modified to improve readability. Most Q methodological guidelines suggest researchers select no more than 50 statements from the population for the Q-sample (Webler et al., 2009; van Exel & de Graaf, 2005). The final Q-sample for this study consisted of 52 statements.

## **6.2 Sample of Participants**

The sample size for any Q-sort is based on two competing guidelines: 1) the number of participants should not exceed the number of Q statements, a ratio of 3 statements to 1 participant is recommended; 2) 4 to 6 participants are needed to define each anticipated factor, rarely more than six factors are extracted (van Exel & de Graaf, 2005). Given these guidelines, I estimated a sample of between 15 to 30 participants would be sufficient for the Q-sort. To ensure the ability to identify a maximum of six factors, I collected data from a convenience sample of 26 GSU undergraduates ( $M$  age = 21.6 years,  $SD$  = 1.86 years).

Women comprised 69.2% of the sample. Approximately 80% of the sample self-identified their sexual orientation as heterosexual/"straight." Self-identified bisexual students

made up the remaining 20% of the sample. The majority of participants were in some type of intimate relationship at the time of the study: 46.2% were in a committed dating relationship, 38.5% were single, 7.7% were cohabitating, 3.8% were casually dating, and 3.8% were married. Similar to Study I, students of color comprised the majority of the sample: 46.2% self-identified as Black/African American, 30.8% as White/European American/Caucasian, 7.7% as Hispanic/Latino(a), 7.7% as South East Asian, 3.8% as Central Asian, and 3.8% as biracial or multiracial.

### 6.3 Q-sort Stimulus

The q-sort consisted of 52 statements about consent (see Table 6.1). Participants were forced to place each statement in a pre-determined distribution that ranged from -5 (“least like how I think about consent”) to +5 (“most like how I think about consent”). The pre-determined distribution I created consisted of 11 columns with the number of statements in each column running in the following sequence:

Number of Statements	2	3	4	6	7	8	7	6	4	3	2
Column/Score	-5	-4	-3	-2	-1	0	1	2	3	4	5

Participants had to place two statements in the -5 position, 3 in the -4 position and so on until all 52 cards were arranged. Statements in the same column received the same score. For example, the seven statements in the -1 position all received a score of -1.

To gain insight into students’ thought processes surrounding the extreme endpoints of the distribution, participants answered the following two questions with paper-and-pencil after sorting the statements: Why did you place these two statements about consent (referring to the two statements the participant said he/she most agreed) in the +5 column? Why did you place these two statements about consent (referring to the two statements the participant said he/she

least agreed) in the -5 column? I used the same five-item demographic questionnaire from Study I to collect information about race/ethnicity, relationship status, sexual orientation, gender, and age.

#### **6.4 Procedure**

GSU's IRB approved all procedures for this study. I recruited participants through two avenues. Data collection for Study II began at the end of the spring semester. As a result, I was only able to recruit seven participants through SONA. I recruited the remaining 19 participants the following May by posting flyers around campus and sending a study announcement to the Psi Chi listserv. Some participants also learned of my study through friends who had already completed it. Participants not recruited through SONA answered four questions through email to ensure their eligibility: 1) Have you taken a class with me before at GSU? 2) Are you at least 18 years old? 3) Did you participate in another study entitled, "College Students' Perceptions of Sexual Consent"? 4) Are you a GSU undergraduate student? To participate, students could not have had me as their instructor of record, had to be at least 18 years of age, could not have participated in Study I, and had to be a GSU undergraduate. Three participants were ineligible for Study II because they had previously been enrolled in one of my courses.

All participants completed the study during individual one-hour timeslots scheduled through SONA or email. Data collection occurred in a private room in the Psychology Department on the GSU campus during regular business hours. When a participant arrived at the study location, I greeted him/her and verbally reviewed informed consent procedures. Participants were also given time to read through the informed consent individually. Participants were given the opportunity to ask questions about the study before signing the informed consent

document. No student declined to participate in Study II and no student chose to end his/her participation early. None reported an adverse reaction.

After collecting the informed consent statement, I gave the participant 52 cards about consent to read and sort. Participants were verbally instructed to read each card carefully and place it into 1 of 3 piles: 1) most like how I think about consent; 2) irrelevant to how I think about consent; and 3) least like how I think about consent. When participants finished this task, I counted and recorded the number of cards in each of the three piles.

Next, with my help, participants placed each card in the quasi-normal distribution (see Figure 4). Participants were instructed to reread all of the statements in their “most like how I think about consent” pile and pick out the two statements with which they most agreed. Each card contained a random number (1 through 52), written on the bottom right-hand corner, to record its placement in the quasi-normal distribution. I recorded the position of each card. Participants were then asked to reread all the statements in their “least like how I think about consent” pile and pick out the two statements with which they least agreed. With the most extreme columns filled in, participants returned to their “most like how I think about consent” pile and identified the three statements from all those remaining with which they most agreed. We used this back-and-forth strategy to fill in the entire distribution. When all cards from the “most like how I think about consent” or “least like how I think about consent” piles were placed and recorded, participants moved to their “irrelevant to how I think about consent” pile. From the irrelevant pile participants identified statements with which they most or least agreed depending on which side of the distribution needed to be filled in.

After completing the Q-sort, participants explained why they chose to place particular statements about consent in the -5 and +5 columns. Finally, demographic information was

collected in paper-and-pencil format. All participants were debriefed and invited to potentially participate in a one-on-one follow-up interview about their consensual sexual experiences.

Details of the interview were explained and interested participants provided their email address and telephone number to be used to schedule an interview if eligible. No participant declined to be considered for the follow-up interview. Participants left the data collection site with paper copies of the informed consent and debriefing statements.

Table 6.1 List of Statements about Consent and Scores for each Factor

Statement	Factor	
	1	2
1. Consent is when both partners have clearly and verbally expressed that they want to have sex and have not been coerced or manipulated to do so. <sup>a</sup>	5	2
2. Consent is an agreement between two individuals stating that they are willing to have a sexual experience with each other and have talked about the possible outcomes of that experience including psychological effects. <sup>a</sup>	5	-2
3. Consent should be discussed and established before anything sexual happens.* <sup>a</sup>	4	0
4. Consent means both partners agree to have sex and have been honest about their sexual histories, relationship intentions, and health status (i.e., HIV/STD status). <sup>a</sup>	4	-1
5. Consent is only given when both people have equal power in determining the level of sexual intimacy between them. <sup>a</sup>	4	2
6. Consent is when two people, who are not under the influence of drugs or alcohol, willingly partake in sexual activities.	3	-1
7. Consent is when two people discuss and have a mutual, freely given agreement to enter into a sexual relationship.	3	3
8. Consent is agreeing to have sex when both people are of sound mind meaning not mentally impaired.	3	0
9. Consent is when people of stable mind and body agree to participate in sexual activities.	3	0
10. Consent is having sex willingly without being forced or threatened. <sup>b</sup>	2	5
11. Consent means you and your partner are on the same page (e.g. both want the same thing).	2	1

12. Consent means that you are partially responsible for any outcome that may result from sex (e.g., pregnancy, STDs).	2	1
13. Consent means that you trust your partner.	2	-2
14. Consent is a feeling shared between two people.	2	0
15. Consent is something both partners ask for and both partners give during a sexual experience. <sup>b</sup>	2	4
16. Consent is when two mature adults give each other the go ahead to proceed with sexual behavior.	1	2
17. Consent should be asked for each new sexual behavior someone initiates.*	1	-2
18. Consent is a mutual feeling between two or more individuals.	1	3
19. Consent is asking your partner if it is ok to engage in sexual behavior.	1	0
20. Consent is informing your partner that you desire sex while in a sound state of mind.	1	-1
21. Consent is mental physical and emotional peace with sex.	1	-1
22. Consent can be revoked at any time.* <sup>b</sup>	1	5
23. Consent means granting someone the right to partake in sexual activities with you.	0	3
24. Consent can only be given in the absence of pressure or coercion.	0	1
25. Consent is an individual decision to engage in sexual intercourse.	0	1
26. Consent means you know what to expect so that there are no gray areas.	0	0
27. Consent conveys how comfortable you are with specific sexual activities and how far you are willing to go.	0	0
28. Consent should be obtained by the person initiating the sexual behavior.*	0	-1
29. Consent is when you agree to have sex with someone and you are of legal age.	0	-1
30. Consent is verbal or physical expression of a desire to engage in sexual behavior. <sup>b</sup>	0	4
31. Consent is granting someone access to your body.	-1	2
32. Consent means saying “yes” to sex when asked.	-1	0
33. Consent is the line between consensual sex and rape.*	-1	3
34. Consent is giving your partner permission to have sex with you. <sup>b</sup>	-1	4
35. Consent is when a girl says “yes” to sex.	-1	-2
36. Consent is when two people decide to have sex regardless of their ages.	-1	-4
37. Consent means agreeing to engage in sexual	-1	2

intercourse by giving your partner permission to touch your body.		
38. Consent means wanting to have sexual relations.	-2	-1
39. Consent is a conversation where one partner asks and the other partner agrees.	-2	-2
40. Consent is conveyed by asking your partner for protection (e.g., condom, dental dam).	-2	-3
41. Consent is allowing someone to do as they please with you with your permission.	-2	-4
42. Consent can be demonstrated physically by reciprocating sexual acts.	-2	2
43. Consent is acquiescence to sexual activity.*	-2	1
44. Consent does not have to be given verbally.	-3	1
45. Consent means you can engage in sex without worrying about legal consequences.	-3	-3
46. Consent is expressing a desire to have sex.	-3	-2
47. Consent is participating in a sexual act without physically resisting (i.e., trying to stop your partner).	-3	-3
48. Consent is not something you need to get if you are in a long-term relationship.*	-4	-5
49. Consent is engaging in sexual behavior without saying “no.”	-4	-3
50. Consent is given if you initiate the sexual activity.	-4	0
51. Consent is given unless you resist	-5	-4
52. Consent is not that important.	-5	-5

\*Note. Statement was not reported by college students, but included in the Q-sample because of its commonality in the research literature.

<sup>a</sup>Statements that define Factor 1.

<sup>b</sup>Statements that define Factor 2.

## 7 STUDY II RESULTS

Participants initially arranged the statements about consent into three piles (i.e., “least like how I think about consent,” “irrelevant to how I think about consent,” and “most like how I think about consent”). The distribution of statements across piles was positively skewed; participants placed more than twice as many cards in the “most like how I think about consent” pile than in the “least” and “irrelevant to how I think about consent” piles (see Figure 7.1).

### 7.1 Exploratory Factor Analysis

Contrary to traditional factor analysis where *items* or *variables* are grouped according to shared variance to reveal underlying latent construct, in Q methodology, *participants* are

clustered to identify underlying social perspectives. In essence, each participant's q-sort is treated as a single variable (Brown, 1993). Therefore, 26 variables were factor analyzed in this study. To begin, I correlated participants' q-sorts, calculating covariance by determining the similarity or difference between participants' placement of each statement just as you would calculate deviation from the mean when correlating traditional 'variables.' Next, I factor analyzed the resulting correlation matrix using Principle Component Analysis (PCA) and rotated factors using the Varimax option of the PQ method computer program (version 2.11).

According to Jolliffe (2002), PCA is appropriate when data are continuous and normally distributed. Q-sort data are always continuous and normally distributed as participants are forced to arrange statements in a quasi-normal distribution (McKeown & Thomas, 1988). Varimax rotation assumes factors are uncorrelated. While groups of college students' conceptualizations of consent are likely related to some extent, assuming no shared variance between groups improved the interpretability of factors. PCA and varimax rotation are also the only extraction and rotation methods supported by PQ method software, respectively.

The correlation matrix provided in Table 7.1 depicts the extent to which participants sorted the statements similarly (McKeown & Thomas, 1988). For example, the large positive correlation ( $r = .71$ ) between the 8<sup>th</sup> and 11<sup>th</sup> participants indicates these students share a similar understanding of sexual consent, thus, they arranged the statements similarly. The near zero correlation ( $r = .04$ ) between the 23<sup>rd</sup> and 24<sup>th</sup> participants' sorts indicates a lack of similarity between their placement of each statement suggesting the absence of a shared understanding of sexual consent.

Seven factors with eigenvalues greater than one were initially extracted accounting for 73% of the variance in the rotated correlation matrix. As recommended by Hayton, Allen, and



Scarpello (2004), I used a combination of methods to determine the number of factors to retain. While the Kaiser criterion produced a seven-factor solution, visual inspection of the scree plot highlighted a break between the second and third factors. Factor loadings provided additional support for a two-factor solution. Factor loadings indicate the extent to which each participant's Q-sort relates to each factor (van Exel & Graaf, 2005). Factor loadings in excess of 2.58 times the standard error are significant at the 0.01 level (McKeown & Thomas, 1988). A two-factor solution was finalized using only those participants' who loaded cleanly, that is, significantly on only one factor, to define each factor. After participants without a significant loading or with multiple significant loadings were removed from analysis, data from 77% of participants were used to define the two-factor solution.

Factor interpretation was based on the top five-ranked statements about consent and on participants' explanations for their placement of certain statements in the +5 position. Table 6.1 lists the score received by each statement for each factor. Each factor represents a distinct conceptualization of sexual consent.

## **7.2 Factor 1: Healthy Sexuality Promotion**

Factor 1 accounted for 38% of the variance in participants' Q-sorts, explaining more variance than any other factor. The top five-ranked statements that characterize Factor 1 share a common underlying theme of mutuality and shared power. Four of the five statements explicitly reference both people participating in the sexual experience and one statement suggests consent should be discussed, which requires two people. The following statement exemplifies Factor 1: "Consent is only given when both people have equal power in determining the level of sexual intimacy between them."

Data from eight participants (30% of the sample) loaded significantly on Factor 1 ( $M$  age = 21.5 years,  $SD$  = 2.78 years). Six of the eight participants were women. Factor 1 was comprised exclusively of college students who self-identified their sexual orientation as heterosexual/“straight.” Data from roughly equivalent numbers of college students who were single (37.5%), in a committed dating relationship (37.5%), and cohabitating (25.0%) loaded significantly on Factor 1. Approximately 38% of participants who defined Factor 1 identified their race/ethnicity as Black/African American, 37.5% as White/European American/Caucasian, and 25% as South East Asian.

In addition to referencing mutuality and shared power, the theme of perspective taking emerged from participants’ explanations for their placement of statements in the +5 position. Participants who defined Factor 1 said, “Consent is about asking and making sure that sexual partners are both okay with sex,” “Consent should be a decision made mutually by two individuals,” “Sex involves two individuals so consent should be focused on both parties,” and “I think it is important to know your partner’s beliefs.”

### **7.3 Factor 2: Rape Prevention**

The second factor, consent as a means to prevent (or perhaps avoid) rape, accounted for 11% of the variance in participants’ Q-sorts. The statements that defined Factor 2 echo traditional rape prevention programming messages, which typically treat consent as a commodity, an entity that can be given, had, or revoked. From this perspective, consent is unidirectional, exchanged as immunity from charges of rape.

