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# An Examination of Consent and Experiences of Sexual Violence Among Queer and Transgender People in Atlanta

Laura Hernandez

ABSTRACT

AN EXAMINATION OF CONSENT AND EXPERIENCES OF SEXUAL VIOLENCE AMONG QUEER AND TRANSGENDER PEOPLE IN ATLANTA

By

LAURA HERNANDEZ

INTRODUCTION: Sexual and gender minorities (SGM) experience much higher rates of sexual violence compared to the general population but have been repeatedly overlooked in sexual violence and consent research highlighting the importance of understanding how SGM conceptualize consent and understand their experiences of sexual violence.

METHODS: This study was exploratory in nature and utilized a qualitative research design. Data were collected via semi-structured interviews with queer and transgender adults (N=20) between the age of 18 and 30 who reside in Atlanta and have experienced sexual violence. Thematic content analysis was completed using NVivo 12.

RESULTS: Participants described similar but distinct definitions and practices of consent that were mostly consistent with the literature. Participants shared the ways lack of knowledge or misunderstanding of consent, influenced by rape myths, affected how they viewed and responded to their experiences of sexual violence. The recreation of heteronormative gender dynamics in queer relationships, masculine gender expression as a protective factor for sexual violence, and the safety of mutual understanding and support in queer community were discussed in findings specific to queerness and consent.

DISCUSSION: For many participants, because of societal conceptions of sexual violence, it took years to acknowledge and confront the trauma they experienced, delayed their seeking of support and services, and affected how they approached their future sexual encounters. To adequately address the needs and experiences of this community, sexual violence intervention and prevention efforts must attend to the unique factors that affect sexual and gender minority people who have survived sexual violence.

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by

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Author's Statement Page

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Laura Hernandez

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# 1 INTRODUCTION

## 1.1 BACKGROUND

While many people have been the victim of sexual violence (SV), the literature shows that certain populations, specifically sexual and gender minorities (SGM), experience sexual violence at much higher rates when comparing lifetime sexual assault prevalence to the general population (Rothman et al., 2011; Breiding et al., 2014; Chen et al., 2020). Sexual violence is defined as any attempt of verbal, physical, or emotional advance or activity that is sexual and forced upon the victim with no given consent (CDC, 2021). Sexual violence is a broad term that includes sexual harassment and sexual assault. The Equal Employment Opportunity Commission defines sexual harassment as unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature in the workplace or learning environment. Sexual assault refers to sexual contact or behavior that occurs without explicit consent of the victim including attempted rape, unwanted sexual touching, forcing a victim to perform sexual acts, and rape (RAINN, 2022).

Sexual and gender minority communities have been repeatedly overlooked in sexual violence and consent research. As a result, we know little about the experiences and needs of non-heterosexual or gender non-conforming survivors. In recent years, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals have gained increased visibility and attention highlighting the need for greater understanding of the ways in which current laws, systems, and programs affect the LGBTQ+ community (National Academies of Sciences, Engineering, and Medicine, 2021). There is a need for more longitudinal research on associations of sexual violence risk factors and adverse health outcomes specific to the LGBTQ+ community because existing research consists of information geared primarily toward heterosexual individuals (DeLaney et al., 2020; Bränström & Pachankis, 2018).

Sexual violence victimization and its long-term effects are important research topics in public health. Sexually transmitted infections, unwanted pregnancies, substance use, and post-traumatic stress disorder are some of the negative physical, emotional, and psychological effects of being a victim of sexual violence (Chen et al., 2010; Martin, Macy, & Young, 2011). To inform service needs and target prevention strategies for the LGBTQ+ community, we need to have a better understanding of characteristics related to sexual violence, such as age at first victimization, the number of perpetrators, and impact on victims (Walters et al., 2013). The goal of this research is to understand how queer and transgender people understand consent and their perceptions of sexual violence related to their knowledge of consent to contribute to the small but growing body of knowledge on the subject.

## 1.2 TERMINOLOGY

Throughout this study, several terms are used to refer to the target population. I strived to use the language that is most common and widely accepted at the time of writing because I recognize that language and terminology evolves quickly within the scholarship around sexual and gender minorities. The term sexual and gender minorities (SGM) will be mainly used to describe the population of interest. Sexual minorities include lesbian, gay, bisexual, and queer (LGBQ) people while gender minorities include transgender and gender nonconforming (TGNC) people. They all are a part of and better known as the LGBTQ+ community and they will have experiences throughout their life that differ from those of cisgender and heterosexual individuals (Rothman et al., 2011). The term queer is often used as an umbrella term to include all non-heterosexual and non-cisgender sexual and gender minorities although, it is also increasingly being recognized as an individual sexual identity (Goldberg et al., 2020). The + in LGBTQ+ is utilized to be inclusive of other SGM identities that are not included in the main acronym such as pansexual, agender, and genderqueer. Pansexual refers to people who have romantic or sexual desire for people of all genders and sexes. Agender describes a person who identifies as having no gender. A genderqueer person has a gender identity and/or gender expression that falls outside of the dominant

societal norm for their assigned sex (LGBTQ Plus Glossary, 2022). During interviews and in the results section, I have used the same terms that participants used to describe their own sexuality and gender.

## 1.3 Research Questions

This study extends previous research aimed at understanding beliefs regarding sexual consent by examining perceptions of consent among queer and transgender adults between the age of 18 and 30. Given the paucity of previous research on sexual consent among SGM, exploratory research using qualitative methods offered an ideal approach to understanding perceptions of sexual consent among queer and transgender people. Toward the goal of understanding consent, this thesis is centered around the following research questions: (1) How do SGM define consent? (2) How do SGM convey consent to a partner? (3) How does knowledge of consent relate to understanding of experiences of sexual violence in the SGM population in Atlanta?

# 2 LITERATURE REVIEW

## 2.1 CONCEPTUALIZING SEXUAL VIOLENCE

Attitudes and beliefs about the causes and impacts of sexual violence have evolved over time as seen through increased awareness about the issue, more services for survivors, legislative reform, further research to understand the issue, and implementation of prevention education (McMahon, 2011). However, public perception still differs from that of advocates and experts in the field in their definitions of sexual violence and their ideas about victims and perpetrators. These beliefs about sexual violence and its causes are linked to how we treat victims and how we plan prevention efforts.

Early research found that most people considered sexual violence to have a narrow meaning limited to rape in which the victim was violently attacked at night by a stranger (Anderson, 2007). In this classic stranger rape stereotype the use of physical force demonstrated the lack of consent and therefore a "legitimate" blameless victim as compared to a victim that drank alcohol or dressed provocatively in which the victim was blamed for putting themselves in that position (Anderson, 2007; Dumont, 2003). Sexual violence perpetrators were perceived as psychologically disturbed men who preyed on their victims (Donat & D'Emilio, 1992). Burt (1980) described the concept of the "rape myth" which suggests that the public holds "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (p.217). Another common myth about rape is that a woman cannot sexually assault another woman and rape only happens to heterosexual women (Girshick, 2002). These assumptions influence how society views instances of rape and typically leads to blaming the victim and excusing the perpetrator. One effect of these rape myths is that victims feel shame or guilt over perceived responsibility for not preventing their assault and consequently do not seek services (Rothman et al., 2011).

There is now a significant body of research that contradicts the classic stranger rape scenario, such as the knowledge that most sexual violence is committed by someone known to the victim, but there is evidence that elements of this stereotype endure (O'Neil & Morgan, 2010). One study found that while most respondents understood sexual violence as nonconsensual and unwanted, many believed that sexual violence must result in physical harm to the victim (O'Neil & Morgan, 2010). That study also found that respondents perceived perpetrators as mentally disturbed predators and tended to view poor upbringing, poverty, and lack of education as creating predators (O'Neil & Morgan, 2010). Beliefs that perpetrators are not entirely accountable for sexual violence can lead to blaming victims, even unintentionally. For example, the same study found that while participants stated that victims are not responsible for their assault, they commented that individuals are responsible for being aware of their surroundings and protecting themselves (O'Neil & Morgan, 2010). Many people only focus on individual characteristics as the cause of sexual violence, failing to see how cultural and social contexts contribute to the perpetration of sexual violence. These beliefs play into the stereotypes of classic stranger rape and demonstrate that sexual violence education still has a long way to go.

## 2.2 Sexual Violence Prevalence in SGM

The National Intimate Partner and Sexual Violence Survey (NISVS) estimates that 19.3% of women and 1.7% of men have been raped, and 43.9% of women and 23.4% of men have experienced other forms of SV during their lifetimes (Breiding et al., 2014). Almost half of bisexual women, 1 in 8 lesbian women, and 1 in 6 heterosexual women have been raped, which translates to an estimated 214,000 lesbian women, 1.5 million bisexual women, and 19 million heterosexual women nationwide (Walters et al., 2013). The NISVS is an ongoing, nationally representative survey that was first conducted by the CDC in 2010 and collects information about experiences of sexual violence and stalking by any perpetrator and intimate partner violence (IPV) among adults in the United States (Walters et al., 2013).

A systemic review on sexual assault against sexual minorities found the prevalence ranged from 16% to 85% for lesbian or bisexual women and from 12% to 54% among gay or bisexual men, significantly higher than the heterosexual population with a rate of 11% to 17% for females and 2% to 3% for males (Rothman et al., 2011). There was a higher overall lifetime prevalence of contact sexual violence (CSV) in bisexual and lesbian women compared to heterosexual women and a higher overall lifetime prevalence of CSV in bisexual and gay men compared to heterosexual men (Chen et al., 2020). Contact sexual violence includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact (CDC, 2021). Sexual violence victimization is common in youth as well. Around 71.1% of women and 58.2% of men who are sexual violence survivors initially experienced contact sexual violence before the age of 25 years (Breiding et al., 2014). Sexual minority college students are 2 to 4 times more likely to experience sexual victimization compared to their heterosexual peers (DeLaney et al., 2020).

