

Knowledge Gaps, Perceived Barriers, and Perceived Rewards in Sexual Consent

by

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A thesis

presented to the University of Waterloo

in fulfilment of the

thesis requirement for the degree of

Master of Arts

in

Psychology

Waterloo, Ontario, Canada, 2020

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

Sexual consent, or the communication of willingness to participate in sex, is crucial in all sexual interactions. Whereas educators and researchers emphasize an ideal of consent (i.e., “affirmative” consent; Muehlenhard et al., 2016), lay practices of consent rarely conform to this ideal. This research investigated participants’ (1) spontaneous conceptualizations of consent, (2) relations of those conceptualizations to traditional measures of sexual consent attitudes and behaviours, and (3) perceptions of challenges and benefits related to effective consent communication. In an online study, participants ($N = 231$) participants responded to open-ended items about their consent understandings and experiences, and completed quantitative measures of their consent attitudes and behaviours. In Part 1, I examined participants’ sexual consent definitions and their relation to measures of sexual consent attitudes and behaviour. There was considerable variation in the complexity of participants’ definitions, which reflected seven core behavioural themes. Certain themes (e.g., articulation of boundaries, consent as a process) were associated with more positive consent attitudes, but others (e.g., consent as internal desire, lack of coercion) were not. In Part 2, I identified perceived barriers and rewards to consent. Prevalent challenges included fear of negative emotions, partner’s disrespect of boundaries, difficulty understanding a partner, and difficulty rejecting a partner’s sexual initiation; the most common perceived rewards included a sense of safety, increased relationship/sexual quality, and clarity of expectations between partners. The results suggest that participants have a sophisticated understanding of consent with specific areas for growth, that some aspects of affirmative consent may not be relevant to all audiences, and that a number of barriers and potential incentives to consent exist which can be used to tailor interventions. Strengths and limitations of this work, implications for sexual health educators, and recommendations for future research are discussed.

Acknowledgments

This thesis would not have been possible without the guidance and mentorship of my supervisor, Dr. Uzma Rehman. Completing this thesis during a global pandemic was an unforeseen challenge, but your persistent compassion and support made it navigable. Thank you to my thesis reviewers, Dr. Christine Purdon and Dr. Richard Eibach, for their valuable insights on this work. I would also like to express my gratitude to Dr. Sandi Byers for her thoughtful comments on early versions of the manuscript. I am thankful to Julia McNeil for her statistical assistance and general feedback on the project. Sincerest thanks to our Lab Manager, Vanessa Tran, for her hard work in facilitating the planning and execution of this study, and to the Relationship Research Lab research assistants for coding this data. Furthermore, I am endlessly grateful for the friends and family who have supported my graduate school endeavours, and most of all for my partner and teammate-in-life, Cameron Thompson – I am so fortunate to have someone who believes in me the way you always have.

This research was supported by the Social Sciences and Humanities Research Council of Canada as well as the Ontario Graduate Scholarship.

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Introduction to Parts 1 and 2

The topic of sexual consent, or the communication of willingness to participate in sexual activity, is not a new phenomenon, but one that has received increasing attention in recent years, in part due to social movements such as *Me Too* bringing sexual violence to the forefront of public discourse (Regulska, 2018). Typically, discussion of consent focuses on a shift in how it ought to be expressed: The older, “traditional” view of consent assumes consent is present unless one’s partner actively resists (Jozkowski & Peterson, 2013), but the newer, “affirmative” model of consent requires both partners to be proactive in soliciting unambiguous consent from each other before engaging in any sexual activity (Muehlenhard et al., 2016). Advocates of this shift believe that traditional consent facilitates sexual coercion and violence, and that the adoption of a more communicative model such as affirmative consent will diminish the frequency of such incidents (Pineau, 1989).