Qualitative data bolster this interpretation. Participants explained their placement of statements in the +5 position saying, “These two statements drew the most direct contrast to rape when I read them,” “Pretty much if anything is done against the will of someone sexually I

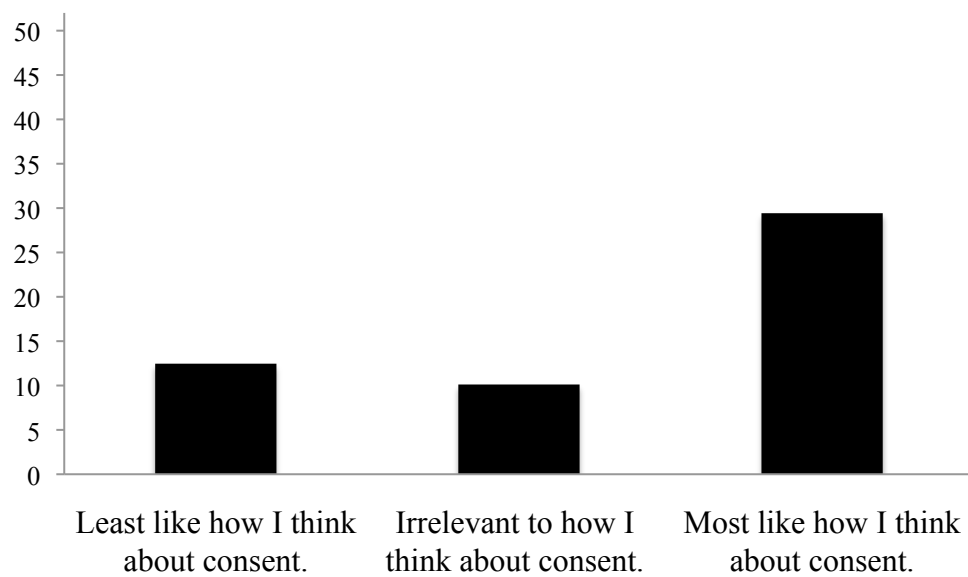
would consider if rape,” and “Rape = lack of consent.” One participant said, “For sex to be legal it must be without coercion or force, everyone must be willing.” Another participant reported, “It is important with consent that no one feels they have been forced or coerced into sex because that would be considered rape in my opinion.”

Data from 12 participants (46% of the sample) loaded significantly on Factor 2 ( $M$  age = 21.4 years,  $SD$  = 1.62 years). In contrast to Factor 1, roughly equivalent numbers of women and men characterized Factor 2, seven and five, respectively. There was also more variability in participants’ self-reported sexual orientation; two-thirds of participants self-identified as heterosexual/“straight” while one-third self-identified as bisexual. In regard to relationship status, the majority of participants were in a committed dating relationship (50%), followed by single (33.3%), casually dating (8.3%), and married (8.3%). Approximately 50% of participants identified their race/ethnicity as Black/African American, 33% as White/European American/Caucasian, 8.3% as Hispanic/Latino(a), and 8.3% as biracial.

Table 7.1 Correlation Matrix of Participants' Q-sorts

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
1	1.0																									
2	.55	1.0																								
3	.25	.30	1.0																							
4	.42	.61	.24	1.0																						
5	.41	.54	.47	.56	1.0																					
6	.25	.40	.28	.17	.32	1.0																				
7	.46	.33	.30	.22	.26	.37	1.0																			
8	.48	.54	.32	.25	.40	.50	.47	1.0																		
9	.18	.26	.28	.35	.35	.42	.29	.13	1.0																	
10	.13	.43	.27	.48	.61	.24	.08	.25	.15	1.0																
11	.50	.46	.46	.36	.56	.56	.51	.71	.32	.35	1.0															
12	.47	.60	.24	.63	.61	.41	.40	.46	.10	.58	.49	1.0														
13	.40	.58	.27	.59	.56	.33	.35	.42	.13	.66	.40	.70	1.0													
14	.40	.34	.34	.37	.57	.34	.50	.47	.25	.42	.55	.41	.34	1.0												
15	.42	.44	.26	.43	.52	.32	.21	.49	.35	.30	.57	.49	.34	.29	1.0											
16	.40	.20	.17	-.03	.15	.29	.48	.29	.35	-.19	.43	.08	-.04	.35	.28	1.0										
17	.32	.56	.33	.40	.40	.65	.52	.52	.36	.34	.50	.50	.42	.42	.38	.28	1.0									
18	.12	.22	.27	.15	.39	.22	.29	.25	.23	.21	.44	.16	.15	.50	.38	.49	.25	1.0								
19	.00	.14	.10	.14	.29	.17	.29	.17	.15	.34	.26	.36	.26	.40	.27	.05	.35	.34	1.0							
20	.39	.32	.30	.05	.46	.39	.35	.48	.24	.18	.49	.29	.10	.35	.50	.46	.41	.39	.08	1.0						
21	.29	.38	.16	.19	.12	.12	.25	.00	.21	.18	.18	.24	.19	.05	.02	.33	.24	.13	.04	.30	1.0					
22	.60	.42	.58	.23	.50	.32	.40	.47	.22	.21	.57	.38	.32	.33	.35	.42	.37	.26	.18	.47	.37	1.0				
23	.24	.53	.47	.35	.51	.46	.18	.35	.23	.32	.22	.38	.51	.35	.27	.11	.51	.26	.32	.15	.09	.38	1.0			
24	.25	.05	.25	-.04	.18	.35	.35	.16	.34	-.19	.30	.05	.00	.21	.27	.40	.29	.30	-.05	.44	.17	.18	.04	1.0		
25	.40	.51	.28	.36	.62	.46	.45	.55	.21	.53	.53	.64	.57	.60	.47	.24	.56	.43	.49	.36	.15	.45	.45	.18	1.0	
26	.50	.55	.44	.33	.39	.45	.38	.41	.33	.15	.52	.41	.28	.29	.45	.43	.44	.44	.12	.48	.36	.46	.29	.38	.32	1.0

*Figure 7.1.* Average number of statements about consent in each pile across all 26 Q-sorts.



## 8 STUDY II DISCUSSION

To my knowledge, this is the first study to use Q methodology to explore college students' subjective viewpoints on sexual consent. Factor analysis revealed two groups of college students who conceptualize consent in different ways. Whereas one group envisions consent as a mutual agreement made by individuals of equal power, the other defines consent according to what it prevents, rape. However, 33% of participants' data failed to load on either of these two factors suggesting the possibility of additional shared understandings of consent among college students. Most likely, the Q-sample in this study, though intended to be representative, failed to include all communicable perspectives on consent. Participants excluded from the final factor solution may conceptualize consent in ways not represented in the Q-sample. To capture a more representative population of statements about consent, future research should sample a more diverse group of participants (i.e., not just college students). Doing so will likely provide additional perspectives, less common among college students, but still representative of some.

Participants were asked to arrange statements about consent in a quasi-normal distribution. However, the average size of participants' three piles (illustrated in Figure 7.1) suggests they did so only because they were forced. The positively skewed, slightly bipolar, distribution can be interpreted in several ways. First, the Q-sample itself may have been skewed such that it contained more positive than negative statements about consent. Second, college students may not conceptualize consent as a normally distributed construct. Third, the shape of the distribution may be an artifact of the instructions participants followed to sort the statements. I told participants to place each statement into one of three piles; the middle pile represented

those statements that were “irrelevant” to how participants thought about consent. A more neutral midpoint such as “somewhat” or “sort of” may have facilitated a normal distribution.

In this study, I did not ask participants to explain the purpose of establishing consent. Yet, Factors 1 and 2 suggest different reasons for doing so. For college students who conceptualize consent as promoting sexual health, consent may be used to begin a dialogue between partners about their sexuality, boundaries, past experiences, and HIV/STD testing status. College students who think about consent as rape prevention may negotiate consent simply to avoid sexual violence. These social perspectives are certainly related, as consensual sex is a part of healthy sexuality; however, for Factor 1, consent is a means to an end. For Factor 2, consent itself is the end. In the remainder of this document, I use the terms “healthy sexuality” and “sexual health” interchangeably, though I recognize they convey quite different meanings. I prefer “healthy sexuality,” but realize it is a loaded term than can make some people uncomfortable. I think “sexual health” is palatable to most people and actually situates sexual violence prevention within a general health framework, which I believe, is advantageous.

Both factors are examples of what Cohen (1991) refers to as a two-pronged approach to prevention. According to Cohen (1991), prevention requires the simultaneous pursuit of risk reduction and health promotion, as health in any domain is more than the absence of disease. From this perspective, working to ensure that every single sexual experience is consensual is the bare minimum. If a healthy sexual experience is more than just one without violence, we need to promote a model of healthy sexuality, as it is insufficient to tell individuals what not to do without telling them what they should do. Promoting the skills you want others to adopt is a prerequisite for lasting change (Perry, 2005).



However, healthy sexuality is rarely a component of college and university sexual violence prevention programming. In fact, after summarizing key findings from a 1999 National Institute of Justice report on post-secondary institutional responses to sexual assault, Karjane, Fisher, and Cullen (2005) conclude:

A campus sexual assault education program should include comprehensive education about rape myths, common circumstances under which the crime occurs, rapist characteristics, prevention strategies, rape trauma responses and the healing process, and campus policies and support services (p. 12).

Nowhere do they mention the need to promote a positive image of sexuality. Yet, this is not unusual, as sexual violence prevention programs often focus exclusively on reducing women's risk for victimization (Reppucci, Woolard, & Fried, 1999). A content analysis of sexual violence policies from 54 two- and four-year public and private colleges and universities revealed institutions rely most heavily on criminal sanctions and fear of punishment to prevent sexual violence on campus (Potter et al., 2000). Second most commonly reported were policies consistent with a risk-reduction approach. Only a handful of institutions aligned their response with a public health perspective that focuses on prevention through health promotion.

Preliminary evidence tentatively suggests healthy sexuality education contributes to sexual violence prevention. Borges et al. (2008) evaluated the utility of a brief, one time only, sexual assault prevention education program focused on teaching college students about the importance of consent to healthy sexual relationships. Among a convenience sample of 220 college women and men, treatment participants were significantly less likely than control participants to infer consent from ambiguous non-verbal behaviors. For example, participants in the treatment condition were less likely to think that sexual consent is implied when you invite

someone back to your room. Similarly, recent efforts to reduce teen dating violence have integrated dating violence prevention with lessons on healthy relationships and sexual health (Wolfe et al. 2009). Results from a randomized trial revealed participants in the intervention group reported less physical dating violence two and a half years post-intervention than control participants (Wolfe et al. 2009).

Individuals who believe sexual violence is perpetrated for power, not sex, will likely oppose framing consent as a sexual health rather than sexual violence issue (MacKinnon, 1989). However, results from this study suggest not doing so limits the effectiveness of sexual violence preventive interventions, as the ‘consent prevents rape’ message may not resonate with some college students. In addition to potentially reaching a broader target audience, situating consent within a sexual health domain makes more people responsible for preventing sexual violence. If consent is about health not sex, doctors, nurses, health educators, teachers, and parents may be more likely to talk to their patients, students and children about consent. In addition, situating consent within a larger frame of sexual health normalizes talking about sex. If it is difficult to discuss sex in general, it will be impossible to talk about sexual violence.

Future research is needed to validate the factors of consent discovered in this study. Factor validation could be accomplished in several ways; the first and most simple would be to replicate this study. Traditional factor analysis could also be used. By creating a questionnaire that includes all 52 statements about consent used in this study, participants could indicate the extent to which they agree with each on a Likert-type scale. Correlating and factor analyzing *items* would determine if consent is a multidimensional construct by revealing underlying latent components. These components could be compared to the factors found in this study. Finally, traditional methods of demonstrating construct validity could be employed to highlight

convergent and divergent relationships between consent factors and other constructs theoretically related. The key is figuring out where to expect similarities and differences between college students on each factor.

## 9 STUDY III METHOD

### 9.1 Sample

Four college students participated in this study ( $M$  age = 20.5 years;  $SD$  = 1.73 years). I interviewed two participants for each factor of consent that emerged in Study II. I randomly selected one woman and one man from the sexual health promotion and rape prevention factors. Table 9.1 provides demographic information about the sample. Participants are referred to by pseudonyms.

### 9.2 Interview Guide

I used qualitative, semi-structured interviews to explore the context of consent in college students' consensual sexual experiences. Of particular interest was the influence of consent definition, relationship type, and drug/alcohol consumption on consent negotiations. To explore these specific questions and other issues that emerged from Studies I and II and the literature, I created a 7-item interview guide and repeated it across three different consensual sexual experiences: 1) first consensual sexual experience ever; 2) a first consensual sexual experience with a new dating partner; and 3) a consensual sexual experience with a long-term dating partner. I asked participants to talk about the events that led up to the consensual sexual experience in question as well as what happened during and after the consensual sexual experience.

### 9.3 Procedure

GSU's IRB approved all procedures for this study. All interviews were scheduled through email. The email invited the student to participate in a follow-up interview, described

how the student was selected for the interview, the nature of the interview questions, the location and duration of the study, and the amount of financial compensation for participation. Two potential interviewees declined participation, one was out of town at the time of the study and the other preferred not to talk about his/her consensual sexual experiences.

All interviews occurred in a private room in the Psychology Department on the GSU campus during regular business hours. When participants arrived for the interview, I greeted them and verbally reviewed the informed consent document making sure they understood that the interview would be audio recorded. I gave participants ample time to read the informed consent document independently and ask any questions about the study before the interview began. No participant declined the interview after the consent process and no adverse events were reported.

To establish rapport, I began the interview by asking participants to talk about their experiences during the q-sort (Study II). I was specifically interested in whether they thought about the study afterward and if they talked to anyone else about it. Next, to ensure I understood how participants were defining “sexual experience” and “consensual,” I asked them what behaviors they think of when they hear the term sexual experience and what makes a sexual experience consensual.

With participants slightly more comfortable, I conducted a sexual experiences history to determine how many different experiences met eligibility criteria. All participants had a least one consensual sexual experience. Two participants were also able to describe a first consensual sexual experience with a different partner as well as a consensual sexual experience with a long-term dating partner. I posed probing questions to pull for specific information related to my research questions. For example, I asked about the nature of their relationship with their sexual

partner, who initiated the sexual experience, what made the experience consensual, how many times consent was established, by whom, when, and how, whether they talked about HIV/STD testing status, relationship histories, relationship intentions, whether they were drunk or high during the experience, and what happened after the experience. These probes were repeated for the two participants who had three consensual sexual experiences to discuss.

To end the interview on a positive note, I asked participants to talk about their best date, real or hypothetical. All participants left the data collection site with \$25 cash, copies of the informed consent and debriefing statements, and a resource sheet for sexual violence services on- and off-campus. Interviews lasted less than one hour.

#### **9.4 Analysis of Qualitative Data**

I transcribed audio recordings verbatim and textually analyzed transcripts for content. I used an inductive, iterative open coding process to identify themes and supporting quotations related to predetermine categories (i.e., influences of definition of consent, relationship type, and drug and alcohol consumption on consent negotiations). To increase the reliability and validity of the themes I observed, a post-bac research assistant also read and coded three of the four transcripts blindly. We then discussed our impressions of the transcripts noting similarities and differences between our separate analyses. After we reached consensus on several themes, we each coded the fourth transcript independently to see if the themes preliminarily identified were observed and if any new themes emerged. To ensure I accurately conveyed the essence of the qualitative data, the research assistant also read and provided feedback on the results section. As the number of participants interviewed was small, interviews are essentially case studies, the purpose of which is in-depth analysis for future hypothesis generation.