One of the challenges identified in describing and studying SGM populations is the multifaceted nature of sexual orientation and gender identity and the complexity of defining and utilizing those constructs. Standardization of data collection for sexual violence measures and SGM communities is needed because there is a lack of consistency in sampling techniques employed and the number of variables examined. Differences are also found in how sexual orientation and gender identity are measured, the participants who make up the study sample, and the partner relationship being studied. While the use of representative samples of a population is essential for generalizing findings from research, it is sometimes necessary to use different methods that capture adequate samples of the population of interest when focusing on underrepresented groups such as qualitative explorations of specific topics.

Collecting accurate statistics on the LGBTQ+ community is challenging because some LGBTQ+ research participants are fearful of exposing their sexual orientation or gender identity and may even

identify as heterosexual and/or cisgender in data collection due to societal oppression of LGBTQ+ communities (Austin et al., 2008; Gentlewarrior, 2009) causing the collection of probability samples to be much more complex and resource intensive. Research designs should consider this context and attempt to respect and elevate the multifaceted identities and lived experiences of SGM individuals to understand the needs of these communities. There were limited SGM sample populations in many studies, and very little research in this field uses randomly selected, representative samples (Brown & Herman, 2015), which makes generalizing findings difficult. Another barrier to accurate data and public health knowledge about these communities is the potential underreporting of sexual violence due to a lack of trust in study design creators (Chen et al., 2020).

Many barriers unique to sexual orientation and gender identity hinder LGBTQ+ individuals' ability to seek help for intimate partner violence and intimate partner sexual assault (IPSA) victimization (Brown & Herman, 2015). The sexual violence healing process is complex and influenced by the unique coming out experiences and identity development processes of the LGBTQ+ community members (Gentlewarrior, 2009). As explained by the framework of the Minority Stress Theory, higher rates of sexual victimization in SGM may be explained by internalized stressors of discrimination and violence specific to these communities. The lack of education about and acceptance of LGBTQ+ people in society results in stigma and discrimination towards SGM people, which leads to internalized stress shown to be associated with higher rates of IPV, including discrimination and direct instances of violence, including sexual, physical, and verbal violence (Rollè et al., 2018). The role of these experiences should be studied in relation to sexual victimization to inform sexual violence prevention in this community. LGBTQ+ people of color face the additional marginalization of systemic racism, which means that their experiences and needs can and do differ from white LGBTQ+ individuals.

## INTIMATE PARTNER SEXUAL VIOLENCE

Much of the research on sexual violence in the SGM community is included in intimate partner violence research. Research on the topic of intimate partner sexual violence (IPSV) only includes sexual violence between intimate partners, which leaves out instances of sexual violence that happen outside of the context of relationships, such as child sexual abuse and workplace sexual harassment. In a 2000 study by Turrell that contributed to the data on ethnically diverse LGBTQ+ people, it was estimated that 28% of transgender people, 14% of lesbians, 13% of gay men, and 7% of bisexual individuals experienced intimate partner sexual assault during their lifetime. One study estimated that 3.6% of adult lesbian women and 3.1% of both gay and bisexual men, experienced IPSA in their lifetime (Messinger, 2011). According to the NISVS, bisexual women are around three times more likely to have experienced IPSV compared to heterosexual women (Walters et al., 2013). One survey of LGBTQ+ respondents found that 41% had an intimate partner force them to have sex, and 10% had a partner force them to have sex with another person (Heintz & Melendez, 2006).

Sexual minorities show a higher risk of IPSV compared to their heterosexual counterparts in multiple age groups. In a high-school-aged population, 24% of gay and lesbian and 23% bisexual individuals experienced IPSV in the last year compared to 9% of heterosexual individuals (Adams et al., 2020). Data from the Youth Risk Behavior Surveillance System indicate a higher prevalence of dating violence and unwanted forced sexual intercourse among sexual minority high school students compared to heterosexual youth, especially among LGBTQ+ youth of color (Kann et al., 2011). A higher percentage of IPV, specifically sexual violence, results from LGB-specific risk factors linked to minority stress (Rollè et al., 2018). HIV and STD risks are critical considerations for those experiencing sexual abuse. HIV/STD transmission can occur among individuals experiencing IPSA directly through forced unprotected sex or indirectly by disabling the victim's ability to negotiate safer sex. One survey of LGBTQ+ victims of IPV found that one-fifth of respondents were subjected to sexual violence by their partner because of

requesting safer sex practices (Heintz & Melendez, 2006). Only a couple of IPSV sources include racial minority representation in study samples or disaggregation of data by race and ethnicity in analysis, which is a common gap in other sexual violence research.

## Substance Use and Sexual Violence

The role of substance use in the perpetration and victimization of sexual violence in the SGM community is important because substance use, specifically alcohol, is commonly shown to be a risk factor in sexual assault (Coulter et al., 2015). Data shows that sexual minority populations face a greater risk of experiencing sexual victimization associated with risky alcohol use compared to their heterosexual counterparts. Sexual minorities are more likely to have high intake levels of alcohol, nicotine, and marijuana compared to heterosexual individuals (Bränström & Pachankis, 2018). Dealing with discrimination and feelings of isolation increase the risk for having co-occurring issues of substance use coping mechanisms and mental distress (Bränström & Pachankis, 2018).

High levels of alcohol and drug use are common factors in both SV perpetration and victimization, especially in lesbian relationships. The incidence of alcohol-related sexual violence is higher among lesbians compared to heterosexual women (Stevens et al., 2011). Both victims and perpetrators report high levels of substance use either before or during the SV event (Stevens et al., 2011). Bisexual and heterosexual women that regularly consumed high levels of alcohol were more likely to have experienced sexual and/or physical violence (Goldberg & Meyer, 2012). Bisexual women and gay men faced the highest risk of having co-occurring substance use and mental distress (Bränström & Pachankis, 2018). A few studies mentioned the need for more research on LGBTQ+ friendly treatment education because existing resources are tailored to the cisgender heterosexual population (Barrett, 2015).

## TRANSGENDER AND GENDER NONCONFORMING PEOPLE

It is challenging to quantify sexual violence against transgender individuals because few studies focus on this population specifically (Balsam et al., 2005; Stotzer, 2009). In many cases, TGNC individuals are included in larger samples of LGBTQ+ people that do not differentiate between gender identity and sexual orientation leading to the loss of valuable information regarding their different lived experiences (Langenderfer-Magruder et al., 2016). Transgender people are at extreme risk of being sexually victimized or attacked by someone because of their nonconforming gender identity. Evidence shows that perpetrators are motivated by hatred or negative attitudes toward transgender people (Tesch & Bekerian, 2015).

The National Transgender Discrimination Survey found Respondents who identified as TGNC in grade school reported high levels of harassment (78%), physical assault (35%), and sexual violence (12%). Respondents of color experienced higher rates of sexual violence than K-12 students of other races (Grant et al., 2011). Around half of the gender minority respondents in self-report surveys had been victims of sexual assault in their lifetimes, with a median age at first sexual assault sometime in adolescence. IPSA prevalence among transgender people ranges from 25.0% to 47.0% (Brown & Herman, 2015). One study found lifetime IPSA prevalence among transgender people was 28%, significantly higher than sexual minority counterparts (Turrell, 2000). Transgender people reportedly have encountered sexual assault/rape at least twice as frequently as cisgender LGBQ individuals (Langenderfer-Magruder et al., 2016).

The few sources on TGNC people and sexual violence highlighted the need for more information on this topic. More effort needs to be made to include transgender people and LGBTQ+ people of color in nationally representative data such as the NISVS. Over the three years of NISVS data collection from 2010 to 2012, five respondents self-identified as transgender (Chen et al., 2020). This demonstrates that transgender people are not represented in this critical national survey, and more efforts must be made

to include TGNC people. Many studies reviewed for this paper did not include gender minorities in their data analysis at all.

## 2.3 Sexual Consent Research

There is an urgent need to understand how SGM define and negotiate conflicting meanings of sexual consent given the prevalence of sexual violence victimization and the potential for multiple meanings of consent to lead to, at best, miscommunication and, at worst, sexual violence. Consent is a complex and nuanced topic that can be conceptualized in different ways as demonstrated by the various legal, social, and scholarly definitions of consent found in the literature (Muehlenhard et al., 2016; Beres, 2007). As Jozkowski and Peterson (2013) indicate, sexual assault is inextricably linked to sexual consent because assault is often defined as sex in the absence of consent. Although there is ample research examining sexual assault, sexual consent research is quite limited, especially when it comes to SGM.

Most of the research that has explored the ways individuals understand, signal, and interpret consent in their own lived experiences has been conducted among heterosexual undergraduate students (e.g., Jozkowski & Peterson, 2013; Muehlenhard et al., 2016). Some researchers have provided self-generated definitions of consent, such as Hickman and Muehlenhard (1999) who defined sexual consent as "freely given verbal or non-verbal communication of a feeling of willingness to engage in sexual activity" (p. 259). Other researchers' definitions differentiate between consensual and wanted sex because they have found that adults may give consent to intercourse but do not necessarily want to engage in intercourse (Beres 2007, 2014; Pugh & Becker, 2018). For example, Peterson & Muehlenhard (2007) found that individuals may feel that it is "too late to say no now" prior to or during a sexual encounter.

Gender roles and power dynamics complicate how consent is perceived and acted upon especially if individuals play into a "sexual script" in which they abide by traditional gender roles where

men initiate sex and women are the sexual gatekeepers that are expected to provide consent (Jozkowski et al., 2014; Pugh & Becker, 2018). When individuals are following sexual scripts much of the communication involved in a sexual encounter is nonverbal (Beres, 2007; Jozkowski, Manning, & Hunt, 2018) but nonverbal communication can make it more difficult to determine if consent has been granted which increases the potential for miscommunication and non-consensual sex. Gender differences in perceptions of nonverbal consent are found as well with one study showing that men rely more on nonverbal cues while women are more likely to use verbal cues when communicating consent in a sexual encounter (Jozkowski et al., 2014). The idea of affirmative consent, which has existed for years but has recently gained more attention, addresses consensual but unwanted sex by requiring an enthusiastic "yes" to all activities (Pugh & Becker, 2018). However, we do not know if and how sexual scripts or gender and power dynamics influence SGM's relationships due to a lack of research.