Despite increasing advocacy and the proliferation of educational programs to promote affirmative consent (Beres, 2014), actual sexual consent practices tend to more closely resemble the traditional model. Across several studies, people report that they practice consent mainly through nonresistance (rather than explicit communication) and that sexual activity continues unless there are obvious signs of refusal (Hickman & Muehlenhard, 1999; Jozkowski, Sanders, et al., 2014; Righi et al., 2019). The reasons for this failure to adopt affirmative consent practices are generally unclear. At least two theoretical models have been developed to explain barriers to affirmative consent (Shumlich & Fisher, 2019; Willis & Jozkowski, 2018). These models provide a comprehensive view of the individual, interpersonal, and sociocultural factors that may hinder acceptance and practice of affirmative consent (e.g., victim-blaming stereotypes, insufficient knowledge/skill, media depictions of consent) but empirical examination of these

barriers is in its infancy. It is also unclear whether specific barriers are more influential in the enactment of consent behaviour, and therefore more crucial to address in an intervention.

Further, it is unclear whether consent can foster greater sexual intimacy and healthier relationships, although some educators promote such messaging in their programming (Beres, 2020; Wood, Hirst, et al., 2019). Given that several other forms of sexual communication are associated with important outcomes such as increased sexual satisfaction and intimacy (Byers & Demmons, 1999; Merwin et al., 2017; Montesi et al., 2011), it seems reasonable to expect that consent might confer similar benefits. However, it is still necessary to empirically determine whether these findings extend to consent communication, and this subject has only recently become a focus of researchers (e.g., Marcantonio et al., 2020; Piemonte et al., 2020).

Importantly, couples tend to view consent as irrelevant to their existing long-term relationships (Beres, 2014), potentially because these people believe that their safety is not at risk with a caring, trusting partner. This suggests that sexual health educators may need to attend more closely to contextual factors when examining consent and to recognize that the depth and comprehensiveness of consent may vary by relationship factors, such as relationship length. At the same time, it is important to recognize that consent violations can occur within the context of a committed relationship (Monson et al., 2009), an important issue that cannot be ignored or trivialized.

Structure of the Thesis

This thesis is divided into two parts, each addressing a separate possible source of resistance to affirmative consent practices. All data for the thesis were collected in the same study, with the same sample of participants, but the research questions and goals of analysis differ. Accordingly, each part was written as an independent manuscript.

In Part 1, I examine lay definitions of sexual consent to determine whether people's knowledge of consent reflects an affirmative view of consent, a traditional view, or a combination of the two. This information is also used to identify potential knowledge gaps and to test the link between participants' spontaneous conceptualizations of consent and traditional measures of sexual consent attitudes. The results of Part 1 have significant implications for the measurement of sexual consent understandings and behaviour, as well as for how educators and practitioners transmit knowledge about consent in their programming and messaging.

Part 2 of the thesis is a qualitative exploration of lay perceptions of barriers and rewards to sexual consent. Participants were asked to write about the most rewarding aspect and most challenging aspect of consent communication in their current and past sexual relationships. The reported barriers and rewards were interpreted in light of prior research on other types of sexual communication and theoretical models of consent communication (Shumlich & Fisher, 2019; Willis & Jozkowski, 2018). These results can help to design interventions that meet the diverse needs of audiences and incorporate more promotion-focused approaches to sexual health education (e.g., Beres, 2007; Brady et al., 2015).

Part 1 Introduction

The practice of affirmative sexual consent, or “affirmative, conscious, and voluntary agreement to engage in sexual activity” (California Senate Bill SB-967, 2014) is increasingly becoming the legal standard for sexual interactions. Affirmative consent emphasizes unambiguous, mutual, and ongoing agreement between partners throughout the course of a sexual interaction (Muehlenhard et al., 2016). The affirmative consent model emerged as a replacement for the normative or “traditional” sexual consent script, which encourages the passive assumption of a partner’s consent to sexual activity unless they voice a clear refusal (i.e., allowing them to assume that “silence is consent”; Muehlenhard et al., 2016).