Table 9.1 Demographics of Study III Participants

Participant*	Consent	Gender	Race/Ethnicity	Sexual	Relationship
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	Factor			Orientation	Status
Jamal	Rape Prevention	Male	Black/African American	Heterosexual/"Straight"	Committed dating
Nadia	Healthy Sexuality	Female	South East Asian	Heterosexual/"Straight"	Committed dating
Hameed	Healthy Sexuality	Male	South East Asian	Heterosexual/"Straight"	Committed dating
Catherine	Rape Prevention	Female	White/European American/Caucasian	Heterosexual/"Straight"	Committed dating

\*Note. Participant names are pseudonyms.

## 10 STUDY III RESULTS

### 10.1 Influence of Definition of Consent

Definition of consent had little influence on participants' self-reported consensual sexual experiences. Both participants who defined consent as rape prevention and participants who defined it as healthy sexuality promotion primarily reported using nonverbal behavior to establish consent. For example, Jamal, a 20-year old African American man, described initiating oral sex during his first consensual sexual experience as a teenager, saying I "kind of just pull[ed] it out." In his current relationship with a woman he has been dating for three years, sexual consent is also inferred through body language. According to Jamal, "you have to read the situation and know. I think there is a lot of body language, because like I said, there has never been a verbal 'is it okay if we have sex?' in the moment." Other participants echoed Jamal's response. Nadia, a 20-year old South East Asian women, suggested verbal consent would not only be unlikely, but even inappropriate in the moment. According to Nadia, "When you're like actually making out with somebody, you're not like going to stop and be like hey let's have this talk because like you're in the moment."

### 10.2 Influence of Relationship Type

Personal sexual experience, particularly discrepancies between partners' levels of sexual experience, and feelings about a potential sexual partner influenced consent negotiations more

than relationship type (i.e., first consensual sexual experience ever, first consensual sexual experience with a new dating partner, a consensual sexual experience in a long-term relationship). Sexual inexperience influenced consent negotiations in opposite ways. For some, it was associated with considerable discussion about consent. For others, sexual inexperience led to an absence of verbal communication. Hameed, a 19-year old Indian man, described his very first consensual sexual experience ever with a girlfriend who was also a virgin. Though he was “kind of nervous” and “worried,” Hameed reported continually obtaining his girlfriend’s consent during the experience. Hameed said, “I actually asked her if you are ok with this, is this ok, let’s slow down and talk about this for a second.” For Catherine, a 23-year old Caucasian woman, consent was not established in the moment preceding her first consensual sexual experience, but was established through joking, flirting, and talking about sex in the days, weeks, and months preceding intercourse with her then boyfriend. Catherine recalled, “I guess like through flirting...we had hinted, like in the past we wanted to, but prior to like the actual time that we did, ... we hadn’t actually said ‘do you want to have sex’ or ‘how would you feel about that,’ nothing like that.”

While Hameed and Catherine reported using language to negotiate consent, Jamal did not. In fact, Jamal recalled his very first consensual sexual experience as being entirely nonverbal. Jamal’s only mention of verbal communication occurred when I asked him what made his first sexual experience consensual. Unexpectedly, Jamal said, “I guess it was coercion. I coerced her into it, but I don’t believe it was aggressive to where I intimidated her into doing it. It was more whining and begging than anything else.” Jamal used language, not to negotiate consent, but to coerce his girlfriend into performing oral sex. Catherine similarly described how her current boyfriend “begs” for sex. She said that her boyfriend is not “very good at taking no

for an answer. He's never been like physically like hey let's do this, but he kind of like begs and I tell him all the time, 'like that's a really big turn off when you're just for an hour straight, can we please have sex please, please?'"

Discrepancies between partners' levels of sexual experience also impacted consent. Nadia spoke about her decision to remain a virgin until marriage and expressed concern about how her decision could threaten the longevity of her current romantic relationship of five months. In contrast to her relative inexperience, her boyfriend has had two prior sexual relationships. Nadia described how their consent negotiations focus on her boundaries. She said, "all I want to do is make out and that's about it, but with him because he's a guy, guys usually have like other things in mind. Usually I have to tell him that I want to slow things down." While Nadia's boyfriend has been content with her decision for the past five months, she worries that things might change.

I feel like ... that now we're reaching our like next month is going to be our sixth month and so I've never had a relationship last more than six months. So I'm not sure what to expect, but like I feel like because most of my friends like they always say like people usually get more sexually active.

As a result of their different expectations for sex, Nadia reported avoiding discussions of consent with her boyfriend, only raising the issue "if it seems necessary, because it's kind of like I don't want to talk about it all the time."

Jamal's description of two different sexual experiences highlighted the influence of feelings for a potential sexual partner on consent negotiations. In the passage below, Jamal describes how he encouraged his current girlfriend to wait to have sex early in their relationship because he cared about her.



She told me that she was a virgin and she told me that she wanted to have sex. She told me she was ready and I was like no you want to think about it. We weren't boyfriend and girlfriend and I told her you want your first time to be with somebody who loves you.

Like...I cared about her, she was my friend, but I didn't love her. You know. But I cared about her enough to turn it down and tell her that she deserved something better.

In this passage, Jamal's feelings for his girlfriend override his desire to engage in sexual behavior. In contrast to this experience, Jamal described, "messaging around" with a woman with whom he had a "little fling." Jamal said, "I didn't want anything to do with her because she got like real serious real quick;" however, he found himself "in the heat of the moment" having sex with her because "like I know she's there and I can." Of note is Jamal's reported use of alcohol precipitating this sexual experience.

### **10.3 Influence of Alcohol**

Several themes related to the influence of alcohol intoxication on consent negotiations emerged from the data. Jamal's experience of engaging in sexual behavior while intoxicated, described above, illustrated an association between alcohol and negative consequences. Jamal described the above experience as "consensual in the moment," but something he later regretted because of his relationship history with the woman involved. According to Jamal, he had a brief "fling" with the woman prior to engaging in sexual behavior with her while he was intoxicated. Jamal ended their fling because "she got like real serious real quick." Yet, Jamal said, after partying in the dorm, "I know she's there and I can, so we messed around. But then later, you know what I'm saying, of course after that she's calling me again like you reopen the door, like she has her foot in the door now." The phrase "I can" implies, at least from his perspective, the

experience was consensual. However, how ‘informed’ was her consent? Would the woman have consented if she understood his relationship intentions?

The relationship between alcohol, sexual behavior, and negative consequences may be moderated by relationship type. Some data suggest that engaging in sexual behavior when intoxicated does not lead to negative consequences if the sexual experience occurs with a long-term dating partner. When describing his use of alcohol in his current sexual relationship, Jamal reported, “I mean because it’s my girlfriend, its no regret. Like because like I said, I understood how it was going to end up when we started drinking with my girlfriend now.” According to Jamal, understanding the consequences is what prevents alcohol use from leading to negative consequences in his current sexual relationship. However, it seems reasonable to assert that Jamal recognized the consequences of his intoxicated one night stand reported in the previous paragraph.

Two participants reported never using drugs or alcohol. Their decisions to abstain were seemingly related to the association between alcohol and negative consequences. Nadia explained how her father’s alcoholism was responsible for her disinterest in being around “that environment.” Nadia communicated her boundaries regarding alcohol and sex to her past and current boyfriends saying, they knew that “if they’re drunk I’m not going to want to kiss them and stuff.” According to Nadia, “my boyfriend has never been drunk around me ... because he knows that I’m like it’s a touchy situation and so he understands that I don’t really like it.” Though abstaining from alcohol has marked much of her college experience, Nadia mentioned how she might drink after she turns 21, but that she cannot see herself drinking to get drunk.

Also related to the influence of alcohol on consent negotiations is the ‘inevitability of sex when intoxicated.’ This theme emerged from two of the four interviews. Jamal described how he

and his current girlfriend are guaranteed to have sex when they have been drinking. Jamal said, “Oh, I mean pretty much whenever we’re drunk and alone... if we’re alone and we’re drinking it’s going to end the same way.” Catherine described a similar situation, but focused more specifically on the absence of consent when drinking. According to Catherine, “there’s not so much consent when you’ve been drinking ... its just something we do, like when you’re drinking you do things without really thinking about them... its almost like there’s a lack of consent.” Yet, for Catherine, the inevitability of sex when intoxicated was related to relationship type. Qualifying her previous statement, Catherine said, “but I don’t know how that would differ with somebody that I wasn’t in a long term relationship with.” From these descriptions, it is easy to see how using alcohol before engaging in a sexual experience can lead to negative consequences.

#### **10.4 Other Contextual Factors**

Culture influenced the content of consent discussions. Nadia explained how she has never spoken to her boyfriend about getting tested for HIV or STDs even though he has had two prior sexual relationships. Nadia has not asked her boyfriend to get tested because his previous sexual partners were Indian. According to Nadia, “with Indian people, like even though they do go around like some girls [and] some guys are like really promiscuous ... some Indian girls have standards too, so it depends on what type of girl.” Underlying her avoidance of talking to her boyfriend is the stigma surrounding premarital sex in Indian culture. Nadia explained that if “your parents found out that you had an HIV test or something, they would automatically know that you are being sexually active and you’d be like condemned by your family.” Nadia’s recognition of stigma may be a function of being a woman in a more traditional or conservative culture, as Hameed, also South East Asian, did not report similar condemnation for premarital sexual behavior.

## 11 STUDY III DISCUSSION

The purpose of this study was descriptive. I sought to contextual factors of consent within participants' self-reported sexual experiences and describe how context influences the consent process. Results from this study illustrate sexual consent negotiations are influenced by multiple context particularly alcohol intoxication. In addition, four unexpected contextual influences, personal sexual experience, discrepant sexual experience between partners, feelings for a potential sexual partner, and culture, emerged from the data. These findings support the need for future research on relationships between individual difference factors, contextual variables, consent negotiations, and sexual experience outcomes to identify risk and protective pathways to consensual sexual experiences.

Alcohol myopia theory (Steele, 1988; Josephs & Steele, 1990) undergirds the association between alcohol intoxication and negative consequences. For example, because of his alcohol use, Jamal was unable to attend to several inhibitory cues present in his intoxicated one-night stand such as his disinterest in a relationship with the woman involved and his recognition that engaging in sexual behavior would falsely convey otherwise. Sober, Jamal was able to balance inhibitory and instigatory cues; however, when intoxicated, sexual desire superseded rational thought. Though Catherine and Jamal did not report experiencing negative consequences after using alcohol and having sex in their long-term relationships, alcohol myopia likely contributes to the 'inevitability of sex when intoxicated.' Catherine and Jamal's experiences highlight a singular focus on sexual interaction when drunk such that consent becomes a dismissed inhibitory cue when alcohol intoxication precedes sexual behavior.

Qualitative research has shown that when a woman's boyfriend sexually victimizes her she is less likely to label the experience as rape than when a stranger perpetrates similar violence

(Kahn, Jackson, Kully, Badger, & Halvorsen, 2003). Therefore, relationship type may not have emerged as a significant influence on consent because both women I interviewed in this study described sexual experiences that occurred within the context of an established relationship. Furthermore, my exclusive focus on “consensual” sexual experiences likely encouraged both women to concentrate on their experiences in relationships, as presumably those are the only type had. Though Catherine described experiences in which her boyfriend whined, begged, and subsequently pouted when she refused vaginal intercourse, tactics considered coercive by the Sexual Experiences Survey (Koss and the SES Collaborative, 2007), Catherine did not label these experiences as nonconsensual. Framing the study as one about sexual experiences in general, rather than consensual experiences in particular, may have illuminated the effect of relationship type on consent.

As has been previously documented (Basile, 1999), coercion emerged in participants’ descriptions of their consensual sexual experiences. For example, in addition to Catherine’s experience, Jamal reported coercing oral sex from his first sexual partner. This finding demonstrates the difficulty differentiating consensual sex from everything else (Pineau, 1989). The inability to clearly categorize sexual experiences as consensual or not has led Gavey (2005) to assert that heterosexuality serves as cultural scaffolding for rape and sexual violence. Because heterosexual sexual encounters are embedded within heteronormative structures, gender inequality precludes sexual consent (MacKinnon, 1989). Just as a student cannot sexually consent to his/her teacher, an employee to his/her employer, and a patient to his/her doctor (in most states), women cannot consent to men, as gender is a social role that renders all sexual interactions between them coerced.

As a result of the hierarchal organization of gender, we need an alternative model of sexual consent, one that disrupts traditional masculine and feminine gender roles, making it “completely implausible to read a woman’s silent, still, and sullen passivity as sexual consent” (Gavey, 2005 p. 217). An alternative model must stray from the heterosex script, removing the pressure to live up to an elusive feminine or masculine ideal and provide opportunities for sexual partners to redefine what it means to be a man or a woman participating in a heterosexual sexual encounter. A new model of sexual consent should be aligned with a healthy sexuality approach, teaching women to speak up for their own sexuality and men to listen to their partners as well as themselves. What Pineau (1989), Harris (2009), and others have proposed is a model of sexual communication.

Conceptualized as communication, sexual consent becomes a conversation, the purpose of which is to learn about one’s partner and express oneself (Pineau, 1989). As good conversation requires mutuality and equal participation from all engaged (Harris, 2009), the sexual communication model dismisses the notion that one partner acts as initiator and the other responder. From a legal perspective, sexual consent is currently conceptualized as a contract, creating a presumption of exchange in which one person is owed something to which the other is obliged to provide (Remick, 1992/1993). As a contract, the purpose of consent is to obtain something for oneself, be it sexual pleasure or a partner’s acquiescence, regardless of whether it causes harm to one’s sexual partner. This arrangement is antithetical to a truly consensual sexual experience. In fact, it creates a situation in which sexual violence is the norm rather than the exception, because if one does not get what he/she was promised, then he/she is allowed to take it.

Replacing sexual consent with sexual communication may get people talking about sex, but it will not prevent all acts of sexual violence. Serial rapists will not emerge from the bushes because sexual communication is in vogue. However, according to data from the National Crime Victimization Survey, approximately 70% of all incidents of rape and sexual assault women report to law enforcement are perpetrated by someone they know (e.g., intimate partner, relative, friend, acquaintance; DOJ, 2009). This suggests that perpetrators known to the victim commit the vast majority of sexual violence. It is unlikely all of these men are serial rapists. Though rape is one of the most significantly underreported crimes with some estimates suggesting only 16% of rapes are ever reported to law enforcement (DOJ, 2009; Kilpatrick & McCauley, 2009), survey research indicates that women are more likely to report incidents of sexual violence to the police when they have been violently raped by a stranger rather than a known acquaintance (Williams, 1984). All of this suggests sexual communication holds promise for sexual violence prevention.

Research is needed to untangle the relationship between definition of consent and personal sexual experience, as these two variables were conflated in this study. Participants who conceptualized consent as healthy sexuality promotion had never engaged in anal, oral, or vaginal sex. The consensual sexual experiences they described involved kissing, touching, and fondling. On the other hand, participants who defined consent as rape prevention reported several anal, oral, or vaginal sexual experiences. Future research is needed to explore whether this occurred because of sampling error or because one's definition of consent is uniquely tied to one's personal sexual experience history.

Anecdotal evidence from the qualitative interviews suggests the procedures used in this study could serve as a rape preventive intervention. To begin each interview, I asked participants

to reflect on the Q-sort activity. I was specifically interested in whether they thought about the study afterward and if they spoke to anyone else about their experience. All four participants said they thought about the study later, Nadia and Hameed also spoke to their sexual partners about it, and Catherine spoke to a friend. Each participant reported not thinking about sexual consent to such an extent before participating in the Q-sort. At the end of his interview, Hameed said he valued the experience because he never talked to anyone about sexual relationship issues.