## 2.4 Theoretical Frameworks

The 2011 Institute of Medicine's (IOM) report, "The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding" assesses the state of the science on the health status of SGM populations in the United States and provides context about what we know and do not know about LGBTQ+ people and how to address research on this population moving forward. The IOM report was guided by conceptual frameworks that complement each other and provide context for understanding LGBTQ+ health. The minority stress model and intersectionality are concepts that are particularly relevant to understanding sexual and gender minority communities and that were used to guide the thesis research.

### Minority Stress Model

Throughout their life, members of SGM populations face many unique stressors in their social environments that are directly attributable to their sexual orientation and gender identity, a concept known as "minority stress" (Meyer, 2003). Minority stress exposures can have many mental and physical

consequences because exposure to increased stress can activate biological, psychosocial, and behavioral processes that take a toll on one's health and well-being. Physical and mental health disparities in SGM communities are not intrinsic personal characteristics related to sexual orientation and gender identity but can be seen as driven by social forces, such as stigma, prejudice, and discrimination through this model.

## INTERSECTIONALITY

Intersectionality examines an individual's multiple identities (race, ethnicity, gender, sexuality, socioeconomic class) and the ways in which they interact to create and maintain forms of structural inequality and discrimination (Crenshaw, 1989). Utilizing an intersectional approach can examine how sexual identity, gender identity, and race/ethnicity taken together may contribute to increased vulnerability to sexual assault. These studies can reveal whether and how specific subpopulations are more vulnerable to sexual assault prevalence and illuminate predictors of sexual assault for specific subgroups to advance sexual assault prevention and treatment efforts.

# 3 METHODS AND PROCEDURES

## 3.1 STUDY DESIGN

This qualitative study will analyze the in-depth, semi-structured interviews conducted in Spring 2020 for the study "Contextualizing Sexual Violence Among Queer Populations Using an Intersectional Framework" for which I was a graduate research assistant and helped conduct interviews and edit transcriptions. Data were collected for a seed grant from the Georgia State University (GSU) Center for Interpersonal Violence (CRIV) to understand the environmental and social contexts in which queer-identifying individuals experience sexual violence. GSU IRB approval (IRB# H22405) was obtained in order to use the data from the CRIV qualitative study for this thesis. Although the scope of the CRIV qualitative study is broad this thesis focuses mainly on discussions about consent in relation to experiences of sexual violence.

## 3.2 PARTICIPANTS

Participants (n=20) were queer-identifying, English-speaking individuals in Atlanta between the ages of 18-30 who have experienced some form of sexual violence over the course of their lifetime. Participants were recruited using online posts and flyers displayed in community centers and academic institutions in the metropolitan Atlanta area, as well as through peer referral. The sample consisted of 14 non-Hispanic White, 3 Hispanic/Latinx, 2 mixed race, and 1 Black/African American participants. 23 interviews were completed but three participants were over the age criteria, so they were not included in the final analysis.

## 3.3 DATA COLLECTION

Informed consent was obtained before individuals participated in the study. About half of the interviews were conducted on the main GSU campus in a private office and audio recorded. The rest of the interviews were conducted virtually using Zoom after COVID precautions were put in place in March

2020 and only the audio recordings from the Zoom interviews were utilized. Due to the sensitive and traumatic nature of the topic, a distress protocol was created that included instructions for the researchers on how to proceed in the case that participants exhibited acute emotional distress or safety concern beyond what would be expected in an interview about a sensitive topic. Participants received a $40 gift card after completing their interview and in-person participants were also offered transportation reimbursement up to $20 per participant.

Interview guides were created with open-ended questions that were followed by more specific probes to clarify and extend responses. The interviews ranged from 30 to 110 minutes in length. The interview guide included questions about 1) sociodemographics, 2) social and environmental context surrounding previous experiences of sexual assault, 3) knowledge and practice of consent, 4) perceptions of peer/community attitudes towards sexual assault, 5) perceptions of risky and safe physical spaces, and 6) access to resources related to sexual violence.

## 3.4 Data Analysis and Methodology

Interviews were transcribed verbatim and cross-checked by two researchers. All identifying information was removed from the transcripts. A thematic codebook was created based on the theoretical framework of this study and identified themes. Deductive thematic content analysis was completed by one coder using NVivo 12 and reviewed by another researcher for accuracy. Emergent themes across participants were used to contextualize participants' understanding of consent and experiences of sexual violence. Intersectionality and Minority Stress Theory were used to interpret the results of the thematic analysis.

## 3.5 Participant Characteristics

**TABLE 1:** Participant Demographics and Sexual Violence Experiences

| Participant | Age | Race/Ethnicity | Self-identified Sexual Orientation | Self-identified Gender | Sexual Violence Experience |
|---|---|---|---|---|---|
| **P2** | 22 | White, Jewish | Queer | Non-binary | SV experiences with two friends from childhood who are brothers, young brother touched them without consent, older brother gave oral sex without consent |
| **P3** | 20 | White | Pansexual, poly dyke | Trans woman | Sexually harassed by classmate in 8th grade, reported to the teacher and was blamed for being too gay |
| **P11** | 28 | White | Gay | Trans man | Raped by boyfriend freshman year of college, sexually assaulted by drunk friend, followed and propositioned by a guy on the street, gay club incidents where men put his hand on their genitals without consent |
| **P14** | 23 | Guyanese, Caribbean (Black, White, Multiracial) | Gay | Woman | Street harassment after leaving queer POC spaces, sexually assaulted by guy from high school after she came out as gay, sexual relationship with a queer masculine woman was more violent than consented to, stalked for years by a woman she dated for three weeks |
| **P16** | 30 | White | Bisexual | Genderqueer, gender fluid | Coerced by college boyfriend to have anal sex, incidents of groping |
| **P18** | 26 | Caucasian | Likes to use gay, technically lesbian | Female but expansive | Roofied and raped when in undergrad |
| **P19** | 27 | White | Bisexual or queer | Woman | Emotional/verbal abuse and sexual assault by boyfriend at 15, relationship in college included coercion and manipulation |
| **P27** | 24 | Black, African-American | Lesbian | Female | Female friend got drunk and forced her into sexual situation, friend encouraged her to drink and sexually assaulted her again |
| **P32** | 18 | White | "Tentatively bisexual" but says gay or lesbian | Non-binary | Sexually assaulted in a relationship at 15 and 17, when 17 was assaulted while asleep |
| **P37** | 25 | Mixed race Black | Queer | Woman | Sexually assaulted by boyfriend in 4-year relationship, sexually assaulted by Tinder date |
| **P44** | 26 | White | Bisexual, still exploring | Woman | Raped by HS boyfriend at 14 |

| Participant | Age | Race/Ethnicity | Self-identified Sexual Orientation | Self-identified Gender | Sexual Violence Experience |
|---|---|---|---|---|---|
| **P45** | 23 | Puerto Rican, Hispanic, Latinx | Queer, pansexual but not romantically attracted to men | Female | Raped while asleep by HS boyfriend after a party |
| **P46** | 27 | White, dad from Peru | Straight, hetero-flexible | Trans woman | Raped by a friend during high school, sexually coercive relationship with 21-year-old man while 16 |
| **P52** | 27 | White | Queer, bisexual or pansexual | Female | Continually sexually harassed by a coworker, hooked up with other coworker and took back consent and he kept going, other coworker touched her while sleeping and then raped her |
| **P77** | 26 | White | Bisexual but prefers queer | Female | Sexually abused by father as a child, raped in college, street sexual harassment |
| **P80** | 24 | White | Lesbian or Gay | Female | Sexually harassed by a male coworker |
| **P82** | 22 | Latina and White | Lesbian, prefers queer | Agender | Sexually assaulted by partner in long term relationship |
| **P88** | 29 | White | Queer, also comfortable with lesbian | Woman | Middle school boyfriend coerced her into sex acts she was not comfortable with, when 23 years old a girl at a party kept pushing for sex but no sexual contact happened |
| **P89** | 27 | White | Pansexual | Queer | Sexually harassed and cornered on MARTA bus by unknown man, high school boyfriend coercive about sex acts, recent girlfriend emotionally manipulated her into sex |
| **P90** | 22 | White | Gay or lesbian | Woman | Coworker verbally abused her into having sex |

# 4 RESULTS

This study investigates participants' thoughts about consent and their perceptions of sexual violence related to their knowledge of consent. Participants were asked about their definition of consent, how their understanding of consent changed over time, and how they think gender and sexuality affect their understating of consent and sexual violence. The results are divided into three sections: Consent Definitions and Practice, Consent Knowledge and Understanding of Sexual Violence, and Queerness and Consent. Each section is further divided into subthemes which delve deeper into each topic and are based on identified themes from participants' responses. Throughout these sections study participants are identified by P meaning participant and a number that was assigned during the study. Please refer to the table for further information on each participant's self-identified sexual orientation and gender as well as their experience with sexual violence.

## 4.1 Consent Definition and Practice

Interviews with sexual and gender minorities who have experienced sexual violence revealed various similar but distinct consent definitions and practices. Many participants described the importance of enthusiastic participation by all involved in the encounter. Other responses emphasize that consent cannot be coerced or manipulated, or else it does not count. Several participants stated that verbal affirmation and ongoing check ins were a part of their definition of consent. Several participants also stated that their practice of consent can differ when in long-term relationships because of previously established practices. A few participants also described the use of consent practices outside of sexual situations.

### Consent Means an Agreement for Sex

Some participants expressed their definition of consent as an agreement between people to engage in sex. P45, a queer woman, stated that her definition of consent was "it just looks like two

people agreeing to have sex with one another. Ideally, like verbally said… some sort of like verbal affirmation that this is something that both people want to be happening." Another participant, P77, who is a bisexual woman, stated "Consent to me means the people, that anyone involved, they're actively saying yes to something that's going on." Similarly, P46, a straight transgender woman, said that to her consent means "definitely something that both partners want." P52, a queer woman, agrees as well stating that consent is an "emphatic agreement or allowance of something to happen." These responses emphasize the importance of agreement between those involved to engage in sex. Expanding on the theme further P82, a queer agender person, said that they thought of consent as "a freely given, negotiated, like express permission to engage in a specific act." When asked how they ask other people for consent P32, a gay nonbinary person, said "I'm a pretty direct person and I mean, for me I mean, like most of the people that I've even just, like, kissed, I've asked first." Like many others P32 stated the importance to them of verbal communication and agreement for engaging in sex. These consent definitions align with researchers who defined sexual consent as "freely given verbal or non-verbal communication of a feeling of willingness to engage in sexual activity" (Hickman & Muehlenhard, 1999).