Consent norms continue to change over time: For example, the *Me Too* movement, which originated in 2006 and achieved mainstream popularity in 2017, aims to increase awareness of sexual assault and harassment (Regulska, 2018). The increased prominence of this campaign has renewed discussions about the meaning of consent and led to calls for the adoption of more direct, unambiguous forms of consent (Mettler, 2018). However, the transition from the traditional model to the affirmative model appears to be a gradual shift, rather than an immediate, unitary replacement (Cense et al., 2018). Therefore, a central goal of the current study was to examine current lay conceptualizations of consent, which may simultaneously incorporate elements of both the traditional and affirmative consent models. Specifically, I aimed to understand commonalities and variations in how people understand consent, in order to identify specific knowledge gaps that might require intervention. My second goal was to determine whether variability in consent understanding relates meaningfully to sexual consent attitudes and behaviours.

The primary goals of the current study are descriptive in nature as my main focus was to understand variability in the conceptualization of consent and whether this variability relates meaningfully to consent attitudes and behaviours. My research questions are guided by sexual script theory, particularly the central assumptions of this theory that: (1) sexual scripts inform the ways that partners interpret and respond to each others' behaviour within a sexual interaction (Gagnon, 1990); and, (2) these scripts reflect cultural, historical, and social contexts, such that the meaning of a given action might be interpreted differently by people who come from different backgrounds (Gagnon, 1990). Furthermore, understanding the extent to which different consent scripts are internalized may inform the development and tailoring of sexual consent interventions with the goal of revising existing norms.

I begin by critically examining traditional conceptualizations of consent and contrasting such conceptualizations with the standards of affirmative consent. Then, I review different methods for assessing consent and outline the ways in which traditional questionnaires can be supplemented by qualitative assessments of sexual consent knowledge, the methodology used in the current study.

Traditional versus Affirmative Consent Scripts

The traditional sexual script views men as sexual “initiators” who are constantly in pursuit of sex, whereas women are expected to be sexual “gatekeepers” who respond to initiations and determine whether sexual activity will actually occur (Jozkowski & Peterson, 2013; Wiederman, 2005). Therefore, consent is viewed as something communicated by women to men, through either passive acquiescence or active refusal. Historically, men have been expected to persist in the face of sexual refusal until their partners give in, a phenomenon termed “token resistance” (Muehlenhard & Hollabaugh, 1988). Though the concept of token resistance

is seemingly outdated, people continue to believe that others practice token resistance, and this belief is stronger in men than women (Emmers-Sommer, 2016).

Several elements of the traditional consent script have been implicated in the persistence of victim blaming attitudes and other problematic beliefs about sexual assault (Silver & Hovick, 2018). For example, belief in token resistance has been associated with negative attitudes towards consent and inaccurate interpretation of consent signals, both of which can contribute to perpetration of sexual violence (Shafer et al., 2018). The heteronormative nature of this dominant script, which assigns specific roles to men and women, also ignores the need for consent communication models in same-sex sexual relationships. In contrast, affirmative consent models aim to prevent sexual coercion by placing greater responsibility on both partners to communicate explicitly and establish mutual, ongoing agreement about what sexual activities will take place. Affirmative consent models also do not impose separate gender-based roles.

Although researchers, educators, and activists have worked to reconceptualize consent as a verbal, mutual process, actual consent practices continue to reflect more traditional consent dynamics. For example, consent is most frequently communicated via non-resistance, or allowing sexual advances to continue without explicitly accepting or refusing (Jozkowski, Sanders, et al., 2014; Righi et al., 2019). Some work suggests that low intentions to seek, adhere to, and communicate consent are associated with stronger belief in sexual stereotypes, such as believing that women are deceptive when trying to attract men or that dating is a “battle of the sexes” (Hust et al., 2017; Ward et al., 2005).