Using an experimental design, college students could be randomly assigned to intervention or control groups. Participants in both groups could converse with an interviewer. The subject of conversation would either be consent or a general discussion about dating and sexual relationships. Multiple outcomes could be assessed at several intervals following intervention to determine if talking about consent in this format increases 1) the frequency with which participants talk to their partners about consent, 2) their comfort talking about sexual consent and sexual health, and 3) the frequency of coercive experiences. I believe the one-on-one interview setting, the age of the interviewer, and the conversational versus educational format are essential to the success of a potential intervention. The match between interviewer/interviewee sexual orientation and gender are other individual difference factors that likely influence the process and should be further explored.

## **12 CONCLUSION**

Spurred by limited psychological research and a body of literature dominated by a legal perspective, this study was designed to revisit an important, but in the case of sexual consent, overlooked step in the research process, problem definition. The purpose of this study was to explore how college students conceptualize consent, whether they all do so similarly, and how context influences the consent process. Fundamental to my interest in this topic, is the



presumption that consensual sexual experiences have something to tell us about sexual violence. Results from Studies I, II, and III suggest that regardless of one's definition of consent, consent is a relatively straightforward act typically signified through body language. It is the varied context within which consent occurs, rather, that deserve further investigation, as these factors produce "degrees" of consensual sexual experiences.

As a problem that is multiply determined, sexual violence requires a solution advanced from multiple perspectives. Sexual violence research has contributed greatly to rape prevention. Yet, findings from this study demonstrate how focusing on consensual sexual experiences has direct implications for sexual violence prevention. For example, results from Study III suggest that "unwanted" and "nonconsensual" are not synonymous. These words should not be used interchangeably to measure sexual victimization experiences, as is often done (Rinehard & Yeater, 2011). Further, the variability in participants' consensual sexual experiences cautions researchers from categorizing sexual experiences as consensual or not, as this practice overlooks differences among experiences in the same category (Rinehard & Yeater, 2011). Just as factor rotation retains the underlying latent construct while allowing the researcher to view it from a different angle, studying consensual sexual experiences illuminates ways to prevent sexual violence that would be missed without this vantage point.

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### Appendix A: Sexual Offense Statues and Definition of Consent by State

State	Code	Statute	Component of Statute that pertains to Consent	Definition of Consent
Alabama	§13A-6-60	Rape - 1st degree	A person commits the crime of rape if he or she engages in sexual intercourse with a member of the opposite sex who is incapable of consent by reason of being physically helpless or mentally incapacitated.	Lack of consent is any circumstance in which the victim does not expressly or impliedly acquiesce in the actor's conduct.
Alaska	§11.41.410	Sexual Assault - 1st degree	An offender commits the crime of sexual assault if the offender engages in sexual penetration with another person without consent of that person.	Lack of consent results from: 1) Force, threat, or deception; 2) Age (if under 16 years old); 3) Mental incompetence.
Arizona	§13-1406	Sexual Assault	A person commits sexual assault by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person without consent of such person.	Without consent includes any of the following: 1) The victim is coerced by the immediate use or threatened use of force against a person or property. 2) The victim is incapable of consent by reason of mental disorder, mental defect, drugs, alcohol, sleep or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant. 3) The victim is intentionally deceived as to the nature of the act.

Arkansas	§5-14-103	Rape	A person commits rape if he or she engages in sexual intercourse or deviant sexual activity with another person who is incapable of consent because he or she is physically helpless, mentally defective or incapacitated, is less than 14 years of age.	4) The victim is intentionally deceived to believe that the person is the victim's spouse. Not explicitly defined.
California	§8-1-261	Rape	Rape is an act of sexual intercourse accomplished with a person not the spouse of the perpetrator, under any of the following circumstances: 1) Where a person is incapable, because of a mental disorder or developmental or physical disability, of giving legal consent. 2) Where it is accomplished against a person's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the person or another. 3) Where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person.	Positive cooperation in act or attitude pursuant to an exercise of free will. The person must act freely and voluntarily and have knowledge of the nature of the act or transaction involved.
Colorado	§18-3-402	Sexual Assault	Any actor who knowingly inflicts sexual intrusion or sexual penetration on a victim commits sexual assault if the actor causes submission of the victim by means of sufficient consequence reasonably calculated to cause submission against the victim's will.	Cooperation in act or attitude pursuant to an exercise of free will and with knowledge of the nature of the act. A current or previous relationship shall not be sufficient to constitute consent. Submission under the influence of fear shall not constitute consent. Not explicitly defined.
Connecticut	§53a-70	Sexual Assault - 1st	A person is guilty of sexual assault when such person engages in sexual intercourse with another	

Delaware	§11-773	degree  Rape - 1st degree	<p>person and such other person is mentally incapacitated to the extent that such other person is unable to consent to such sexual intercourse.</p> <p>A person is guilty of rape when the person intentionally engages in sexual intercourse with another person and the sexual intercourse occurs without the victim's consent.</p>	<p>Without consent means:</p> <p>1) The defendant compelled the victim to submit by any act of coercion or by force, by gesture, or by threat of death, physical injury, pain or kidnapping to be inflicted upon the victim or a third party, or by any other means which would compel a reasonable person under the circumstances to submit;</p> <p>2) The defendant knew that the victim was unconscious, asleep or otherwise unaware that a sexual act was being performed;</p> <p>3) The defendant knew that the victim suffered from a cognitive disability, mental illness or mental defect which rendered the victim incapable of appraising the nature of the sexual conduct or incapable of consenting;</p> <p>4) Where the defendant is a health professional, or a minister, priest, rabbi or other member of a religious organization engaged in</p>
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pastoral counseling, the commission of acts of sexual contact, sexual penetration or sexual intercourse by such person shall be deemed to be without consent of the victim where such acts are committed under the guise of providing professional diagnosis, counseling or treatment and where at the times of such acts the victim reasonably believed the acts were for medically or professionally appropriate diagnosis, counseling or treatment, such that resistance by the victim could not have been manifested.

5) The defendant had substantially impaired the victim's power to appraise or control the victim's own conduct by administering or employing without the other person's knowledge or against the other person's will, drugs, intoxicants or other means for the purpose of preventing resistance.

Consent means words or overt actions indicating a freely given agreement to the

District of Columbia	§22-3001	Sexual Abuse - 1st degree	A person commits rape if that person engages in or causes another person to engage in or submit to a sexual act after administering to that other person by
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			force or threat of force, or without the knowledge or permission of that other person, a drug, intoxicant, or other similar substance that substantially impairs the ability of that other person to appraise or control his or her conduct.	sexual act or contact in question. Lack of verbal or physical resistance or submission by the victim, resulting from the use of force, threats, or coercion by the defendant shall not constitute consent.
Florida	§794.001	Sexual Battery	A person who commits sexual battery upon a person 12 years of age or older without that person's consent commits a felony of the first degree.	Consent means intelligent, knowing, and voluntary consent and does not include coerced submission. Consent shall not be deemed or construed to mean the failure by the alleged victim to offer physical resistance to the offender.
Georgia	§16-6-1	Rape	A person commits the offense of rape when he has carnal knowledge of a female forcibly and against her will.	Not explicitly defined.
Hawaii	§707-700	Sexual Assault - 1st degree	A person commits the offense of sexual assault if the person knowingly subjects to sexual penetration another person who is mentally incapacitated or physically helpless as a result of the influence of a substance that the actor knowingly caused to be administered to the other person without the other person's consent.	Not explicitly defined.
Idaho	§18-6101	Rape	Rape is defined as the penetration, however slight, of the oral, anal or vaginal opening with the perpetrator's penis accomplished with a female where she is incapable, through any unsoundness of mind, due to any cause including, but not limited to, mental illness, mental disability or developmental	Not explicitly defined.



Illinois	§720 ILCA 5/12-13	Criminal Sexual Assault	disability, whether temporary or permanent, of giving legal consent. The accused commits criminal sexual assault if he or she commits an act of sexual penetration and the accused knew that the victim was unable to understand the nature of the act or was unable to give knowing consent.	Not explicitly defined.
Indiana	§35-42-4-1	Rape	A person who knowingly or intentionally has sexual intercourse with a member of the opposite sex when the other person is so mentally disabled or deficient that consent to sexual intercourse cannot be given.	Not explicitly defined.
Iowa	§709.1	Sexual Abuse - 1st degree	Any sex act between persons is sexual abuse by either of the persons when the act is performed with the other person in any of the following circumstances: 1) The act is done by force or against the will of the other. If the consent or acquiescence of the other is procured by threats of violence toward any person or if the act is done while the other is under the influence of a drug inducing sleep or is otherwise in a state of unconsciousness, the act is done against the will of the other. 2) Such other person is suffering from a mental defect or incapacity, which precludes giving consent, or lacks the mental capacity to know the right and wrong of conduct in sexual matters.	Not explicitly defined.
Kansas	§21-3502	Rape	Sexual intercourse with a person who does not consent to the sexual intercourse, under any of the following circumstances: 1) When the victim is incapable of giving consent because of mental deficiency or disease, or when the victim is incapable of giving consent because of the effect of any alcoholic liquor, narcotic, drug or other	Not explicitly defined.

			<p>substance, which condition was known by the offender or was reasonably apparent to the offender;</p> <p>2) Sexual intercourse with a victim when the victim's consent was obtained through a knowing misrepresentation made by the offender that the sexual intercourse was a medically or therapeutically necessary procedure;</p> <p>3) Sexual intercourse with a victim when the victim's consent was obtained through a knowing misrepresentation made by the offender that the sexual intercourse was a legally required procedure within the scope of the offender's authority.</p>	
Kentucky	§510-040	Rape - 1st degree	A person is guilty of rape when he engages in sexual intercourse with another person who is incapable of consent because he is physically helpless or is less than twelve (12) years old.	Not explicitly defined.
Louisiana	§14-41	Rape	Rape is the act of anal, oral, or vaginal sexual intercourse with a male or female person committed without the person's lawful consent.	Not explicitly defined.
Maine	§17-A-251	Gross Sexual Assault	<p>A person is guilty of gross sexual assault if that person engages in a sexual act with another person and:</p> <p>1) The other person suffers from mental disability that is reasonably apparent or known to the actor, and which in fact renders the other person substantially incapable of appraising the nature of the contact involved or of understanding that the person has the right to deny or withdraw consent.</p> <p>2) The other person is unconscious or otherwise physically incapable of resisting and has not consented to the sexual act.</p>	Not explicitly defined.
Maryland	§3-303	Rape - 1st degree	A person may not engage in vaginal intercourse with another by force, or the threat of force, without the	Not explicitly defined.

Massachusetts	§265-22	Rape	consent of the other. Whoever has sexual intercourse or unnatural sexual intercourse with a person, and compels such person to submit by force and against his will.	Not explicitly defined.
Michigan	§750.520a	Criminal Sexual Conduct - 1st degree	Statute does not explicitly mention consent.	Not explicitly defined.
Minnesota	§609.342	Criminal Sexual Conduct - 1st degree	Statute does not explicitly mention consent.	Consent means words or overt actions by a person indicating a freely given present agreement to perform a particular sexual act with the actor. Consent does not mean the existence of a prior or current social relationship between the actor and the complainant or that the complainant failed to resist a particular sexual act. A person who is mentally incapacitated or physically helpless as defined by this section cannot consent to a sexual act.
Mississippi	§97-3-99	Sexual Battery	A person is guilty of sexual battery if he or she engages in sexual penetration with another person without his or her consent.	Not explicitly defined.
Missouri	§566.030	Forcible Rape and Attempted Forcible Rape	A person commits the crime of forcible rape if such person has sexual intercourse with another person by the use of forcible compulsion. Forcible compulsion includes the use of a substance administered without a victim's knowledge or consent, which renders the	Not explicitly defined.

Montana	§45-5-502	Sexual Assault	<p>victim physically or mentally impaired so as to be incapable of making an informed consent to sexual intercourse.</p> <p>A person who knowingly subjects another person to any sexual contact without consent commits the offense of sexual assault.</p>	<p>The term "without consent" means:</p> <ol style="list-style-type: none"> <li>1) The victim is compelled to submit by force against the victim or another;</li> <li>2) The victim is incapable of consent because the victim is mentally defective or incapacitated, physically helpless, overcome by deception, coercion, or surprise, less than 16 years old, or incarcerated in an adult or juvenile correctional, detention, or treatment facility and the perpetrator is an employee, contractor, or volunteer of the facility and has supervisory or disciplinary authority over the victim, unless the act is part of a lawful search.</li> </ol>
Nebraska	§28-319	Sexual Assault - 1st degree	<p>Any person who subjects another person to sexual penetration without the consent of the victim.</p>	<p>Without consent means:</p> <ol style="list-style-type: none"> <li>1) The victim was compelled to submit due to the use of force or threat of force or coercion;</li> <li>2) The victim expressed a lack of consent through words, or the victim</li> </ol>

				expressed a lack of consent through conduct, or the consent, if any was actually given, was the result of the actor's deception as to the identity of the actor or the nature or purpose of the act on the part of the actor. The victim need only resist, either verbally or physically, so as to make the victim's refusal to consent genuine and real and so as to reasonably make known to the actor the victim's refusal to consent. Not explicitly defined.
Nevada	§200.366	Sexual Assault	A person who subjects another person to sexual penetration, or who forces another person to make a sexual penetration on himself or herself or another, or on a beast, against the will of the victim or under conditions in which the perpetrator knows or should know that the victim is mentally or physically incapable of resisting or understanding the nature of his or her conduct, is guilty of sexual assault.	
New Hampshire	§632-A:1	Aggravated Felonious Sexual Assault	A person is guilty of aggravated felonious sexual assault if such person engages in sexual penetration with another person when at the time of the sexual assault, the victim indicates by speech or conduct that there is not freely given consent to performance of the sexual act.	Consent must be freely given through speech or conduct.
New Jersey	§2C:14-2	Sexual Assault	Statute does not explicitly mention consent.	Not explicitly defined.
New Mexico	§30-9-11	Criminal Sexual	Statute does not explicitly mention consent.	Not explicitly defined.

New York	§130.35	Penetration - 1st degree Rape - 1st degree	A person is guilty of rape when he or she engages in sexual intercourse with another person who is incapable of consent because of being physically helpless.	Expressly or impliedly acquiesce in the actor's conduct.
North Carolina	§14-27.2	Rape - 1st degree	A person is guilty of rape if the person engages in vaginal intercourse with another person by force and against the will of the other person, and: a) Employs or displays a dangerous or deadly weapon or an article which the other person reasonably believes to be a dangerous or deadly weapon; or b) Inflicts serious personal injury upon the victim or another person; or c) The person commits the offense aided and abetted by one or more other persons.	Not explicitly defined.
North Dakota	§12.1-20-02	Gross Sexual Imposition	A person who engages in a sexual act with another, or who causes another to engage in a sexual act, is guilty of an offense if that person knows or has reasonable cause to believe that the other person suffers from a mental disease or defect which renders him or her incapable of understanding the nature of his or her conduct.	Not explicitly defined.
Ohio	§2907.02	Rape	No person shall engage in sexual conduct with another who is not the spouse of the offender or who is the spouse of the offender but is living separate and apart from the offender, when the other person's ability to resist or consent is substantially impaired because of a mental or physical condition or because of advanced age, and the offender knows or has reasonable cause to believe that the other person's ability to resist or consent is substantially impaired	Not explicitly defined.