### CONSENT MUST BE ENTHUSIASTIC

Several participants stated that expressing enthusiasm before and during sexual encounters was necessary for communicating consent. P89, a pansexual genderqueer person, stated that "continued and enthusiastic participation" was important to them in any sexual encounter. They explain "it should be enthusiastic, it should be very obvious that this person consents, you know?" P16, a bisexual genderqueer person, stated about consent "Enthusiastic, it has to be enthusiastic. If there's not an exclamation point, I don't want it." Some participants, like P16, stated that if enthusiasm was not displayed by their partner, they did not want to have sex with them. P19, a bisexual woman, said that "consent is enthusiastic and voluntary, like if you have to badger someone to consent then there are like not consenting." For P32, a gay nonbinary person, consent means:

> A definitive, an undeniable, 'Yes. I would like this to continue'. Not 'I don't know' or anything forced like or just like scaring someone into saying yes. It's not just like the word 'yes', if you make someone say it, it still doesn't count.

P37, a queer woman, shared a similar description stating that they practice consent by "asking if it's OK for me to do something. And wait. Like if they hesitating that is a 'no', even if it's followed, even if that hesitation is followed by a 'yes.'" For these participants enthusiasm in consent was a requirement because lack of enthusiasm could be interpreted as lack of consent or feeling coerced into consenting. P90, a gay woman, described a comparable practice of consent, if they are with someone they communicate "'tell me you are 100% okay with this happening right now and you are not uncomfortable in any way.' Okay cool, if we're both on the same page with that, then we can move forward." This emphasis on enthusiastic consent concurs with an affirmative consent model that is found in the literature that emphasizes requiring an enthusiastic "yes" to all activities (Pugh & Becker, 2018).

**CONSENT REQUIRES ONGOING COMMUNICATION**

Most participants spoke about ongoing communication in the form of check ins with their sexual partner as a vital facet of consent. P16, a bisexual genderqueer person, stated that their definition of consent is "continuous, so consent to one act is not consent to another. I do constant check ins." P88, a queer woman, described their definition as "continued open communication during whatever the activity may be, and then actually saying like 'Yes, I want this' and feeling free to say 'No, I don't want that anymore.'" P14, a gay woman, described their practice of checking in as well stating that they incorporate "asking things like, 'is this good?' like 'are you OK?'" P77, a queer woman, is also a queer woman and practices verbal check-ins expressing "I mean just explicitly saying, 'are you into this? Do you want me to do this? Do you want me to stop?' Um and going both ways between me and partner, to saying it very explicitly." P77 explains that ongoing communication during a sexual encounter "gives me time to think and consider 'Am I good with this, or am I just playing out a script that has been shown

to me, you know, of what's supposed to happen next?'" P18, a gay woman, said that she also practiced check ins with their partners by:

> Having that mutual respect to be able to feel comfortable saying yes or no and that that can change a point of time… It's just kind of having those check ins and being, feeling comfortable enough to say whatever you need to say, and be able to be in a safe space to leave if you need to.

As demonstrated with that quote, the importance of ongoing communication lies in ensuring that comfort and consent is maintained throughout the sexual encounter and that partners are aware they can stop at any time. P18 explains further about the importance of checking in stating "because people may say yes when they have a theoretical idea of something, but then when it's happening, you're like, 'oh no, this is not going out very well.'" P37, a queer woman, practices consent with her partner by asking "'Hey, like, are you feeling comfortable with where we're at?' 'Do you feel like your boundaries are being respected?' 'Do you feel like-- do you feel safe in this space with me?'" For P37, she likes to be directly asked about how she is feeling "like even if you're in the middle of having sex like being like, 'Is it ok if I do this?', so that I can have the chance to actually consider that." These consent definitions that involve demonstrating clear willingness to participate in sexual activity and constantly communicating this willingness throughout sexual activity through check ins also aligns with the affirmative consent model and consent definitions discussed in the literature (Pugh & Becker, 2018; Willis & Jozkowski, 2019).

For P19, a bisexual woman, her definition was similar, but she included nonverbal cues to communicate ongoing consent. She stated that she checks in with partners "even if it's like eye contact and a pause or like, you know, like how is it?" to make sure that the encounter continues to be an enjoyable experience for all involved. P52, a queer woman, describes a similar practice using verbal and nonverbal communication saying "I definitely look for physical cues or body language or verbal cues. I try to be very sensitive, I ask 'is this okay?' Or I might ask someone if I could kiss them before doing it."

P45, a queer woman, also spoke about consent being communicated nonverbally saying “when sex is initiated, I guess it's usually just through like general like touching and kissing and stuff like that.” Verbal communication is used but not explicitly, stating “if you're just like on a sofa or something like that, and somebody is like, ‘hey do you want to go to the bedroom?’ For me, that implies like, OK, then that means like, that person probably wants to have sex.” P18 states that it is “important to picking up on body language too, as much as you can” but they clarify that it is a big responsibility and not always easy to do so therefore “the easiest way is just talk, you know, and be open about that.” While P18, a gay woman, acknowledges that nonverbal cues can be used to communicate consent but there are limitations to how well it can be interpreted, and verbal communication is best to convey how someone feels in a sexual encounter. Researchers have found that nonverbal communication can make it more difficult to determine if consent has been granted and verbally communicating sexual consent can assist in alleviating any ambiguity that may arise when discussing sexual consent with partners (Beres, 2007).

### CONSENT PRACTICE IN A RELATIONSHIP

Participants in relationships were also asked about how they practice consent with their partners. Many participants shared that their practice of consent differs sometimes because consent practices are established in their relationships. P37, a queer woman, explains that the practice of consent communication can vary between partners stating, “some people are like, ‘Yes, ask me every time if you can kiss me,’ and others like, ‘You are always allowed to do that, but if I say no, stop.’” P89, a pansexual genderqueer person, describes this scenario stating:

> Now I'm like partnered, I am very, like we have an understanding of what consent means between the two of us and that's very easy to maintain. But like if I was with a new partner, I'm very much the person who like asks, like every 20 seconds like if they're you know, if this is still okay, if this is still good.

Similarly, P11, a gay transgender man, states that their consent practice “depends on the relationship, because like if it’s a random person, it kind of needs to be articulated, right, practically. But if it’s

someone that you've been with for a while it could just be like, more subtle than that." P77, a bisexual woman, says "there are ways to say it not explicitly but to make it very, very clear once you're in like an established relationship when you have an understanding of what expectations are." These participants describe how the consent process within a relationship can be streamlined because boundaries and expectations have already been established with their partner.

P45, a queer woman, describes that "especially with initiating sex with my own partner, it's something that I ask her about. I'm kind of like, 'hey, like you want to like, do you want to fuck today or something like that?'" Her recent practice of consent is different to previous relationships because her current partner's libido is lower than hers and she explicitly asks to determine her partner's desire to engage in sex. Another participant, P19, who is a bisexual woman, describes established relationship consent practices saying "we don't have sex if we've both been drinking a lot and we don't have sex if one of us has been drinking a little and the other one hasn't been. And these are like… guidelines I've kind of adopted." Additionally, P19 explains that in the past she has gone along with what her partners have wanted even if she wasn't sure about it so in her current relationship, they have established that "new things don't happen unless like we've had a conversation about them outside the bedroom." P89, a pansexual genderqueer person, describes a similar practice with their partner saying that there are "things she wants to be asked about and what things that she is like, like sort of gives blanket consent to and like ongoing consent to." When it comes to trying new things with their partner P89 says "consent plays a big role in that, if that is something that is incorporated into blanket consent or if that's something that should be asked about every time… I think it's an ongoing conversation."

Unfortunately, not all long-term relationships incorporate healthy consent practices. P44, a bisexual woman, describes that in their current relationship with her girlfriend "we do pretty explicitly say, you know, 'do you want to have sex right now?'" She explains that unlike in previous relationships with men where consent was assumed "we're much more in tune with what if you're genuinely not in

the mood for that, so I think consent is really much more explicit in this way." P44's description of assumption of consent when previously dating men seems to be supported by a study that found that men rely more on nonverbal cues while women are more likely to use verbal cues when communicating consent in a sexual encounter (Jozkowski et al., 2014). P89, a pansexual genderqueer person, echoes this statement explaining "I don't think I talked about consent or really even talked about the word in any straight relationship I ever had." If consent is not discussed in relationships boundaries can be violated. P82, a queer agender person, states that "long term relationships was where sexual violence occurred for me specifically." Consent practices were not established explicitly, and they state that in relationships "consent can become a little bit blurred because you don't always have that kind of rote conversation, check in, after care, you know thing." As stated in the previous section, communicating sexual consent verbally can assist in alleviating any ambiguity that may arise when discussing sexual consent with partners (Beres, 2007).

### PRACTICING CONSENT OUTSIDE OF SEX

Some participants spoke about the practice of consent in areas outside of sex. P16, a bisexual genderqueer person, explains that their definition of consent is "not just with like sex, it's with friends and other things, kids in my life especially like, 'hey, you cool with me hugging you?'" P37, a queer woman, mentioned similarly that she asks for consent "around kissing, around touching, around hugging and things like that. And it's not just like sexual in nature, it can be completely platonic in terms of like a hug or a handshake or whatever." For her, this practice of non-sexual consent emphasizes the value of bodily autonomy. In a different example, P88, a queer woman, explains their practice of consent with their partner outside of sexual encounters stating:

> We both like offer consent without, without being asked a lot of times, like, I don't know. The other day we were walking like outside on the street and [my partner] like, slapped my butt and I was like, 'I consent.' And we just sort of like provide verbal consent without being asked when, partially because it's like silly, but also because it's true.