A pattern of nonverbal, passive consent behaviour emerges even in people who demonstrate adequate knowledge and positive attitudes towards affirmative consent. For example, young people may define consent as involving direct, verbal communication, but

interpret their partners' consent based on passive and/or nonverbal cues (Jozkowski, Peterson, et al., 2014; Righi et al., 2019). Curtis and Burnett (2017) interviewed university student leaders who demonstrated a sophisticated understanding of affirmative consent and believed that explicit, verbal consent was an ideal to strive for. Despite their perception that affirmative consent would be beneficial, the interviewees were reluctant to practice explicit consent in their personal lives and viewed it as an unrealistic expectation.

The Utility and Limitations of Questionnaire Measures of Consent

Past research on sexual consent has often relied on questionnaire or checklist methods to assess consent behaviours and attitudes (e.g., Humphreys & Brousseau, 2010; Jozkowski, Sanders et al., 2014). These methods have yielded important information about consent norms, such as identifying the prevalence of non-resistance as a form of consent communication (Hickman & Muehlenhard, 1999) and documenting gender differences in how consent is communicated (e.g., Humphreys & Herold, 2007). Questionnaire measures are easy to administer and efficient for use in large samples. They are straightforward to interpret and to use in statistical analysis as participant responses can easily be quantified (e.g., an average score on a Likert-type measure of sexual consent attitudes or the total number of affirmative consent behaviours a participant reports using in a recent sexual encounter). However, there are also certain limitations to the use of these measures, which led me to take a different methodological approach to assess sexual consent in the current study. Before describing the methodology used in the current study, I discuss some limitations of research that has examined consent using questionnaire methods.

Although social desirability is a concern in many self-report forms of measurement, researchers have speculated that these concerns may be more pronounced in questionnaire

measures, motivating participants to present themselves as endorsing affirmative consent even if they do not typically practice it (Muehlenhard et al., 2016). Items reflecting affirmative consent behaviours may serve as implicit reminders to participants that *others* value affirmative consent even if they do not. Furthermore, on measures of sexual consent knowledge, recognition effects may lead participants to report knowledge that may not be accessible to them if they were not cued by the content of the questionnaire. For instance, a participant might read an item stating that verbal consent is required for all sexual activities and agree with it, but in their actual sexual interactions they may not spontaneously recall that they can or should ask for verbal consent.

Questionnaire measures are also limited in their ability to capture the complex contextual factors that influence consent. Most questionnaire measures of consent behaviour ask participants to report their use of individual behavioural cues to communicate and/or interpret consent or to rate the extent to which each cue is indicative of consent (e.g., Hickman & Muehlenhard, 1999; Jozkowski, Sanders, et al., 2014). This contradicts a wide body of work showing that behaviours are not evaluated in isolation, but that “constellations” of behaviours, taken together, are interpreted as signifying consent (e.g., Muehlenhard et al., 2016; Wood, Rikkonen, & Davis, 2019). For example, some individuals may interpret being invited to a potential partner’s home as a form of consent, but only in conjunction with other behaviours (e.g., kissing, asking about contraception). Only one study has investigated combinations of consent cues, finding that combinations of two or three ambiguous consent cues (e.g., accepting an alcoholic drink, smiling, and/or kissing) were believed to be more indicative of consent than any single behaviour (King et al., 2020). However, this study intentionally focused only on nonverbal, nonsexual behaviours and only evaluated differences based on the number of behaviours, rather than the types of behaviours within each combination.

The type of sexual activity, or the progression of sexual activities within an encounter, may also influence expectations for consent, as several studies demonstrate that while nonverbal consent appears to be sufficient for some sexual activities (e.g., kissing, oral sex), verbal consent becomes more important and common for more intimate activities (e.g., intercourse, anal sex; Hall, 1998; Jozkowski, Peterson, et al., 2014). Roles such as the “gatekeeper” and “initiator” might be associated with different forms of consent that could be measured separately; however, these roles may not be applicable when sex is mutually initiated or when each partner initiates a different stage of the sexual interaction (Beres, 2007). If partners perceive consent in a manner consistent with the traditional sexual script, then consent behaviour will manifest differently for men and women. Alternatively, partners may use behaviour that reflects a combination of the traditional consent script and more affirmative approaches (e.g., Cense et al., 2018).