Oklahoma	§21-1111	Rape - 1st degree	because of a mental or physical condition or because of advanced age. Rape is an act of sexual intercourse involving vaginal or anal penetration accomplished with a male or female who is not the spouse of the perpetrator and who may be of the same or the opposite sex as the perpetrator where the victim is incapable through mental illness or any other unsoundness of mind, whether temporary or permanent, of giving legal consent.	Not explicitly defined.
Oregon	§163.305	Rape - 1st degree	A person who has sexual intercourse with another person commits the crime of rape if the victim is incapable of consent by reason of mental defect, mental incapacitation or physical helplessness.	A person is considered incapable of consenting to a sexual act if the person is: 1) Under 18 years of age; 2) Mentally defective or mentally incapacitated; 3) Physically helpless. A lack of verbal or physical resistance does not, by itself, constitute consent but may be considered by the trier of fact along with all other relevant evidence.
Pennsylvania	§3101	Rape	A person commits a felony when the person engages in sexual intercourse with a complainant who suffers from a mental disability, which renders the complainant incapable of consent.	Not explicitly defined.
Rhode Island	§11-37-2	Sexual Assault - 1st degree	Statute does not explicitly mention consent.	Not explicitly defined.
South Carolina	§16-3-652	Criminal Sexual Conduct -	A person is guilty of criminal sexual conduct in the first degree if the actor engages in sexual battery with the victim and the actor causes the victim,	Not explicitly defined.

		1st degree	without the victim's consent, to become mentally incapacitated or physically helpless by administering, distributing, dispensing, delivering, or causing to be administered, distributed, dispensed, or delivered a controlled substance, a controlled substance analogue, or any intoxicating substance.	
South Dakota	§22-22-1	Rape - 1st degree	Rape is an act of sexual penetration accomplished with any person under any of the following circumstances: 1) If the victim is incapable, because of physical or mental incapacity, of giving consent to such act; 2) If the victim is incapable of giving consent because of any intoxicating, narcotic, or anesthetic agent or hypnosis.	Not explicitly defined.
Tennessee	§39-13-502	Aggravated Rape	Statute does not explicitly mention consent.	Not explicitly defined.
Texas	§22.011	Sexual Assault	A person commits an offense if the person intentionally or knowingly: 1) Causes the penetration of the anus or female sexual organ of another person by any means, without that person's consent; 2) Causes the penetration of the mouth of another person by the sexual organ of the actor, without that person's consent; 3) Causes the sexual organ of another person, without that person's consent, to contact or penetrate the mouth, anus, or sexual organ of another person, including the actor.	A sexual assault is without the consent of the other person if the actor compels the other person to submit or participate by: 1) The use of physical force or violence; 2) Threatening to use force or violence against the other person, and the other person believes that the actor has the present ability to execute the threat; 3) The other person has not consented and the actor knows the other person is



unconscious or physically  
unable to resist;

4) The actor knows that as a  
result of mental disease or  
defect the other person is at  
the time of the sexual assault  
incapable either of appraising  
the nature of the act or of  
resisting it;

5) The other person has not  
consented and the actor  
knows the other person is  
unaware that the sexual  
assault is occurring;

6) The actor has intentionally  
impaired the other person's  
power to appraise or control  
the other person's conduct by  
administering any substance  
without the other person's  
knowledge;

7) The actor is a public  
servant who coerces the other  
person to submit or  
participate;

8) The actor is a mental  
health services provider or a  
health care services provider  
who causes the other person,  
who is a patient or former  
patient of the actor, to submit  
or participate by exploiting  
the other person's emotional

				dependency on the actor; 9) The actor is a clergyman who causes the other person to submit or participate by exploiting the other person's emotional dependency on the clergyman in the clergyman's professional character as spiritual adviser. Not explicitly defined.
Utah	§76-5-402	Rape	A person commits rape when the actor has sexual intercourse with another person without the victim's consent.	
Vermont	§13-3252	Sexual Assault	No person shall engage in a sexual act with another person and compel the other person to participate in a sexual act without the consent of the other person.	Consent means words or actions by a person indicating a voluntary agreement to engage in a sexual act. Not explicitly defined.
Virginia	§18.2-61	Rape	If any person has sexual intercourse with a complaining witness, whether or not his or her spouse, or causes a complaining witness, whether or not his or her spouse, to engage in sexual intercourse with any other person and such act is accomplished against the complaining witness's will, by force, threat or intimidation of or against the complaining witness or another person. Does not include consent.	
Washington	§9A.44.040	Rape - 1st degree		Consent means that at the time of the act of sexual intercourse or sexual contact there are actual words or conduct indicating freely given agreement to have sexual intercourse or sexual contact.
West Virginia	§61-8B-3	Sexual	A person is guilty of sexual assault in the first	Expressly or impliedly

		Assault - 1st degree	degree when the person engages in sexual intercourse or sexual intrusion with another person and the sexual act was committed without the consent of the victim.	acquiesce in the actor's conduct.
Wisconsin	§940.225	Sexual Assault - 1st degree	Sexual assault is sexual contact or sexual intercourse with another person without consent of that person: 1) And causes pregnancy or great bodily harm to that person; 2) By use or threat of use of a dangerous weapon or any article used or fashioned in a manner to lead the victim reasonably to believe it to be a dangerous weapon. 3) And is aided or abetted by one or more other persons.	Consent means words or overt actions by a person who is competent to give informed consent indicating a freely given agreement to have sexual intercourse or sexual contact. A person suffering from a mental illness or defect, which impairs capacity to appraise personal conduct and a person who is unconscious or for any other reason is physically unable to communicate unwillingness to an act are incapable of consent.
Wyoming	§6-2-302	Sexual Assault - 1st degree	Any actor who inflicts sexual intrusion on a victim commits a sexual assault if: 1) The victim is physically helpless, and the actor knows or reasonably should know that the victim is physically helpless and that the victim has not consented; 2) The actor knows or reasonably should know that the victim through a mental illness, mental deficiency or developmental disability is incapable of appraising the nature of the victim's conduct.	Not explicitly defined.

### Appendix B: Coded Statements about Consent

	Can be Expressive				Expressive, Factual, Actual	Factual and Actual				
Statement about Consent	Proactive	Reactive	Active	Passive	Direct Verbal	Indirect Verbal	Direct Behavior	Indirect Behavior	Legal	Attitude
Sexual consent is when people of stable mind and body agree to participate in sexual activity with others.	X		X						X	
Answering in the affirmative to any and all physically intimate or sexual contact between two or more parties.	X				X					
Agreeing to participate in sexual activities.	X									
Sexual consent is the willingness to take part in sexual experiences when one is of age.									X	X
Sexual consent is when both parties are willing and agree to engage in a sexual experience with each other and there is no force or coercion involved.	X		X	X					X	
When all partners agree to having sexual relations.	X		X	X						
When both partners agree to have sex and feel that way afterwards with no regrets.	X		X	X						
Sexual consent is giving your "okay" for a sexual relationship to take place if you are of age.	X			X					X	
Two adults making a decision to have sexual intercourse.									X	X
Sexual content is when all parties participating in sexual acts are in agreement of partaking in those sexual acts.	X		X	X						
When two mature people of their own free will give each other the "go ahead" to engage in a sexual manner.	X		X	X					X	
Sexual consent is giving someone permission to have relations with you.	X			X						
Granting someone access to your body.	X			X						
Sexual consent means that the two people that are having mutual feelings about having sexual relationships with each other and that they both agree to whatever sexual activities that they are going to have or having.	X		X	X						X
Willingly engaging in sexual encounters when both parties are fully aware of what's going on and are okay with it.									X	
Sexual consent is the act of verbally or non-verbally giving permission for someone to engage in sexual acts with you.	X			X	X	X	X	X		
Sexual consent is two willing people who agree, say yes to engaging in some kind of sexual act when they are of the minimum age that the law says a person is considered competent of consenting to sexual acts.	X		X	X	X				X	

Sexual consent is unforced sexual acts on another person.					X	
Sexual consent is two or more people agreeing to participate in anything sexual.	X	X	X			
Sexual consent is giving permission to engage in any particular sexual activity.	X		X			
Sexual consent is giving the "ok" to participate in sex.	X		X			
Both parties agreeing to sex.	X	X	X			
Sexual consent is giving someone the go ahead to perform a sexual act with and/or on you.	X		X			
It is actually saying yes to do it or to be involved and not just giving off the impression or making someone believe that you are consenting to it.	X		X	X		
Sexual consent is two people agreeing to being involved in sexual intercourse.	X	X	X			
When both parties involved have clearly and verbally expressed that they want to have sex and have in no way been coerced or manipulated into giving their consent.	X	X	X	X	X	X
It is also important that both parties feel that they are able to change their mind after they have expressed they wanted to have sex.	X					X
Sexual consent is a mutual agreement to participate in sexual activity.	X	X	X			
Two parties have discussed what they want sexually and do not push the other's boundaries or make them participate in something they are not willing to do.	X	X	X			
Sexual consent is having sex with someone willingly and without being threatened or forced.					X	
Agreement to all activities sexual in nature uninfluenced by drugs or alcohol.	X		X		X	
Sexual consent is willingly accepting to becoming intimate with another person and accepting the risk and consequences that can happen during sexual intercourse.						
Another restriction to giving sexual consent would be not being under the influence of alcohol or drugs.			X		X	
Sexual consent is willingly becoming sexual active with another person regardless of the outcome.						
Sexual consent is when two people agree to indulge in sexual activity with each other.	X	X	X			
Sexual consent is when someone gives permission to one person to be involved with in a sexual experience; it's the ok-go signal from the other person to go ahead.	X		X			
Either they've had the conversation previously or during the moment, they give each other permission.	X	X	X			

A conversation that where one person asks and the other agrees.	X	X	X	X		
Sexual consent is an agreement between two people to willingly participate in sexual actions.	X	X	X			
Any sexual occurrence that takes place that is granted permission by all parties involved and not forced nor persuadable.	X	X	X			X
Giving my partner sexual intercourse without saying no.	X	X	X			
The desire to engage in sexual activities and verbal or physical expression of this desire.	X					X
Sexual consent is when two mature adults decide to have oral sex, anal sex, or sexual intercourse of their own free will.						X
Saying "yes" to any sexual contact.	X		X	X		
Sexual consent is when both parties agree on doing something sexual.	X	X	X			
Sexual consent is your willingness to engage in sexual activity of any kind with another person.						
Sexual consent is an agreement between two parties that allow them to express a clear feeling without harming one another.	X	X	X			
Sexual consent is when one partner gives the other partner permission to start or continue a sexual act.	X		X			
Sexual consent is when two or more individuals agree to participate in some kind of sexual act.	X	X	X			
Agreeing to participate in any sexual behavior between yourself and another person.	X		X			
Sexual consent is essentially saying, "Yes" to sex.	X		X	X		
Sexual consent is the permission of both parties to have a sexual act.	X	X	X			
Two (or more) individuals engaging in sexual activity with a verbal or behavioral cue understanding the intent to share their bodies with each other before the sex act has begun.	X					
Agreeing to have sex by saying yes.	X		X	X		
Agreeing to engage in physical intimate behavior with someone without being forced to do something you do not want to do.	X		X			X
Agreeing to have sex with someone.	X		X			
When two parties agree to participate in a sexual act.	X	X	X			
When physical acts are mutual between two people.						
When both partners agree to doing a certain sexual act and they are not under the influence of any drugs or alcohol.	X	X	X			X

Sexual consent is when both parties have a mutual agreement to engage in sexual activities with each other.	X	X	X			
Sexual consent is when two or more people agree on having sex of any nature.	X	X	X			
Sexual consent is a mental, physical, and emotional "peace" with having sex.						
Sexual consent is the permission a person gives to another individual allowing them to perform sexual acts or use sexually explicit words or any other things in a sexual context.	X		X			
Sexual consent is basically when you and the other person agree to have sex regardless of age.	X	X	X			X
A male and a female both giving each other permission to touch them in a provocative nature.	X	X	X			
Neither person saying 'no' to the other.	X		X			
That you willingly agree to have sex with someone without being forced to do it, and it's your choice.	X		X			X
Sexual consent is when two people (not under the influence) both willingly partake in sexual intercourse or sexual related activity with one another.						X
Sexual consent is someone agreeing to a sexual activity, no matter the state of mind.	X		X			X
Allowing someone the right to participate in sexual activities with you.			X			
Sexual consent is an agreement to have a sexual encounter with another party.	X		X			
When one is not forced to do the sexual acts, they are giving consent.	X					X
I feel like sexual consent is when both parties are open and welcoming to the idea of sex with each other.						
Giving permission for some one to penetrate you, or agreeing to engage in sexual acts.	X		X			
Sexual consent is giving one permission to have sex with you.	X		X			
Sexual consent is when you agree to have sex with someone and all parties meet the legal age for having sex.	X		X			X
Being open to sexual activities with someone else.						
Sexual consent is when both individuals are fully aware and agree with words or physical conduct to sexual intercourse.	X	X	X			
Sexual consent is an agreement between two people to engage in sexual activities.	X	X	X			

Sexual consent is the mutual agreement between stable minded individuals to participate in sexual intercourse or sexually oriented contact with one another.	X	X	X			X
Verbally accepting and agreeing to allow someone to be apart of an act (sex) that you desire to do.	X		X			X
Having a stable, healthy mental state and agreeing to sex either by not stopping sexual action or initiating it.	X	X	X			X
Sexual consent is giving another person permission to engage in sexual acts with yourself.	X		X			
Sexual consent is when you and the person you are with agreed to sexual acts.	X	X	X			
When both parties are completely comfortable with the sexual act before it is preformed.						
Agreement from all parties involved to engage in sexual behavior.	X	X	X			
Sexual consent is when each individual involved in the sexual encounter is a willing adult participant, and nothing occurs during the duration of the entire experience that is not desired by every participant.						X X
Each participant must be of sound mind meaning each individual must not be mentally handicapped either by physical or mental impairment or by substance impairment.						X
Participating in a sex act without verbal or physical indications of resistance.	X		X			
Sexual consent is when the girl has said yes, that she is willing to have sex.	X		X	X		
Physical mental and verbal approval of making sexual decisions and participation in sexual activity.	X					
Sexual consent is the approval, in other words allowing, sexual activity to occur within two (or more?) intimate mates.	X		X			
Sexual consent is the agreement between two individuals that they are willing to have a sexual experience with each other and know and have talked about the possible outcomes including psychological effects.	X	X	X			
Permission to have sex.	X		X			
Sexual consent is when all persons involved agree to participate in sexual activities.	X	X	X			
Sexual consent is when a couple knowingly makes a mutual agreement verbally to one another that having intercourse is indeed their intentions.	X	X	X	X	X	