To P88, their practice of consent in daily life demonstrates the respect they hold for their partner's agency and decision making and empowering them to refuse touch if it is not wanted. Another example is P89, a pansexual genderqueer person, who states that they "like to talk about consent in terms of like non-sexual things, you know, so like talking about, like, what's for dinner, you know, like 'I consent to pasta' or whatever." For them, "Consent is the theme of life" meaning that they like to talk about consent in all areas of life.

## 4.2 Consent Knowledge and Understanding of Sexual Violence

Participants were asked how their understanding of consent changed over time. Many participants described their understanding of consent changing after experiencing sexual violence. Participants also stated that lack of sex education when younger affected their understanding of consent and sexual violence at the time. Another topic about consent knowledge that participants discussed was their opinion that men and boys are not taught about consent. Many participants also described the myths they believed about sexual assault that affected their understanding of their experiences with sexual violence.

### Change in Consent Knowledge

Some participants shared about the ways their knowledge of consent changed over time. P32, a gay nonbinary person, explained "when I had sex for the first time… I didn't really know what was going on… [my understanding of consent has] changed for the better and I can identify more clearly like what the difference is between, 'yes' and 'pump the brakes a little bit.'" Another participant, P11 who is a gay transgender man, said "inertia used to be a really big problem… which is like absolutely not in the definition [of consent] … [I] used to think like I would have to do all the things because we started doing anything." This misunderstanding of consent has been described in the literature as one study found that found that individuals may feel that it is "too late to say no now" prior to or during a sexual encounter (Peterson & Muehlenhard, 2007).

Similarly, P77, a bisexual woman, says that over time they've realized that they "appreciate having the time to sit and think for a moment to say like, 'am I good with this, or am I just going through the motions of what I think is supposed to happen?'" P52, a queer woman, describes how her understanding of consent changed over the past decade saying that her need "to get consent and the need to establish a trusting environment in which a person feels safe giving consent and to do that for myself, all of those things became more important and more like necessary" as she got older. She states:

> For a really long time I had a habit of giving consent when I didn't mean it. So, there would be a kind of mind body split where my brain didn't want something to happen, but my body did. And so I would end up going with my body and saying, yes, which almost felt like I was perpetuating sexual violence against myself.

This statement parallels some researchers' definitions which differentiate between consensual and wanted sex because they have found that adults may give consent to intercourse but do not necessarily want to engage in intercourse (Beres 2007, 2014; Pugh & Becker, 2018).

Many participants stated that their consent knowledge changed after their experiences with sexual violence. P14, a gay woman, states this directly by saying that she "definitely started thinking about this more like after having experienced sexual assault and especially what that looks like in a queer relationship." P27, a lesbian woman, also said that the way she views consent changed after she was sexually assaulted. She describes the change by saying "the rule that I go by now is like even if you get a 'maybe' or 'I don't know' it's a No. If you don't get a clear 'yes' and that person doesn't seem engaged, it's a no." She explains further "a lot of people aren't going to sit here and explicitly say no, especially with females, because… it could set off a whole set off a train of negative events by just saying no." As stated above, this phenomenon of people not saying no even when they don't want to engage in sex is described in previous consent research as individuals may consent to sexual activities but lose their sexual agency to accommodate a partner's needs or out of fear of "ruining the moment" (Beres, 2014). After her experience with sexual violence P3, a pansexual transgender woman, says:

> Maybe in a way it might have caused me to be like very obsessed with consent? And I mean, not that that's a bad thing. But like, I'm like obsessed with consent to the point like that if I don't ask before I remove [clothing], even if it's just like before touching someone, then I start to feel awful about myself, like I've just violated them in an awful way and I've had mental breakdowns when I didn't ask for consent.

P3 describes how nonconsensual experiences affected her practice of consent in her following relationships, possibly to an unhealthy extent.

P37, a queer woman, spoke about how her understanding of consent changed after coming out as queer. After her first queer partner asked to kiss her P37 said "I was like, 'What? What do you mean?' and they're like, 'It's a question. Can I?' And I was like, 'Sure.' So, that was like the first time that I was introduced to the idea of asking people for that, for like permission to enter your space." P37 goes on to say that in relationships with her previous boyfriends "there wasn't much consent with that, like spoken or unspoken." P88, a queer woman, also described how a previous partner taught her about consent by modeling it in their relationship. She explained that in one of the first sexual encounters with this partner "he was like on top of me and I had like moved or breathed in a way that felt weird to him and he like physically, like pulled himself off of me, lifted his hands up so I could see them" and asked if P88 was okay because he sensed the discomfort. When she assured him that she was fine he said "OK, if you become uncomfortable at any time, you can tell me and we will stop." P88 explains further that "that level of communication was really new for me" and she learned a lot about practicing consent in that relationship.

### LACK OF SEXUAL EDUCATION

Several participants spoke about desiring sex education when they were younger because it would have provided them with important information about sex and consent that could have changed their understanding of sexual violence when it occurred. P2, a queer nonbinary person, states "I think that like any sort of sex education would have been solid, like an awareness of my body or what

pleasure was or should have been… like what is available out of sexual experiences, like what they should look like." Similarly, P11, a gay transgender man, asserts that he did not understand consent because he was “never taught anything really about any of that … But yeah, I think I may have handled situations differently, like, when I was 18 and 19, had I had, like, that like, basis but I did not.” This statement shows that having that knowledge earlier could have made a difference in the experiences they had when they were younger.

P46, a straight transgender woman, describes how she misunderstood consent until later stating “I used to tell myself that I consented because I didn’t say anything … what it really boiled down to is I didn't say anything because I didn't know how, and I didn't know that I could, or I didn't know what to say.” P88, a queer woman, also describes that she did not understand in her teen years and even early 20’s that consent “include[s] the opportunity to take back your consent or to stop your consent mid act, whatever the act may be.” For P88 “it took me years to understand what happened in middle school, because I was in middle school. It took me years to understand it as sexual violence… And I just, I didn't have the words, I didn't have the support.”

Participants also talked about the importance of sexual education including information about healthy relationships. P32, a gay nonbinary person, states they would have liked to “get educated somewhat on what a healthy relationship looks … Just figuring out what a good relationship looks like and what a bad one looks like, and what the red flags that I need to look out for are.” They explain that they did not know anything about that going into their first relationship and they did not have a model to learn from because their parents are divorced. P14, a gay woman, started thinking more about consent after being sexually assaulted and “especially what that looks like in a queer relationship because the boundaries are like more blurred, I guess and there's less to model off of.” This statement demonstrates that a lack of healthy queer relationship models can negatively affect what queer people can know and expect from healthy relationships.

## MEN AND CONSENT

A couple of participants expressed that they believed men are not taught about consent or are taught to ignore the concept entirely which may be why they are largely perpetrators of sexual violence. The NISVS found that most female victims of rape and sexual violence other than rape reported only male perpetrators (Black et al., 2011). P88, a queer woman, explains that she feels that “my gender suggested to that boy that he could kind of do whatever he wanted, and I think that he had received some messages about like what it means to have a girlfriend.” She also said “I think that was definitely like a ‘this is how boys treat girls’ kind of situation" implying that boys and men are taught to treat girls and women poorly. P37, a queer woman, also speaks to this belief saying, “most people in my community were like assigned female birth and so have had experience being socialized as woman and seen in that way and oftentimes that's like seen as like permission to violate whatever.”

P89, a pansexual genderqueer person, asserts “men being coercive is like, you know, the oldest news that exists.” They describe an experience their sister had in which “a friend's older brother of like two years, so they're like 13 and 15, he was just like playfully like pulling, like playfully getting her to sit on his lap” and their sister felt uncomfortable responding negatively to the situation because they were in a social setting. P89 supported their sister and spoke to her calmly about the importance of consent but was internally angry about the situation stating, “this is what boys are trained to fucking do, you know, to ignore someone being uncomfortable and to ignore someone literally saying no, and to literally, you know, be moving away from them, just like ignore those signals entirely.” P89 continues by saying “I think that is the general experience that women have with men is them being coercive” as well as “I think men perceive women to be like their property in some ways, they're entitled to, to bodies and they're entitled to time and energy and whatever.” The beliefs expressed by the participants offer a possible explanation for why men are the main perpetrators of sexual violence, especially against women.

## RAPE MYTHS

Rape myths are common in discussions of sexual violence and victims can be affected by these societal conceptions of sexual assault. As described in the literature, rape myths are the "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" that are held by the public (Burt, 1980). These assumptions influence how society views instances of sexual violence and typically leads to blaming the victim and excusing the perpetrator. Most participants made statements relating to rape myths and the topic encompasses many aspects of conceptualizing sexual violence, so the section is divided into a few subtopics: Misclassifying or Minimizing Sexual Violence, Victim Blaming, Myths About the Identity of Sexual Violence Victims, and Confronting Rape Myths.

### SUBTOPIC 1: MISCLASSIFYING OR MINIMIZING SEXUAL VIOLENCE

P14, a gay woman, describes how after she was sexually assaulted it was hard to conceptualize it as such because "the common rhetoric of like what's sexual assault and like what rape looks like is very, very violent, like that's the association with it." She explains further that she felt that she would be "taking up space within this like realm of like being a survivor, etc., because [my sexual assault] wasn't as like violent as it could have been." Similarly, P45, a queer woman, stated that "for me when I was raped, I didn't fully understand that that's what had happened, and I didn't label it as such just because it wasn't as violent of an experience as other people that I knew had gone through." Her understanding of the sexual violence she experienced did not change until college when she heard similar stories and realized "oh, that's a thing… just having someone affirm to me the fact that, like your sexual assault didn't have to be like this like violent struggle for it to be considered that." These statements are parallel to the results of one study that found that while most respondents understood sexual violence as nonconsensual and unwanted, many believed that sexual violence must result in physical harm to the victim (O'Neil & Morgan, 2010).