When two people discuss and have a mutual, freely given agreement with actual words or physical contact to enter into a sexual act.	X	X	X	X	X		
When the opposite person is willing do what they are at their own will and not any type of pressure has been put on them in order to make the decision.			X				X
Sexual consent it when you allow an individual to do what they please with you with your permission.	X		X				
Consent meant the "go ahead" to advance to orgasm/ejaculation.	X		X				
That I was okay with what was taking place and how intimate we were becoming.			X				
To not say "no" or "stop."		X	X				
To give consent means there is no gray areas about what you and your partner expect.							
Give permission to the sexual intercourse.	X		X				
That you are on the same page as your partner.							
That you trust your partner.							
It meant that I was telling him that it was ok for us to proceed with having sex.	X		X				
We were both good to "do" it with each other.							
It meant to let the other person know that I was ready to engage in a certain act with my boyfriend.			X				
Show or tell that you're okay with what's going on.	X		X				
Giving my partner permission.	X		X				
Consent involves both partners or people to want and are willing to get physically involved with one another.		X	X				
Consent is only given when both people have equal power in determining the level of sexual intimacy between them.							X
It meant that I trusted him and that I enjoyed what we were doing.							
It made me feel like I had a voice in the relationship, and that he wasn't expecting me to have sex with him.	X		X				
He understood that I wanted to engage in sex.							
To agree on what we were doing at the time.	X	X	X				
It meant that I was agreeing to have sex with him and that if anything should happen, be it pregnancy or an STD, I would be partially responsible for it.	X		X				
Let him know that I wanted to engage in the activity with him.							X

To give consent meant agreeing and wanting to engage in sexual intercourse with my partner by giving him permission to touch my body and touching his also-leading to consent with one another.	X	X			X
By kissing him back and NOT telling him to remove his hands from my breasts and lips.	X	X			
Engaging and participating in acts.	X				
Never said "no" or "stop." My body language let him know that I was a willing partner.	X	X			
Ask questions about previous sexual relationships, if any, and what he did with previous partners, whether he used protections or not.		X			X
By saying 'yes' when asked.	X	X	X		
I told him I was ready.	X				
He asked if this was what I wanted to do and I replied 'yes.'	X	X	X		
By first asking for the condom.			X		
I didn't tell him to stop.	X	X			
By kissing him back, I let him know that I consented.	X	X		X	
I told him I wanted to have sex.	X		X		
Starting the sex myself.		X		X	
He actually asked if I wanted to go all the way and I said 'yes.'	X	X	X		
Expressed it verbally and physically.	X		X	X	X
He asked if it was something that I wanted to do and I said 'yes.'	X	X	X		
He asked if he could continue and actually have sex and I said 'yes.'	X	X	X		
I let him continue what he was doing without denying or rejecting him.	X	X			
By allowing it to happen.	X	X			
I allowed him to touch in a way that I wouldn't let anyone else touch me.	X	X		X	
I talked to him and encouraged him to take the next step.		X			
Say 'yes.'	X	X	X		
Rather than stopping the activity before it went farther than I wanted it to, I allowed it to continue.	X	X			
When he asked if I was sure about having sex, I gave clear consent by saying "yes."	X	X	X		
Allowing him to have sex with me.	X	X			

By responding positively to his actions.		X				
I verbally gave consent.	X		X			
By not refusing the sexual acts.	X	X				
Just agree with it.		X				
He asked me if I was sure I wanted to do this and I said 'yes.'	X	X	X	X		
By not attempting to stop it.	X	X				
I initiated the kissing which led him to believe that I was giving him my consent to sexual activity.		X			X	
Verbally over many conversations.	X		X	X		
Non-verbally....through my actions.					X	
I never said no.	X	X				
Verbal approval and physical response.	X	X	X	X	X	X
He asked me and I said 'yes.'	X	X	X	X		
I initiated sexual contact.		X			X	
By asking her to spend the night with me.		X		X		
I did not stop him when he was trying to undress me.	X	X			X	X
Wanting to participate and allow him to participate as well.						X
To let it be known I was comfortable and was willing to take part in the experience.						
That we could have sex.						
It meant that we were on the same page.						
To let him know that this was what I wanted and that it wasn't me being pressured.						X X
To willingly have sex with someone without force.						X
That I was willing to have sex with him.						
It meant that I was allowing him to perform sexual acts on me and allowing myself to perform sexual acts on him.		X				
Giving consent was simply me not saying 'no.'	X	X				
We were both good to "do" it with each other.						
It meant to let the other person know that I was ready to engage in a certain act with my boyfriend.		X				
Show or tell that you're okay with what's going on.	X					
Giving my partner permission.	X	X				

It meant that I trusted him and that I enjoyed what we were doing.					
That he wasn't expecting me to have sex with him.	X	X			
It means that I wanted to have sex with him.					X
Allow her to do what she felt comfortable with me.		X			
To agree on what we were doing at the time.	X				
It meant that I was agreeing to have sex with him and that if anything should happen, be it pregnancy or an STD, I would be partially responsible for it.	X	X			
Let him know that I wanted to engage in the activity with him.					X
It meant we both agreed that this we were ready.	X	X	X		
To give consent meant agreeing and wanting to engage in sexual intercourse with my partner by giving him permission to touch my body and touching his also-leading to consent with one another.	X		X		X
Approving it.	X		X		
Giving consent meant that he had to permission to perform sexual acts with me.	X		X		
I said yes instead of saying no.	X		X	X	
It meant that I was okay with what was going to happen and that I wanted it to happen.					X
That I wouldn't be able to blame anything on him and that I was also taking responsibility for our actions.					
Allowing him to have sex with me.			X		
It meant that we would have sexual intercourse.					
It meant that I trusted and loved him.					
Agree with what your partner wants to.	X		X		
That meant that we both were willing to do what we were about to do.		X	X		
To allow the sexual encounter to take place without objection.	X		X		
It meant that I wanted to have sex with him. That I trusted him to listen to me and if I didn't want to do certain sexual acts that he would not force them.					X
To tell the person that you are with how comfortable you are with sexual activities and how far you are willing to go with that person sexually.					
Giving consent essentially means, "giving your partner the 'ok' to proceed with sexual activity."	X		X		

Verbally informing the other individual that the act was desired while in a state of sound mind.	X	X	X	X		X
He made the first move giving me the impression that he wanted sexual intercourse with me.						
I asked him was it ok for me to touch him.	X	X		X		
He didn't stop me when I started.	X	X				
He said that it was okay as well for us to have sex.	X	X	X	X		
I asked him if he wanted to have sex with me.	X	X		X		
I asked him.	X	X				
Verbally.	X		X			
By asking if he had a condom.		X		X		
By him continuing on with the sexual acts.	X	X			X	
Kissing me back during foreplay.	X	X			X	
He told me it was okay to continue.	X	X	X			
Asked if it was ok.	X	X	X			
By allowing certain sexual acts to happen.	X	X				
By letting him continue to commit the sexual acts.	X	X				
Just let things happen.	X	X				
Consented by initiating the sexual behavior in the first place.		X			X	
Over the course of several weeks the act was discussed and just before the act it was discusses again.	X	X	X			
I asked her if she was okay with having sex with me.	X	X		X		
We talked about it and learned what each had had experience with and what each was comfortable with.	X	X	X			
That he was okay with what was taking place between us.						
He wanted to have sexual relations.						X
To know that she was willing to share the experience with me.						
It means we know what to expect and so there is no awkward and uncomfortable gray areas.						X
That I was able to get sexual with him.						
That he was enjoying himself and me, and that we could continue with whatever we were.						
That we were on the same page of understanding and wants.						X
That he was ready to become intimate.						

I wanted both of us to be on the same page.					
That it was ok to have sex and not worry that my ass was gonna go to jail for rape.					X
That I could do anything I wanted with him sexually.					
She was comfortable with what we were doing.					X
We could do what we were about to do without feeling bad.					X
I think generally consent is given unless you resist (say no, stop etc.).	X	X			
It always needs to be a spoken thing at least once.	X	X	X	X	
Don't think consent has to necessarily be verbal, its more of a mutual feeling between two individuals.		X	X		X
Consent is only given when both people have equal power in determining the level of sexual intimacy between them.					X

## **Appendix C: Study I Materials**

### **SONA Recruitment Announcement**

**Study Title:** College Students' Perspectives on Sexual Consent

**Brief Abstract:** This study will ask you to describe one of your consensual sexual experiences and answer questions about it.

**Detailed Description:** This study will ask you to answer questions about consent related to one of your consensual sexual experiences. You must have had at least one consensual sexual experience and be at least 18 years of age to participate in this study. It should take you approximately 30 minutes. The questionnaire will be administered online. You can complete it from any computer with Internet access. You will not interact with the researcher. The current study is completely confidential. Your name and other personal identification information will not be connected to your survey responses.

Georgia State University  
Department of Psychology  
Informed Consent

**Title:** College Students' Perceptions of Sexual Consent

**Principal Investigators:** Sarah L. Cook, Ph.D.  
Elizabeth Anthony, M. A. (Student PI)

- I. Purpose: You are invited to be in a research study. This purpose of this study is to investigate college students' definitions of sexual consent. You are invited to be in this study because you are in Psychology 1100 or 1101 and enrolled in the Georgia State University Psychology Research Participant Pool (SONA). Anyone in the pool 18 years of age and older with at least one consensual sexual experience is eligible to be in this study. We are inviting a total of 100 male and female college students to participate. The entire study will take about 30 minutes.
- II. Procedures: If you decide to be in this study, you will be asked to answer questions about consent related to one of your personal sexual experiences. The entire study will take place online. You can complete this study from any computer with internet access. You will not interact with the researcher during the course of this study. You will only be asked to answer questions once. The entire study will take about 30 minutes. You will receive 1 unit of research credit for being in this study.
- III. Risks: There is the possibility that participation in this study may cause you feel some slight discomfort as you answer questions about sexual consent. You may also choose to skip any questions or end the survey early without penalty. If you become upset, you can contact the Georgia State University Counseling Center. The Georgia State University Counseling Center provides services at no charge to Georgia State University students.
- IV. Benefits: Participating in this study may not benefit you personally. Society may benefit by gaining valuable information about how college students define sexual consent. Hopefully, this information will be used to create effective primary prevention activities thereby reducing the prevalence of sexual violence.
- V. Voluntary Participation and Withdrawal: Participation in research is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled.
- VI. Confidentiality: We will keep your responses private to the extent allowed by law. Sarah Cook and Elizabeth Anthony will have access to the information you provide. Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board and the Office for Human Research Protection (OHRP)). We will never link your name to your survey responses. Your name will be stored in a database that is separate from the database with your survey responses. We are only collecting your name to give you credit for being in this study. Your responses to the survey questions are confidential. Your name and other facts that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally. The information you provide will be stored on firewall and password protected computers that are in a locked research laboratory.



VII. Contact Persons: If you have questions about this study, you may contact the faculty Principal Investigator, Dr. Sarah Cook at (404) 413-6265. You may also contact the Graduate Student Investigator, Elizabeth Anthony, at [eanthony1@student.gsu.edu](mailto:eanthony1@student.gsu.edu). If you have questions or concerns about your rights as a participant in this research study, you may contact the Institutional Review Board (IRB). The IRB oversees the protection of human research participants. Susan Vogtner can be reached at (404) 413-3513 or [svogtner1@gsu.edu](mailto:svogtner1@gsu.edu).

VIII. Copy of Consent Form: We will email you a copy of this consent form to keep if you provide your email address below.

IX. Mental Health Resources:

Georgia State University Counseling Center

Phone: (404) 413-1640

Website: <http://www.gsu.edu/counseling/index.html>

If you are willing to volunteer for this research, please enter your full name and email address in the text boxes provided below and then click the "Continue to Next Page" button to agree to voluntarily participate in this study.

First Name

Last Name

EMAIL ADDRESS (Type in "do not contact" if you do not want to be emailed a copy of the consent form).

You may print a copy of this page for your records at this time.

By Clicking "Continue to Next Page," you will indicate that you consent to the study.  
Continue ONLY when finished. You will be unable to return or change your answers.

Consent Survey (Administered online through PsychData)

- 1) How do you define sexual consent? What is sexual consent?

Now, think about one of your sexual experiences. Please describe this encounter in the space below and then answer the following questions:

- 2) What was the nature of your relationship with this person?
  - a. This is an open ended question, participants will type in their response
- 3) Was this your first sexual experience with THIS individual? Or, had you had a sexual experience with this individual before.
  - a. yes/no
- 4) Which of the following sexual behaviors did you engage in during this experience? Check all that apply.
  - a. kissing, touching/petting, dry humping, digital sex (e.g., fingering/fisting), masturbation, oral sex, anal sex, vaginal sex, other
- 5) During this experience, did you think about consent (either getting it or giving it)?
  - a. yes/no
  - b. If yes, what about consent did you think about?
    - i. This is an open ended question, participants will type in their response
- 6) During this experience, did you give consent?
  - a. yes/no
  - b. If yes, what did you consent to?
    - i. a particular act
    - ii. your partner
  - c. If yes, how did you give consent?
    - i. open ended question, participants will type in their response
  - d. If yes, what did it mean to give consent to this act or partner?
    - i. open ended question, participants will type in their response
  - e. If yes, when did you give consent in this experience? Check all that apply.
    - i. before anything physical happened, while kissing, during foreplay, during a previous sexual experience with this partner, before each new sexual act, other
- 7) During this experience, did you get consent?
  - a. yes/no
  - b. If yes, did your partner's consent to:
    - i. a particular act
    - ii. you
    - iii. other
  - c. If yes, how did you get your partner's consent
    - i. open ended question, participants will type in their response
  - d. If yes, what did it mean to get your partner's consent?
    - i. open ended question, participants will type in their response
  - e. If yes, how did you know when you had your partner's consent in this experience?
    - i. open ended question, participants will type in their response

- f. If yes, when did you get consent in this experience?
    - i. before anything physical happened, while kissing, during foreplay, during a previous sexual experience with this partner, before each new sexual act, other
- 8) Do you have any other thoughts about sexual consent that you would like to share?
  - a. open ended question

## Demographics Form

Please answer the following questions.

## 1. Race/Ethnicity (Check all that apply):

- ☐ Black or African American
- ☐ Pacific Islander or Native Hawaiian
- ☐ White or European American or Caucasian
- ☐ Hispanic or Latino/Latina
- ☐ Central Asian
- ☐ South East Asian
- ☐ Middle Eastern-West Asian
- ☐ Native American or Native Alaskan
- ☐ Bi-racial or Multi-racial
- ☐ Other (Please Specify):

## 2. Relationship Status:

- ☐ Single
- ☐ Casually dating
- ☐ In a committed dating relationship
- ☐ Cohabiting
- ☐ Married
- ☐ Divorced
- ☐ Widowed

## 3. Sexual Orientation:

- ☐ Straight/Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Transgender
- ☐ Other (Please Specify):

## 4. Gender:

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Intersexual

## 5. Age:

Debriefing Statement  
Georgia State University  
Department of Psychology

**Study Title:** College Students' Perceptions on Sexual Consent

**Faculty Primary Investigator:** Dr. Sarah Cook (scook@gsu.edu)

**Student Primary Investigator:** Elizabeth Anthony (eanthony1@student.gsu.edu)

Thank you for participating in our research study! The purpose of this study is to better understand college students' definitions of sexual consent. This study is important because of the high prevalence of sexual violence experienced by college women and men (Kolivas & Gross, 2007; Koss, Gidycz, & Wisniewski, 1987; Struckman-Johnson, 1988; Tewksbury & Mustaine, 2001). Hopefully, results from this study and others can be used to inform primary prevention interventions designed to quell the occurrence of rape and other forms of sexual violence. If you are interested in learning more about sexual consent, you might find the following website informative: <http://sexualassault.wsu.edu/default.asp?PageID=402>

You have just completed an online survey about sexual consent. If your participation in this study has left you upset, please contact the Georgia State University Counseling Center (<http://www.gsu.edu/counseling/index.html>). The counseling center provides a variety of mental health services at no charge to Georgia State students. The counseling center is located at 75 Piedmont Ave, N.E. If you would like more information about their clinical services, you should visit the counseling center during business hours (8:30 a.m. - 8:00 p.m. Tuesdays and Wednesdays and 8:30 – 5:00 p.m. Mondays, Thursdays, and Fridays during the semester) or call (404) 413-1640.