Many participants had similar experiences of diminishing the severity of what they experienced or misclassifying it entirely because the true meaning of sexual violence is obfuscated by these prevalent and pervasive rape myths. P27, a lesbian woman, explains this phenomenon further stating:

> When I was growing up like you always saw sexual violence as like rape where it's like, you know, someone just grabs you off the street and throws you down or someone comes into your house, you know, I don't want it, but I think, like, if someone really actually talked to me a long time ago and they're more aware of what sexual violence is like they are now it's like it's not always just like violence, violence. It could be, it could be your lover, it could be a husband, it could be a wife. You know, someone would've told me like sexual violence is basically it could be anyone, doesn't matter who it is and it is not always so violent, I feel like I probably would have been more aware back then.

This statement echoes the classic stranger rape stereotype in which the victim is violently attacked at night by a stranger and the use of physical force by the perpetrator demonstrates the lack of consent of the victim (Anderson, 2007).

Other participants shared similar experiences. P16, a bisexual genderqueer person, did not say they had been sexually assaulted for years. They shared with their therapist what happened in their relationship and the therapist told them that their boyfriend had sexually assaulted them. It still took more time for P16 to understand, they stated "I still didn't really believe her and like acknowledge it until I was in a women and gender studies class, and I was like, we were reading different definitions and I was like, holy shit yeah he did." P77, a queer woman, shared that they struggle with this rhetoric in conceptualizing their sexual assault as well stating:

> If I watch a newscast or a story of these things happening where someone's like, 'well we said it was fine before I stopped halfway through' my brain would be like, of course, it's still a problem like, you know, like that's still rape, but somehow when it happened to me, I immediately fell into the same dialogue somehow.

P77 asserts that it took having healthy consensual hookups to understand that the sexual assault they experienced was wrong and not normal. P82, a queer agender person, asserts "the first time I experienced sexual violence I didn't have any language or like understanding of what was happening."

They describe that among the communities in their university “so much of what is sexual violence is like labeled as oh like a toxic relationship or like somebody being a bad guy or like whatever like whatever like coded language you use to like diminish it” and that framing negatively affects victims of sexual violence ability to come to terms with their experiences. Another participant P80, a lesbian woman, had a similar experience of lessening the severity of what they experienced stating that they sometimes think “Oh well, you know what you went through was worse than what I went through and so I'll either not bring it up or just not, you know, frame it as being something super serious.”

### Subtopic 2: Victim Blaming

Victims are also affected by rape myths through not being believed or being blamed for the sexual violence that happens to them. P37, a queer woman, described that she still struggles with labeling her own experience as sexual violence and seeing victims of public figures accused of sexual assault not being believed affects her response to her own sexual violence stating, “It's hard enough to try to recover from something like that without having to – without facing other people's doubt about that event.” P90, a gay woman, describes that being raised Christian “there's so much like guilt and shame [around] just sex in general” that when she was sexually assaulted, she “felt so much like guilt and shame about the whole situation” that she initially decided not to tell anyone about it. When she finally decided that she needed to share “I called my best friend at the time and told her about it, and I told her about it as if like I did something so wrong… I thought that I had like made that happen.” Her best friend told her “He abused you, like that was not your fault, what happened” and having that validation allowed her to see the experience for what it was. Research shows that one effect of rape myths is that victims feel shame or guilt over perceived responsibility for not preventing their assault and consequently do not seek services (Rothman et al., 2011) which can be observed in these participants’ statements.

### Subtopic 3: Myths About the Identity of Sexual Violence Victims

Another aspect of rape myths presents itself through the popular conceptions of who can be the victim of sexual violence. For example, P32, a gay nonbinary person, stated “I didn't know a man could be raped until I was like 16 because I just didn't, like even think about it and then I had to read about it myself.” Comparably, P77, a queer woman, asserts that “there's already the stigma about like women raping men and then I think if you add that to like women raping women, I think that's like a whole other level of those people being like, that's not even possible.” P77 explains that this continues to be an issue “because of ignorance around people that like think that ‘women can’t have real sex with women.’” This myth about rape is described in research that found that many people believe that a woman cannot sexually assault another woman and rape only happens to heterosexual women (Girshick, 2002). Along the same lines, P11, a gay transgender man, describes an incident that occurred “right when I was starting to not look like a woman” in which he attended a Take Back the Night event and was asked “so what do you want to talk about?” which caused him to feel unwelcome in that space for sexual violence survivors even though he was a survivor as well. He explains “people don’t think, I guess, that someone that looks like me, like, would have those experiences” which clearly invalidates sexual violence survivors who are not women.

### Subtopic 4: Confronting Rape Myths

Clearly, rape myths continue to be prevalent, and a few participants described how they attempt to combat these myths by being open about their experiences. P45, a queer woman, explains that she “held a lot of guilt over the, overusing the term like rape or sexual assault” because her sexual assault was not as violent as it could have been and “now, when those kinds of things come up, I feel like I have to definitely say something because there could be somebody who's like in that same exact position.” P77, a bisexual woman, also describes speaking up about her experience when hearing other people perpetuate rape myths such as “well this person shouldn't have been wearing that or they should have been doing this or like, you know, these types of people are the type of people to get

raped" to inform them about the falsehoods they are spreading and "they're shocked and then they suddenly try to like quick turnaround and be like, well, no no no it's well, but that's a different thing" which demonstrates that they do not fully understand the harm they are perpetuating with the myths until they are confronted with a victim sharing their experiences. P89, a pansexual genderqueer person, states that "it became obvious that not, not nearly enough people knew what consent meant or were using that and using it in their lives" so they make an effort to have those conversations with people and speak about the importance of enthusiastic consent in order to normalize the conversation about consent.

## 4.3 Queerness and Consent

This section includes participants' discussions about consent that seem to be unique to queerness and queer community. Some participants discussed how traditional gender dynamics can manifest themselves in queer relationships and cause harm. Others expressed that presenting as more masculine was correlated with less sexual harassment and risk for sexual violence. One common refrain from participants was the sense of safety that comes from queer community due to shared common experiences of sexual violence.

### Recreating Heteronormative Gender Dynamics

Several participants spoke about how traditional gender dynamics can play out in queer relationships. P37, a Black queer woman, described that in her queer community the femme and stud dynamic "can often emulate straight relationships in pretty damaging ways, which ends up with the person who identifies as the stud being abusive, violent, whatever towards the person who identifies as femme." One study about studs, which are Black lesbians that embody masculinity, reflects this sentiment stating that "stud–femme relationships follow many of the same scripts of normative Black heterosexual couples their age… with the stud playing the male role and the femme playing the female role" (Lane-Steele, 2011). Femme refers to feminine presenting women. According to the study one

possible reason for this circumstance is that “In communities where being gay still carries large amounts of disdain and stigma, being in a romantic relationship that resembles what is accepted in mainstream culture may detract from potential criticism and even violence” (Lane-Steele, 2011).

P82, who is agender and queer, states that when they presented as cis and more femme, they were dating someone who was more masculine and they think that “that kind of gendered dynamic can exacerbate certain power, certain power dynamics that in my specific case um not like caused the assault, but um were related to the assault.” They assert “there was a gendered dynamic to the sexual violence that occurred.” They explain further stating:

> In my personal experience I've seen the ways in which gender interacts in relationships to create really like, um, it's like the same kind of toxic like gendered relationships that we criticize in, you know, straight cis relationships but just like put in like a rainbow flag sometimes, and I think not acknowledging that those that those gender dynamics can really create damaging power.

Another participant, P14, a gay woman, also spoke about this phenomenon saying that the sexual violence experiences she’s had feel “very tied into like me being like most of the time a femme presenting person and this, the first experience being like a boy or man, whatever, and then the second experience, like being a like more masculine aligned person.” P14, who is a social science researcher, stated that they have long been interested in doing research about “how heteropatriarchy influences black queer women's relationships because I was, I really wanted to explore various things but including like gender roles and how sexual violence manifests within them.” These statements coincide with literature that asserts that gender roles and power dynamics complicate how consent is perceived and acted upon (Jozkowski et al., 2014), however most of this research is based on heterosexual relationships.

### MASCULINE GENDER EXPRESSION AS A PROTECTIVE FACTOR

A few participants spoke about feeling a sense of safety when expressing their gender in a masculine way because they feel they are at a reduced risk for sexual violence. P2, a queer nonbinary

person, states “When I present more masculine, people don't touch me. Like if I'm in a club or a train or walking down the street, people aren't going to like touch the small of my back… People aren't cat calling me in the same way.” P16, a bisexual genderqueer person, stated that they used to organize Take Back the Night events and after engaging in sexual violence prevention work “I tend to want to be more, like my gender leans more toward masculinity after that, which almost feels like I'm trying to safeguard myself, even though I know masc-of-center people get assaulted.” They declare “I worked so hard to present super masculine because it felt safer. Like, if I'm walking alone at night and they think I'm a boy, they're less likely to attack me.” They also state “when I feel vulnerable, I tend to be like I'm gonna be masculine.” P89, a pansexual genderqueer person, also spoke about this trend expressing that they notice a big difference in how men react to them now compared to before when they presented very feminine. They state, “I think people who present very feminine get a lot of that unwanted attention from men, you know, and I, you know, since I cut my hair and started wearing men's clothes I just don't.” They explain further stating:

> There's something that feels very much safer to me about presenting masculine even though that's just what I want to do in my own heart and my own mind, it very much feels like a safety guard against that kind of interaction. Because men respect other men more than they respect women and if I present like a man, they will treat me like one. Sometimes.

One distinct but related sentiment shared by P82 is “I have a lot of friends who are more masculine than I am and are and are very worried about being perceived as predators as queer women with other women.” This statement demonstrates the flip side of presenting masculine which means that a person’s masculinity may be identified as a threat to other women. This concept seems to tie in with the idea discussed above in the section “Men and Consent” about men not respecting boundaries and consent with women or more feminine presenting individuals.

Masculinity serves as a protective factor for some queer people to feel safe from violent or nonconsensual interactions with men. By presenting as masculine, they would potentially no longer

attract cisgender heterosexual men who are the main perpetrators of sexual assault (Black et al., 2011). It may also explain the gender dynamics that are discussed in the previous section "Recreating Gender Dynamics." While the three participants quoted in this section are white, one ethnographic study about studs, who are specific to Black lesbian community, supports the idea of masculinity as a protective factor stating "the embodiment of this masculinity can provide these studs with access to the power and privileges come with masculinity", specifically "being one of the boys enables them to access some of the benefits of male privilege and avoid the sexism and the homophobia that they might otherwise be subjected to" (Lane-Steele, 2011).