You may also find the following resources helpful:

**Georgia Coalition Against Domestic Violence**

Phone: (404) 209-0280 or (800) 334-2836  
Website: [www.gcadv.org](http://www.gcadv.org)

**The Georgia Network to End Sexual Assault**

Phone: (404) 815-5261 or (866) 354-3672  
Website: <http://www.gnesa.org/index.asp>

**The Partnership Against Domestic Violence**

Phone: (404) 873-1766  
Website: <http://www.padv.org/>

**Grady Rape Crisis Center**

Crisis line: (404) 616-4861

Your time has been greatly appreciated! If you would like additional information about this study or are interested in our findings, please contact Elizabeth Anthony at [eanthony1@student.gsu.edu](mailto:eanthony1@student.gsu.edu).

## **Appendix D: Study II Materials**

### **SONA RECRUITMENT ANNOUNCEMENT**

**Title:**

Using a Card Sorting Activity to Understand College Students' Definitions of Sexual Consent

**Brief Abstract:**

This study will ask you to rank-order many statements about sexual consent according to those that are most like how you think about consent to those that are least like how you think about consent.

**Detailed Description:**

In this study, you will be asked to rank-order many statements about sexual consent from most like how you think about consent to least like how you think about consent. You will also be asked questions about your ordering of certain statements. You will interact in a one-on-one setting with a graduate student researcher in this study. This study will take place on campus. This study will take no more than one hour of your time. You will be awarded one research credit for your time. All students 18 years of age and older who have NOT participated in a study entitled "College Students' Perceptions on Sexual Consent" are eligible to participate in this study.

**ARE YOU AN UNDERGRADUATE STUDENT AT GEORGIA STATE UNIVERSITY?**

Earn \$10 cash by participating in a psychology research study!

**Study Title:**

Using a Card Sorting Activity to Understand College Students' Definitions of Sexual Consent

**Study Description:**

In this study, you will be asked to rank-order many statements about sexual consent from most like how you think about consent to least like how you think about consent. You will also be asked questions about your ordering of certain statements. You will interact in a one-on-one setting with a graduate student researcher in this study. This study will take no more than one hour of your time. You will be given \$10 cash for your participation. All students 18 years of age and older who have NOT participated in a study entitled “College Students’ Perceptions on Sexual Consent” are eligible to participate in this study.

**Study Location:**

Urban Life Building 11<sup>th</sup> floor, Room 1161

If you are interested, please contact Beth Anthony at [eanthony1@student.gsu.edu](mailto:eanthony1@student.gsu.edu) for more information.



Georgia State University  
Department of Psychology  
Informed Consent

**Title:** Using a Card Sorting Technique to Understand how College Students Define Sexual Consent

**Principle Investigator:** Sarah L. Cook, Ph.D.  
Elizabeth R. Anthony, M.A. (Student PI)

- I. Purpose: You are invited to be in a research study. This purpose of this study is to investigate college students' definitions of sexual consent. You are invited to be in this study because you are in Psychology 1100 or 1101 and enrolled in the Georgia State University Psychology Research Participant Pool (SONA). Anyone in the pool 18 years of age who has not participated in another study entitled, "College Students' Perceptions on Sexual Consent" is eligible to participate. We are inviting a total of 30 male and female college students to participate. The entire study will take about 1 hour of your time.
- II. Procedures: If you decide to be in this study, you will be asked to rank-order a number of statements about sexual consent and answer some questions about your placement of some statements. You will only be asked to answer questions once; however, we will ask you if you are interested in being in a follow-up study. If you are, you will provide your contact information. You will only interact with the student PI during the course of this study. The entire study will take about 1 hour. You will receive 1 unit of research credit for being in this study.
- III. Risks: There is the possibility that participation in this study may cause you to feel some slight discomfort as you order statements and answer questions about sexual consent. You may choose to skip any questions that you do not wish to answer or quit the study early without losing your research credit. If you experience discomfort, you can contact the Georgia State University Counseling Center (404-413-1640 or <http://www.gsu.edu/counseling/index.html>). The Georgia State University Counseling Center provides services at no charge to Georgia State University students.
- IV. Benefits: Participating in this study may not benefit you personally. Society may benefit by gaining valuable information about how college students define sexual consent. Hopefully, this information will be used to create effective primary prevention activities thereby reducing the prevalence of sexual violence.
- V. Voluntary Participation and Withdrawal: Participation in research is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose your research credit.
- VI. Confidentiality: We will keep your responses private to the extent allowed by law. Sarah Cook and Elizabeth Anthony will have access to the information you provide. Information

may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board and the Office for Human Research Protection (OHRP). We will never link your name to the data you provide. Your name will never be entered into a database. We are collecting your name for three reasons: to give you credit for being in this study, as a record of your consent, and to potentially contact you for a follow-up study if you give us permission to do so. The information you provide will be kept confidential. Your name and other facts that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally. The information you provide will be stored on firewall and password protected computers that are in a locked research laboratory.

VII. Contact Persons: If you have questions about this study, you may contact the faculty Principal Investigator, Dr. Sarah Cook at (404) 413-6265. You may also contact the Graduate Student Investigator, Elizabeth Anthony, at [eanthony1@student.gsu.edu](mailto:eanthony1@student.gsu.edu). If you have questions or concerns about your rights as a participant in this research study, you may contact the Institutional Review Board (IRB). The IRB oversees the protection of human research participants. Susan Vogtner can be reached at (404) 413-3513 or [svogtner1@gsu.edu](mailto:svogtner1@gsu.edu).

VIII. Copy of Consent Form: We will give you a copy of this consent form to keep. If you are willing to volunteer for this research, please sign below.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator

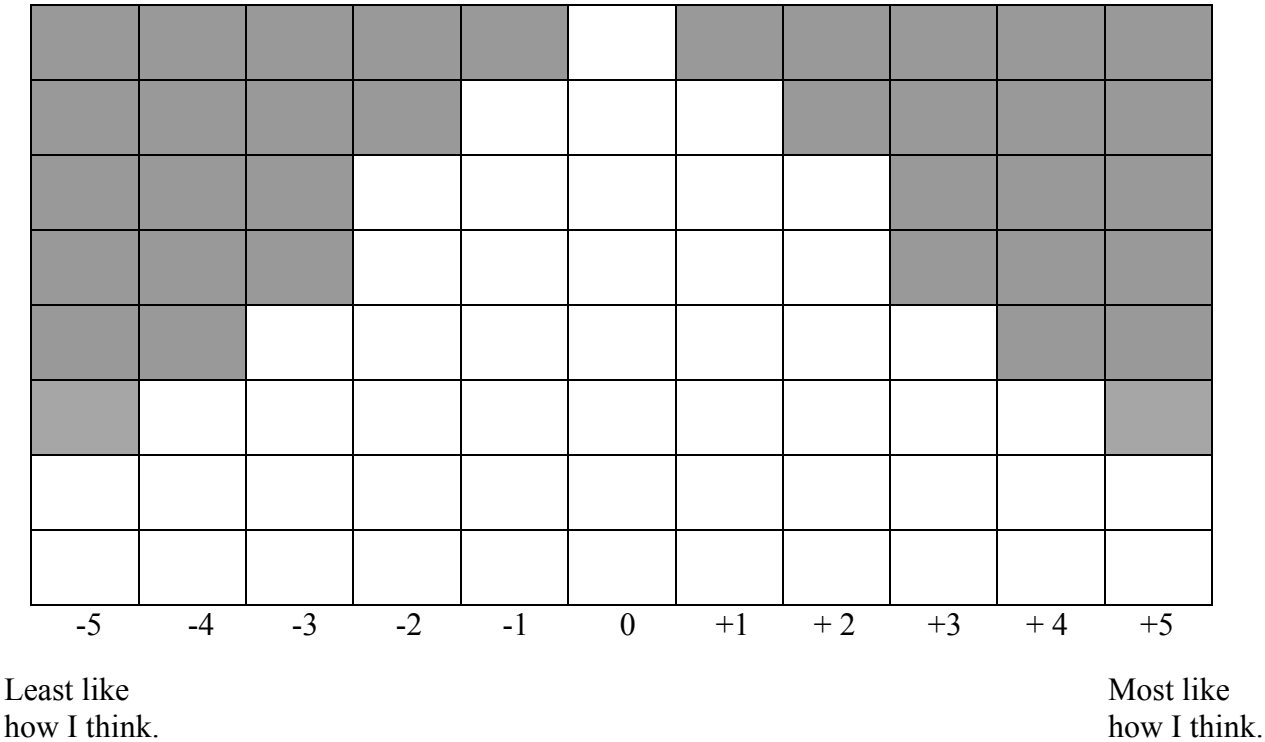
\_\_\_\_\_  
Date

### Sorting Instructions

These instructions will guide you through the card sorting task step by step. Please read each step to the end before you start.

1. Lay down the scoring sheet in front of you. All 52 cards in the deck contain a statement about sexual consent. The numbers on the cards have been assigned randomly and are only relevant for recording your placement of each card on the scoring sheet. Your task is to rank-order these statements from your own point of view.
2. Our question to you is: **“To what extent do you agree with the following statements?”**
3. Read each card carefully and split them up into **three** piles:
  - a. a pile for statements that are MOST like how you think about consent
  - b. a pile for statements that are LEAST like how you think about consent
  - c. a pile for cards that are IRRELEVANT to how you think about consent
4. Place each pile of cards in the appropriate box on the scoring sheet. Count the number of cards in each pile and write down this number in the corresponding box. Please make sure that the numbers you entered in the three boxes add up to 52.
5. Take the cards from the “MOST” pile and read them again. Select the 2 statements that are MOST like how you think about consent and place them in the last column of boxes on the right hand side of the scoring sheet (in the +5 column).
6. Take the cards from the “LEAST” pile and read them again. Select the 2 statements that are LEAST like how you think about consent and place them in the last column boxes on the left hand side of the scoring sheet (in the -5 column).
7. Go back to the “MOST” pile and read them again. Select the 3 statements from the remaining statements that are “MOST” like how you think about consent and place them in the second to last column of boxes on the right hand side of the scoring sheet (+4 column).
8. Go back to the “LEAST” pile and read them again. Select the 3 statements from the remaining statements that are “LEAST” like how you think about consent and place them in the second to last column of boxes on the left hand side of the scoring sheet (-4 column).
9. Keep going back and forth between the MOST and LEAST piles until all the cards have been placed in the distribution.
10. Then read through your “IRRELEVANT” pile and place them in the distribution.

Q-sort Distribution



**LEAST** like how I think about consent

**IRRELVENT** to how I think about consent

**MOST** like how I think about consent

## Questions about Q-Sort

1. What two statements did you place in the +5 column?

a. \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_

c. Why did you place these two statements about consent in that column?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What two statements did you place in the -5 column?

a. \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_

c. Why did you place these two statements about consent in that column?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Demographics Form

Please answer the following questions.

## 1. Race/Ethnicity (Check all that apply):

- ☐ Black or African American
- ☐ Pacific Islander or Native Hawaiian
- ☐ White or European American or Caucasian
- ☐ Hispanic or Latino/Latina
- ☐ Central Asian
- ☐ South East Asian
- ☐ Middle Eastern-West Asian
- ☐ Native American or Native Alaskan
- ☐ Bi-racial or Multi-racial
- ☐ Other (Please Specify):

## 2. Relationship Status:

- ☐ Single
- ☐ Casually dating
- ☐ In a committed dating relationship
- ☐ Cohabiting
- ☐ Married
- ☐ Divorced
- ☐ Widowed

## 3. Sexual Orientation:

- ☐ Straight/Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Transgender
- ☐ Other (Please Specify):

## 4. Gender:

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Intersexual

## 5. Age:

Are you interested in participating in a follow-up study?

Based on the data you provided today, you may be eligible to participate in a follow-up interview. The interview is about the context of consensual sexual experiences. You will be asked to talk about one of your consensual sexual experiences.

The interview will take place on campus during regular business hours Monday through Friday. The interview will take no more than 2 hours of your time. You will have the option of receiving course credit or money for participating in the follow-up interview.

Are you interested in being considered for the follow-up interview? YES NO

If you are interested, please provide your preferred email address and telephone number:

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Georgia State University  
Department of Psychology  
Debriefing Statement

**Study Title:** Using a Card Sorting Activity to Understand College Students' Definitions of Sexual Consent

**Faculty Primary Investigator:** Dr. Sarah Cook (scook@gsu.edu)

**Student Primary Investigator:** Elizabeth Anthony (eanthony1@student.gsu.edu)

Thank you for participating in our research study! The purpose of this study is to determine if there are groups of college students that think about sexual consent in different ways. This study is important because of the high prevalence of sexual violence experienced by college women and men (Kolivas & Gross, 2007; Koss, Gidycz, & Wisniewski, 1987; Struckman-Johnson, 1988; Tewksbury & Mustaine, 2001). Hopefully, results from this study and others can be used to inform primary prevention interventions designed to quell the occurrence of rape and other forms of sexual violence. If you are interested in learning more about sexual consent, you might find the following website informative: <http://sexualassault.wsu.edu/default.asp?PageID=402>

You have just completed a study about sexual consent. If your participation in this study has left you upset, please contact the Georgia State University Counseling Center (<http://www.gsu.edu/counseling/index.html>). The counseling center provides a variety of mental health services at no charge to Georgia State students. The counseling center is located at 75 Piedmont Ave, N.E. If you would like more information about their clinical services, you should visit the counseling center during business hours (8:30 a.m. - 8:00 p.m. Tuesdays and Wednesdays and 8:30 – 5:00 p.m. Mondays, Thursdays, and Fridays during the semester) or call (404) 413-1640.

You may also find the following resources helpful:

**Georgia Coalition Against Domestic Violence**

Phone: (404) 209-0280 or (800) 334-2836

Website: [www.gcadv.org](http://www.gcadv.org)

**The Georgia Network to End Sexual Assault**

Phone: (404) 815-5261 or (866)354-3672

Website: <http://www.gnesa.org/index.asp>

**The Partnership Against Domestic Violence**

Phone: (404) 873-1766

Website: <http://www.padv.org/>

**Grady Rape Crisis Center**

Crisis line: (404) 616-4861

Your time has been greatly appreciated! If you would like additional information about this study or are interested in our findings, please contact Elizabeth Anthony at [eanthony1@student.gsu.edu](mailto:eanthony1@student.gsu.edu).