### SHARED EXPERIENCES OF SEXUAL VIOLENCE IN QUEER COMMUNITY

Some participants spoke about feeling a sense of safety in queer community because of shared experiences and understanding of sexual violence. P27, a lesbian woman, shared that her girlfriend also experienced sexual violence and "she has that understanding of like, you know, being pressured to do something, going, doing something against your will." P27 states that when she shared her sexual violence experience with her girlfriend "she never asked like you know, 'are you lying to me or are you telling me the truth?' She just took it as it was just like I did for her when she told me, I just believed her." This interaction made P27 feel safe in her relationship because of a shared understanding of how sexual violence can affect someone in their future sexual interactions. Another participant, P44, who is a bisexual woman, shared a similar experience describing that she has PTSD from being sexually assaulted by a man and had recurring PTSD panic attack episodes when having sex with men that she does not experience when having sex with women. Her girlfriend has not experienced sexual violence but "she's also more understanding of the trauma that I have because she can imagine more easily how that might be… I think, you know, just being a woman in the world, she kind of understands fears that some of us have."

P89, a pansexual genderqueer person, asserts that they feel safe in sharing their experience of sexual violence with their queer friends when the topic comes up, which is not uncommon. They state that people will say "'oh, this creepy thing happened to me' and then it's like uh 'one time this happened to me' and, you know, I think it's something that sort of all connects us all in a way, in a fucked up way." They explain further stating "I think we all kind of know that like we've all had experiences like this, you know, I don't, I think at this point most people know that they're not alone in having those kinds of experiences." As described, P89 sees the shared experiences of sexual violence as one factor that brings the community together because they have a mutual understanding and can provide support to one another.

# 5 DISCUSSION

## 5.1 DISCUSSION OF RESEARCH QUESTIONS

This study examined how sexual and gender minorities who have experienced sexual violence define and practice consent, how their consent knowledge has changed, and aspects of consent that are specific to the queer community. Sexual and gender minorities experience much higher rates of sexual violence compared to the general population but have been repeatedly overlooked in sexual violence and consent research. A qualitative approach was utilized in this exploratory study to allow for in depth data collection and analysis for understanding perceptions of sexual consent among queer and transgender people. It is important to understand how SGM define and negotiate conflicting meanings of sexual consent given the prevalence of sexual violence victimization and the potential for multiple meanings of consent to lead to, at best, miscommunication and, at worst, sexual violence. The findings of this study can inform the creation of sexual assault prevention programs that specifically meet the needs of LGBTQ+ individuals.

Each participant described similar but distinct definitions and practices of consent. In their conversations about consent definitions participants identified various requirements including mutual agreement, enthusiastic participation, and ongoing communication which was consistent with the affirmative consent model and consent definitions discussed in the literature (Pugh & Becker, 2018; Willis & Jozkowski, 2019) which has been conducted primarily with heterosexual study participants. A few participants mentioned the use of nonverbal cues to communicate consent, but overall verbal communication is preferred because desires and concerns can be conveyed directly. This sentiment was reflected in research that found that nonverbal communication can make it more difficult to determine if consent has been granted and verbally communicating can help clear up any confusion between sexual partners discussing consent (Beres, 2007).

Participants also spoke about how their practice of consent may change depending on their partner. They stated that some partners desire being asked for consent in every sexual encounter or every part of the sexual encounter while other partners may establish consent guidelines that do not require asking for consent every time because their boundaries and expectations have already been discussed with their partner and ongoing consent for certain practices has been granted. Some participants shared that in previous relationships with men, consent was assumed and not discussed which was affirmed by research that observed that men rely more on nonverbal cues when communicating consent in a sexual encounter than women (Jozkowski et al., 2014). One topic that participants discussed that was not found in the literature is the practice of consent in areas outside of sexual experiences. Some participants described using the concept of consent for interactions with platonic friends for instance asking if a hug is okay or even with agreeing on what to eat for dinner.

Participants also discussed the ways their knowledge of consent has changed and how that knowledge affected their understanding of their sexual violence experiences. For several participants, their knowledge of consent changed over time as they got older and had more sexual experiences that informed how they would practice consent in future interactions. Several participants had incomplete or erroneous understandings of consent until they were exposed to that knowledge later in life. Participants who shared that they did not know that consent could be rescinded at any time during a sexual encounter were supported by research that found that individuals may feel that it is "too late to say no now" prior to or during a sexual encounter (Peterson & Muehlenhard, 2007). Other participants who shared that they consented even if they did not want to have sex or did not feel that they could say no were supported by researchers that differentiate between consensual and wanted sex because they have observed that individuals may consent to sexual activities but lose their sexual agency to accommodate a partner's needs or out of fear of "ruining the moment" (Beres, 2014).

Many participants described how their knowledge of consent changed after their experiences with sexual violence. Their experiences of their consent being violated caused them to prioritize consent with future partners. A couple of participants described how previous partners taught them about consent by modeling healthy consent practices in their relationship. Several participants communicated that a lack of sexual education most likely affected their experiences with sexual violence. They expressed that if they had obtained knowledge about consent and how to practice it in their relationships at an earlier age, they could have recognized the violation of their consent and may have reacted differently to their experiences. Similarly, a couple of participants expressed that lacking knowledge about what healthy relationships looked like meant that they were not aware of the components of unhealthy relationships and what red flags to look out for. One participant made the point that a lack of healthy queer relationship models can negatively affect what queer people can know and expect from healthy relationships. One belief that was expressed by a few participants was that men are not taught about consent or are socialized to ignore consent when it comes to their interactions with women. They described encounters they had with male perpetrators of sexual violence that caused them to believe that society gives boys the message that it is okay to ignore girls saying no which leads to men who violate the boundaries of women.

False beliefs about sexual violence, or rape myths, were discussed by most participants. This was the most extensive section of results by far demonstrating the prevalence and pervasiveness of these stereotypes, assumptions, and myths in societal discussions about sexual violence. While rape myths are reviewed in the literature, they are not considered in relation to queer people. Participants brought up that they minimized their experiences or did not consider their sexual assault to be rape even though it met the definition because they were influenced by society's myths and thought rape only counted when it was violent and committed by a stranger, which describes the classic stranger rape stereotype that is discussed in the literature (Anderson, 2007). Several participants specifically stated that they

diminished the severity of what they experienced because it wasn't as violent as it could have been which is paralleled by the results of a study that found that while most respondents understood sexual violence as nonconsensual and unwanted, many believed that sexual violence must result in physical harm to the victim, or it did not count (O'Neil & Morgan, 2010). For many participants it took having healthy consensual sexual encounters or hearing similar stories from their peers for them to come to terms with their experiences of sexual violence.

Other participants spoke about sexual violence victims not being believed or feeling at fault which caused them to not want to share their experiences with other people or seek support, an effect of rape myths that is demonstrated in research showing that victims that feel shame or guilt over perceived responsibility for not preventing their assault do not seek services (Rothman et al., 2011). Myths about who can be a victim of sexual violence were also spoken about by participants who expressed that many people believe that women cannot rape other women or that men cannot be sexual violence victims. A few participants declared that they speak openly about their sexual violence experiences to oppose people who perpetuate rape myths and to ensure that other survivors are not affected by the myths and know that they are not alone. Rape myths and societal conceptions of sexual violence affect how survivors of sexual violence perceive their experiences. As demonstrated by various participants' quotes, many did not understand their experiences of sexual violence for a long time because of the messages they received from society about what counted as sexual assault and who could be a victim of sexual violence.

Other themes that were identified related to consent and queerness specifically. Several participants explained that heteronormative gender dynamics can be recreated in queer relationships leading to a power differential that may play a role in causing sexual violence to occur. According to a few participants, adopting a masculine gender expression led to a sense of safety. They disclosed that presenting as more masculine was correlated with less sexual harassment and decreased risk for sexual

violence. One study that investigated Black masculine lesbian women, known as studs, mentioned both concepts that were described by participants. This study hypothesized that the reproduction of heteronormative gender dynamics occurs so that queer relationships resemble straight ones, which are accepted in society, and can possibly avoid disapproval. In discussing masculinity as a protective factor, this study postulated that presenting as "one of the boys" can allow queer people to access some benefits of male privilege and avoid discrimination (Lane-Steele, 2011) which coincides with participants' experiences of a reduction of sexual harassment. Some participants expressed that queer community is very understanding and supportive of sexual violence survivors because many queer people share those experiences, and the mutual comprehension creates a feeling of protection.

## 5.2 LIMITATIONS

This study contributes valuable insights on sexual consent and sexual violence research focused on SGM but several limitations to this study should be mentioned. Due to the nature of qualitative research and the small sample size, the findings of this study cannot be generalized to a larger population, but they do provide some beneficial insights on the topic which are difficult to obtain from quantitative research. Participants were required to reach out and contact the study organizers to set up an interview, causing the study to be skewed toward those who are willing and able to talk about their sexual identity and experiences with sexual violence. Participation was limited to individuals who reside in Atlanta, Georgia and regional characteristics may have an influence on the experiences of study participants. The study included people of color but not enough to match the demographics of the area of recruitment which is another limitation. Participant ages were restricted to be between 18 and 30 which is mostly representative of college age, although not all participants were college students. The study sample also did not have representation of cisgender sexual minority men meaning it is not entirely representative of the LGBTQ+ community.

## 5.3 Public Health Implications

The findings from this research study can be used to develop, inform, and adapt sexual violence prevention programs to meet the needs of sexual and gender minority individuals. As demonstrated in the literature, sexual violence has many adverse physical, emotional, and psychological effects such as sexually transmitted infections, unwanted pregnancies, substance use, and post-traumatic stress disorder (Chen et al., 2010; Martin, Macy, & Young, 2011). Research on sexual violence victimization focuses mainly on heterosexual and cisgender populations and it is crucial to understand how these public health implications manifest in sexual and gender minority populations. Explicit LGBTQ+ inclusive services and resources are needed to address barriers to equitable care and should be mandated (Coulter et al., 2015). Particular attention should be paid to transgender-competent health care, especially when it comes to the private and sensitive topic of medical rape exams (Gentlewarrior, 2009). More funding and policies specific to the prevention of sexual and gender minority-related sexual violence are imperative to adequately address these at-risk communities on both a national and global level.

Future research would benefit from investigating how SGM individuals perceive and understand their experiences of sexual violence based on their knowledge of consent. In addition, studying how sexual education programs can be more inclusive of SGM can work to address the gaps in consent knowledge that was demonstrated by many participants. The shared experience of participants taking years to understand their experiences with sexual violence suggests that perceptions of what constitutes sexual consent may be established at a young age. It is important to recognize when and how consent is understood to be able to intervene when consent knowledge is lacking or misunderstood. This data also highlights the need for healthy relationship models which are a vital part of sex education, teaching individuals what behaviors are normal and accepted in a relationship and which are a sign that they are in an unhealthy relationship. As demonstrated by the study participants,

there is a lack of healthy queer relationship models indicating that this vital education is not available to the communities that may need it the most.

## 5.4 Conclusion

This study focused on understanding how sexual and gender minority individuals who have experienced sexual violence conceptualize consent and understand their experiences of sexual violence. Participants' definitions of consent adhered mainly to the affirmative consent model with one difference which was the practice of consent in areas outside of sex. In describing how their consent knowledge changed, participants shared the ways the lack of knowledge or misunderstanding of consent affected how they viewed and responded to their experiences of sexual violence. For many participants, because of societal conceptions of sexual violence, it took years to acknowledge and confront the trauma they experienced, delayed their seeking of support and services, and affected how they approached their future sexual encounters. The recreation of heteronormative gender dynamics in queer relationships, masculine gender expression as a protective factor for sexual violence, and the safety of mutual understanding and support in queer community were discussed in findings specific to queerness and consent. To adequately address the needs and experiences of this community, sexual violence intervention and prevention efforts must attend to the unique factors that affect sexual and gender minority people. This study's findings highlight the importance of continuing the conversation surrounding consent and the perception of sexual violence experienced by members of sexual and gender minority groups, a population at high risk for sexual violence.

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# APPENDIX

## INTERVIEW GUIDE

Study Title: Contextualizing Sexual Violence as Experienced by Queer-Identifying Individuals

Purpose: The purpose of this study is to better understand the environmental and social contexts in which queer-identifying individuals experience sexual violence.

Notes: *Italicized text* indicates instructions to the interviewer. **Bold text** indicates verbatim instructions for the interviewer to read to the participant.

Question Domains:

1. Demographics
2. Gender and Sexual Identity
3. Romantic/Sexual Relationships
4. Friends, Family, and Community
5. Experiences with Sexual Violence
6. Peer/Community Experiences and Perceptions
7. Perceptions of Risky and Safe Physical Spaces
8. Access to Institutional Resources
9. Wrap-Up

**INTERVIEWER:**

**During this interview, I'm going to ask you some questions about gender and sexuality, relationships, sex, and violence. If you want to skip any questions for any reason, just say "pass". If you need a break or want to come back to a question at a later time, that's perfectly fine. There are no right answers – I just want to hear your thoughts on whatever you're willing to discuss.**

**Also, I need to inform you that if you tell me that you are a student at Georgia State University and you tell me about an incident in which you were sexually assaulted at school, I am obligated to report that to the university per the school's Title IX requirements. Do you have any questions for me before we begin?**

*If participant has no questions, proceed with interview.*

1. Demographics
    a. How old are you?
    b. How would you describe your race and ethnicity?
    c. What kind of financial background do you come from?
    d. How did you hear about this study?
        i. *If participant is a referral:*
            1. Can you describe your relationship to the person who referred you?
            2. Why did they think you would be interested in this study?
        ii. *If participant is not a referral:*

1. What made you want to sign up for the study?

2. Gender and Sexual Identity
    a. Do you use a label for your sexual orientation? What label do you use?
        i. Have you always used that label?
            1. *If yes:* Can you tell me about what prompted you to start using it?
            2. *If no:* Can you tell me about how it's changed over time?
                a. *Prompt: with partners, age, friends, environment?*
        ii. Do you always use that label, or does it differ in different situations?
    b. *If gender hasn't come up yet:* How do you identify in terms of gender?
        i. Has that been a constant for you? Has it changed at all?
            1. *If it has changed:* Can you describe that process for me?

3. Romantic/Sexual Relationships
    a. Are you currently in a romantic or sexual relationship of any kind?
        i. *If yes:* Can you tell me a bit about your partner or partners?
            a. *Prompt: How you met, how long you've been together, how are they different from/similar to partners you've had in the past? (Confirm timeline in relation to 1) gender and sexual identity, 2) school/work/physical environment, 3) social support system)*
        ii. *If no:* Have you ever been in a romantic or sexual relationship?
            1. *If yes:* Can you tell me a bit about your past partners?
                a. *Prompt: How you met, how long you were together, why it ended? (Confirm timeline in relation to 1) gender and sexual identity, 2) school/work/physical environment, 3) social support system)*

4. Friends, Family, and Community
    a. Who are the people you feel closest to?
        i. Can you describe their role in your life?
    b. When you need support, who do you turn to?
        i. *Prompt: Partners, friends, family, coworkers, classmates, teachers?*
            1. *Prompt: When/how did you meet them, how often do you see them, why do these people come to mind?*
    c. What would you say ties you to the people you feel closest to?
        i. *Prompt: Similar interests, personalities, share experiences, family relations?*
    d. Do the people you feel close to know how you identify in terms of:
        i. Gender?
            1. *If no*: Why?
            2. *If yes*: How do they know? Is it something you discuss with them?
        ii. Sexual orientation?
            1. *If no*: Why?
            2. *If yes*: How do they know? Is it something you discuss with them?
    e. Do the people you come into contact with day to day know how you identify in terms of:

i. Gender?
    1. *If no*: Why?
    2. *If yes*: How do they know? Is it something you discuss with them?
ii. Sexual Orientation?

f. Do any of the people you feel close to identify as queer (using any terms)? If so, what terms?
    i. *If yes:*
        1. How do you know?
        2. How did you find out?
        3. Is it important to you to have close relationships with queer-identifying people?
    ii. *If no:* Is it important to you to have close relationships with queer-identifying people?

g. Do any of the people you come into contact with day to day identify as queer (using any terms)?
    i. *If yes:*
        1. How do you know?
        2. How did you find out?
        3. Is it important to you to see or be around queer-identifying people day to day?
    ii. *If no:* Is it important to you to have close relationships with queer-identifying people?

**INTERVIEWER:**

**These next questions are about your experiences with sexual violence. If you need to take a break or want to skip any questions, that's perfectly fine.**

**By sexual violence, we're referring to any acts that you felt were sexual in nature that were committed against you without your consent. The purpose of this study is not to judge your experiences, so try not to worry about defending whether your experience "counts". We consider you the expert here, and I'm just here to learn from you.**

**Are you ready to go on?**

*If yes, continue to next instructions.*

**Also, please remember if you tell me that you are a student at Georgia State University and you tell me about an incident in which you were sexually assaulted at school, I am obligated to report that to the university per the school's Title IX requirements.**

5. <u>Experiences with Sexual Violence</u>
    a. When you think about consent, what does that mean to you?
        i. Has your understanding of consent changed over time?
        ii. How do you practice consent in your relationships?
            1. How do you ask others for consent?
            2. How do you voice your consent when someone asks?

3. How do you like to be asked for consent?

b. Have you ever had an experience where someone did, or said something sexual to you without your active and continued consent? -==========
    i. Have you ever been in a situation that someone made sexual without you wanting them to?
    ii. Have you ever been in a sexual situation that you wanted to stop but couldn't?
    iii. Have you ever been in a sexual situation where you had consented but then changed your mind, but the situation continued?

c. *If yes:*
    1. Did you know the person that did this?
    2. Were any other people around when this happened?
    3. When…
        a. Did this happen (approximately)?
            i. *Confirm timeline in relation to 1) gender and sexual identity, 2) school/work/physical environment, 3) social support system*
    4. Where…
        a. Did this happen?
            i. *Prompt: (Un)familiar place, place where you felt (un)comfortable?*
            ii.
    5. Did you feel like this was related to your gender/sexual/race identity in any way?

    6. Was that event the first time you experienced something like that?
        a. *If yes, continue to ii.*
        b. *If no: repeat questions a.i – iv*

    7. Was that event the last time you experienced something like that?
        a. *If yes, continue to ii.*
        b. *If no: repeat questions a.i – iv*

6. <u>Peer/Community Experiences and Perceptions</u>
    a. Has anyone you are close to experienced something similar to what you have experienced in terms of sexual violence?
        i. How did you find out?
        ii.
    b. Do you know anyone who has committed an act of sexual violence?
        i. How did you find out?
    c. How common do you think experiences of sexual violence are among your peers?
    d. Have you shared stories of your experiences with any of your peers?

7. Perceptions of Risky and Safe Physical Spaces
    a. Do you think there are certain places where acts of sexual violence are more likely to occur in general?
    b. Are there any places where you feel:
        i. More at risk for experiencing sexual violence?
        ii. Less at risk for experiencing sexual violence?

8. Access to Institutional Resources
    a. After any of the times when you experienced sexual violence, did you:
        i. Report the incident:
            1. To the police?
            2. To an authority figure?
        ii. Seek mental health support from:
            1. A counselor?
            2. A doctor or medical professional?
            3. Friends?
            4. Family?
            5. Colleagues?
    b. Did you want to seek help or support after your experience?
    c. Did you feel that the resources you wanted were available to you?

9. Wrap-Up
    a. Do you think that gender and sexual identity affect how people think about sexual violence?
    b. Did anything we went over today surprise you?
    c. Was there anything you thought we'd ask that we didn't?
    d. Is there anything you wish we would have asked?