## Appendix E: Study III Materials

Georgia State University  
Department of Psychology  
Informed Consent

**Title:** Qualitative Interview on Consent in the Context of College Students' Consensual Sexual Experiences

**Principal Investigators:** Sarah L. Cook, Ph.D.  
Elizabeth Anthony, M.A. (student PI)

- I. Purpose: You are invited to be in a research study. This purpose of this study is to interview college students about their consensual sexual experiences to learn more about sexual consent. You are invited to be in this study because you were in a previous study (Using a Card Sorting Activity to Understand College Students' Definitions of Sexual Consent) during which you indicated that you were willing to let us contact you about a future follow-up study (which is this study). We are inviting a total of 6 college students from the previous study to participate. The entire interview will take about 2 hours. You will receive \$25.00 for your time, even if you end the interview early.
- II. Procedures: If you decide to be interviewed, you will be asked to talk about up to three of your consensual sexual experiences. We are interested in consent context of your first consensual sexual experience ever, first consensual sexual experience with a different partner, and consensual sexual experience in a long-term dating relationship. We will also ask you about your use of drugs and alcohol during any sexual experiences you choose to talk about. A graduate research assistant will interview you. With your permission, we will take notes and audio record the interview. Your name will not be recorded. The interview will occur in an on-campus in room 1161 Urban Life regular business hours.
- III. Risks: I am going to ask you some personal questions that you may find awkward or uncomfortable to answer. There is the possibility that being in this study may cause you to feel some slight discomfort as you answer questions about your sexual experiences. You may choose to skip any questions or end the interview early without penalty. If you become upset, you can talk to the researcher or contact the Georgia State University Counseling Center (<http://www.gsu.edu/counseling> or 404-413-1640). The Georgia State University Counseling Center provides services at no charge to Georgia State University students. Though I will not ask you about nonconsensual sexual experiences, you may remember one as you think about and discuss your consensual sexual experiences. If these memories upset you, there will be a mental health professional that you can talk to immediately should you want to.
- IV. Benefits: Being in this study may not benefit you personally. Your participation may benefit the sexual violence research community by giving us important information about consent in college students' relationships. Hopefully, this information will help create

effective primary prevention programs to reduce the occurrence of sexual violence among college students.

- V. Voluntary Participation and Withdrawal: Participation in research is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled.
- VI. Confidentiality: We will keep your responses private to the extent allowed by law. Sarah Cook and Elizabeth Anthony will have access to the information you provide. Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board and the Office for Human Research Protection [OHRP]). We will never link your name to your interview data. Your name is only being recorded as a record of your consent. Your responses to the interview questions are confidential. Your name and other facts that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally. Notes and audio recordings will be stored on firewall and password protected computers that are in a locked research laboratory. We will de-identify audio recordings when we transcribe them. Once we transcribe audio recordings, we will destroy them.
- VII. Contact Persons: If you have questions about this study, you may contact the faculty Principal Investigator, Dr. Sarah Cook at (404) 413-6265. You may also contact the Graduate Student Investigator, Elizabeth Anthony, at [eanthony1@student.gsu.edu](mailto:eanthony1@student.gsu.edu). If you have questions or concerns about your rights as a participant in this research study, you may contact the Institutional Review Board (IRB). The IRB oversees the protection of human research participants. Susan Vogtner can be reached at (404) 413-3513 or [svogtner1@gsu.edu](mailto:svogtner1@gsu.edu).
- VIII. Copy of Consent Form to Subject: You will be given a copy of this consent form for you to keep. If you are willing to volunteer for this research, please print and sign your name below.

\_\_\_\_\_  
Participant Name (printed)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal investigator Signature:

\_\_\_\_\_  
Date

### Qualitative Interview Schedule

1. Before we talk specifically about your sexual experiences, I would like to hear your thoughts about the card sorting activity (i.e., the previous study that you participated in).
  - a. Was it easy or hard to sort the 52 statements about consent?
    - i. Why was it easy or hard?
  - b. Was your opinion about consent reflected in the statements?
  - c. Were there any opinions about consent that you thought were missing from the statements?
    - i. What do you think was missing?
  - d. Have you thought about the study (or consent) since you participated?
    - i. If so, what did you think about?
  - e. Have you talked about the study (or consent) with anyone since you participated?
    - i. If so, whom did you talk to?
    - ii. What did you talk about?
2. Ok, great. Now, I want to start to get into the meat of the interview, but first we have to make sure that we are on the same page. So, when I say sexual experience, what behaviors do you think of?
  - a. By sexual experiences, I mean more than just intercourse. I also include anal, oral, and vaginal sex, and penetration with fingers. So you can think broadly about all of your sexual experiences and not just vaginal sex.
  - b. What do you think makes a sexual experience consensual?
3. All right, let's do a little relationship inventory.
  - a. Have you had at least 1 consensual sexual experience in your life?
    - i. *If yes, continue to next question (b). If no, thank participant for their time and go through the debriefing statement. Tell them that this study is about consent and how it is established in sexual experiences. This should NOT happen because participants were supposed to have had at least 1 sexual experience to participate in the previous card sorting activity. I will also make sure they are eligible (meaning they have had at least one sexual experience) when I contact them to schedule the interview.*
  - b. Have you had any other sexual relationships (besides your very first one)?
    - i. *If yes, continue to next question (c). If no, start the interview and only ask questions about participant's first consensual sexual experience – that is, only questions 4 and 7.*
  - c. Have you ever been in a long-term sexual relationship?
    - i. *If yes, start the interview and ask questions 4 - 7. If no, start the interview and ask questions 4, 5, and 7.*
4. Ok, great. Now, we can really get started. So, I'd like you to take some time and think about your first consensual sexual experience ever. You do not need to tell me his/her real name – we can make up a name. What should we call him/her? Take your time and think about the details of your first consensual sexual experience with \_\_\_\_ (insert name). Think about what led up to it, how you felt during the experience, how you felt about

\_\_\_\_ (insert name), and what happened after the experience. Do you have an experience you would like to talk about?

- a. What was the nature of your relationship with this person?
    - i. Probe: How did you know them?
    - ii. Probe: How long did you know them?
    - iii. Probe: How serious was your relationship?
  - b. What events led up to your first consensual sexual experience (e.g., went on a date, left a party together, etc.)? *If participant recalls a nonconsensual experience and they are NOT distressed (i.e., meaning that I do not need to institute the safety plan), I will redirect them toward their first consensual experience, one in which they were willing, wanted to engage in the sexual behavior, and not forced/coerced/threatened, etc.*
    - i. Who initiated sexual behavior? Did this role change throughout the experience? That is, did you initiate kissing while your partner initiated oral sex?
  - c. What made this sexual experience consensual?
  - d. Now, I'm interested in how you and your partner both knew that you were each willing to engage in sexual behavior during this experience.
    - i. Did you or your partner establish consent one time during the experience or did you establish consent multiple times during the experience (i.e., for each specific act)?
    - ii. Who obtained consent? Who gave consent? Did this change during the experience?
    - iii. When did you establish consent?
    - iv. If you talked about consent, what specifically did you talk about?
      1. Probe: Did you talk about HIV/STD testing status? Relationship histories? Current relationship intentions?
    - v. If you established consent non-verbally, how did you do it?
    - vi. Did you or your partner change your mind about hooking up during some part of this experience (i.e., revoke consent)?
  - e. Were either you or your partner drunk or high during this experience?
    - i. Tell me more about that. Did you want to drink or use drugs? Did your partner?
  - f. What happened after this experience?
    - i. Did you have another sexual experience with this person?
5. Ok, now let's talk about a different sexual relationship. I'm going to ask you the same questions again, but this time, I want you to think about your first consensual sexual experience with a different partner. That is, not your first consensual sexual experience ever. If you have several different dating partners that you are thinking about, I want you to pick out the **first consensual sexual experience you had with one of these partners that stands out most in your mind**. Again, you do not need to tell me his/her real name – we can make up a name. What should we call him/her? Take your time and think about the details of your first consensual sexual experience with \_\_\_\_ (insert name). Think about what led up to it, how you felt during the experience, how you felt about \_\_\_\_

(insert name), and what happened after the experience. Do you have an experience you would like to talk about?

- a. What was the nature of your relationship with this person?
    - i. Probe: How did you know them?
    - ii. Probe: How long did you know them?
    - iii. Probe: How serious was your relationship?
  - b. What events led up to your first consensual sexual experience (e.g., went on a date, left a party together, etc.)? *If participant recalls a nonconsensual experience and they are NOT distressed (i.e., meaning that I do not need to institute the safety plan), I will redirect them toward their first consensual experience, one in which they were willing, wanted to engage in the sexual behavior, and not forced/coerced/threatened, etc.*
    - i. Who initiated sexual behavior? Did this role change throughout the experience? That is, did you initiate kissing while your partner initiated oral sex?
  - c. What made this sexual experience consensual?
  - d. Now, I'm interested in how you and your partner both knew that you were each willing to engage in sexual behavior during this experience.
    - i. Did you or your partner establish consent one time during the experience or did you establish consent multiple times during the experience (i.e., for each specific act)?
    - ii. Who obtained consent? Who gave consent? Did this change during the experience?
    - iii. When did you establish consent?
    - iv. If you talked about consent, what specifically did you talk about?
      1. Probe: Did you talk about HIV/STD testing status? Relationship histories? Current relationship intentions?
    - v. If you established consent non-verbally, how did you do it?
    - vi. Did you or your partner change your mind about hooking up during some part of this experience (i.e., revoke consent)?
  - e. Were either you or your partner drunk or high during this experience?
    - i. Tell me more about that. Did you want to drink or use drugs? Did your partner?
  - f. What happened after this experience?
    - i. Did you have another sexual experience with this person?
6. Ok, we are almost finished. I want to talk about one more relationship. I am interested in consent in a long-term sexual relationship. I'm going to ask you all the same questions again, but this time, I want you to think about a **consensual sexual experience with a long-term dating partner**, someone you'd been dating for several months. I want you to pick out a consensual sexual experience that stands out most in your head. If you have had several long-term dating partners, think about a sexual experience that for some reason is most memorable or maybe it's easier to think about one that is most typical. Again, you do not need to tell me his/her real name – we can make up a name. What should we call him/her? Take your time and think about the details of your first consensual sexual experience with \_\_\_\_ (insert name). Think about what led up to it, how

you felt during the experience, about \_\_\_\_ (insert name), and what happened after the experience. Do you have an experience you would like to talk about?

- a. What was the nature of your relationship with this person?
    - i. Probe: How did you know them?
    - ii. Probe: How long did you know them?
    - iii. Probe: How serious was your relationship?
  - b. What events led up to this particular consensual sexual experience (e.g., went on a date, left a party together, watching a movie, etc.)? *If participant recalls a nonconsensual experience and they are NOT distressed (i.e., meaning that I do not need to institute the safety plan), I will redirect them toward their first consensual experience, one in which they were willing, wanted to engage in the sexual behavior, and not forced/coerced/threatened, etc.*
    - i. Who initiated sexual behavior? Did this role change throughout the experience? That is, did you initiate kissing while your partner initiated oral sex?
  - c. What made this sexual experience consensual?
  - d. Now, I'm interested in how you and your partner both knew that you were each willing to engage in sexual behavior during this experience.
    - i. Did you or your partner establish consent one time during the experience or did you establish consent multiple times during the experience (i.e., for each specific act)?
    - ii. Who obtained consent? Who gave consent? Did this change during the experience?
    - iii. When did you establish consent?
    - iv. If you talked about consent, what specifically did you talk about?
      1. Probe: Did you talk about HIV/STD testing status? Relationship histories? Current relationship intentions?
    - v. If you established consent non-verbally, how did you do it?
    - vi. Did you or your partner change your mind about hooking up during some part of this experience (i.e., revoke consent)?
  - e. Were either you or your partner drunk or high during this experience?
    - i. Tell me more about that. Did you want to drink or use drugs? Did your partner?
  - f. What happened after this experience?
    - i. Did you have another sexual experience with this person?
7. Ok, that part of the interview is over! Before we conclude today, I am interested in learning about your best date ever. Can you tell me about your best date?

Georgia State University  
Department of Psychology  
Debriefing Statement

**Study Title:** Qualitative Interview on Consent in the Context of College Students' Consensual Sexual Experiences

**Faculty Primary Investigator:** Dr. Sarah Cook (scook@gsu.edu)

**Student Primary Investigator:** Elizabeth Anthony (eanthony1@student.gsu.edu)

Thank you for participating in our research study! The purpose of this interview is to understand sexual consent in the context of college students' consensual sexual experience. This study is important because of the high prevalence of sexual violence experienced by college women and men (Kolivas & Gross, 2007; Koss, Gidycz, & Wisniewski, 1987; Struckman-Johnson, 1988; Tewksbury & Mustaine, 2001). Hopefully, results from this study and others can be used to inform primary prevention interventions designed to quell the occurrence of rape and other forms of sexual violence. If you are interested in learning more about sexual consent, you might find the following website informative: <http://sexualassault.wsu.edu/default.asp?PageID=402>

You have just completed a study about sexual consent. If your participation in this study has left you upset, please contact the Georgia State University Counseling Center (<http://www.gsu.edu/counseling/index.html>). The counseling center provides a variety of mental health services at no charge to Georgia State students. The counseling center is located at 75 Piedmont Ave, N.E. If you would like more information about their clinical services, you should visit the counseling center during business hours (8:30 a.m. - 8:00 p.m. Tuesdays and Wednesdays and 8:30 – 5:00 p.m. Mondays, Thursdays, and Fridays during the semester) or call (404) 413-1640.

Your time has been greatly appreciated! If you would like additional information about this study or are interested in our findings, please contact Elizabeth Anthony at [eanthony1@student.gsu.edu](mailto:eanthony1@student.gsu.edu).

### On-Campus Sexual Assault Resources

Georgia State University Police:	404-413-3333 or 404-413-2100
Counseling Center:	404-413-1640
Student Health Clinic:	404-413-1930
Office of the Dean of Students:	404-413-1515
Student Health Promotion:	404-413-1577

### Off-Campus Sexual Assault Resources

Grade Rape Crisis Center:	404-616-4861 (Crisis line)
Dekalb Rape Crisis Center:	404-377-1428 (Crisis line)
National Sexual Assault Hotline:	1-800-656-HOPE
Georgia Network to End Sexual Assault:	404-815-5261
RAINN (Rape Abuse & Incest National Network):	<a href="http://www.rainn.org">www.rainn.org</a>



### Safety Plan for Qualitative Interview Portion of Dissertation

This safety plan was created after speaking with Dr. Andrew Smith, Senior Coordinator of Student Assistance, and consulting the Georgia State University Counseling Center's website (<http://www.gsu.edu/counseling/43524.html>).

All interviews will be conducted during regular university business hours. Therefore, should emergency crisis intervention services be needed for a student who becomes extremely upset during the interview, Dr. Smith and the Counseling Center will be available to offer assistance. The Counseling Center is open for emergencies and routine assessments from **9:00 a.m. - 5:00 p.m., Monday, Thursday and Friday and 9:00 a.m. - 8:00 p.m. on Tuesday and Wednesday.** Counseling services are free of charge and confidential following the laws of the State of Georgia.

Should a student become upset during the interview, the follow steps will be taken:

1. I will stop the interview and assess the student's level of distress (by talking to the student to learn more about his/her emotional state).
2. If I can calm the student down (i.e., the student appears stable), I will ask if I can proceed with the interview questions.
3. If the student appears to be in crisis (clearly upset, crying, etc.) and does not respond to my attempts to calm him or her down, I will contact Dr. Smith directly (404-413-1529). Dr. Smith will be available to meet immediately with a student in crisis. If Dr. Smith is not available (e.g., out sick, on summer vacation), I will contact the Counseling Center directly, speak with the senior staff psychologist on duty, and walk the student over to the Counseling Center for immediate mental health care.
4. If the student is not in crisis but appears distraught, I will urge him/her to contact the Counseling Center.

All students will be given a resource sheet upon existing the interview should they require services at a later date