Another potential limitation of questionnaire measures of consent is their generalizability. Sexual consent research typically focuses on college and university students, as these are the most common targets of sexual consent interventions. However, university and college campuses are a very specific microcosm of our society, which is set apart from broader community samples by factors such as age and socioeconomic status. At least one previous study has identified cohort differences in exposure to formal sex education, sexual consent attitudes, and complexity of consent understanding (Graf & Johnson, 2020). Additionally, the culture of college and university campuses reinforces expectations about gender stereotypes, hookup culture, and alcohol that contribute to sexual assault but are less entrenched in other contexts (Muehlenhard et al., 2016). Thus, sexual consent scales that are derived from qualitative data gathered from college students (e.g., Hickman & Muehlenhard, 1999; Humphreys & Herold, 2007; Jozkowski, Sanders, et al., 2014) may not be appropriate for use in other populations. There is also limited

research on sexual consent processes in same-sex relationships, which are not adequately characterized by the traditional, gendered roles of gatekeeper and initiator (Beres et al., 2004).

Finally, the evolution of public attitudes and understandings of sexual consent presents some challenges for measurement. Both researchers and laypeople voice concerns that existing consent models (including affirmative consent) oversimplify the complex interpersonal process of consent communication and ignore contextual factors (e.g., Curtis & Burnett; 2017; Harris, 2018). Thus, it is reasonable to expect that consent models will continue to be revised over time. As a result of these changes, the behaviours deemed relevant to consent may also shift. Cense et al. (2018) found that while Dutch youth follow some elements of the traditional sexual script (e.g., token resistance and reputational concern in women), they also incorporated new values that promoted women's agency and mutual communication between partners. As such, a behavioural "checklist" might adhere to one model of consent while ignoring lay conceptualizations that integrate multiple or alternative sexual consent scripts. Furthermore, scale items may become outdated as consent models are refined through public discourse.

The Potential Utility of Assessing Open-Ended Sexual Consent Conceptualizations

An important goal of the current study was to investigate the behavioural themes that exist in current lay conceptualizations of sexual consent using a community sample. To address this goal, I used an open-ended methodology that asked participants to define consent; participant responses were subsequently coded for behavioural themes and processes. There is some precedent for examining qualitative, spontaneous understandings of consent (Graf & Johnson, 2020; Jozkowski, Peterson, et al., 2014) as well as consent behaviour (Shumlich & Fisher, 2018). The current study builds upon this work by identifying specific aspects of consent

which may differ depending on the scripts an individual has internalized (e.g., beliefs about the type of communication required or the allocation of responsibility for consent).

Open-ended assessment of consent understandings might supplement traditional measures to address some of the concerns outlined in the previous section. For example, prompts for qualitative assessments can be designed to avoid priming responses and to minimize social desirability concerns (e.g., by avoiding language such as “affirmative,” “verbal,” or “mutual” in research materials). A general, open-ended prompt such as “*How would you define the term ‘sexual consent’?*” can also easily be administered to different cultural and/or demographic groups. Such a prompt may also be more sensitive to detecting variations in sexual scripts, as it does not inherently make assumptions about sexual consent scripts, roles, or acceptable forms of communication. This type of measurement could also more accurately reflect internalized sexual consent scripts and the contextual factors that participants view as relevant to consent.

One advantage of assessing lay conceptualizations of consent using an open-ended qualitative approach is that it allows us to investigate participants’ conceptual structure of consent, or the network of thoughts and meaning associated with the concept of consent. In cognitive psychology, network models of knowledge representation reflect the ways in which concepts are linked and the strength of those associations (Geer, 1996). One’s knowledge of a concept is informed by the concepts it is mentally associated with. For example, women’s network models of sexuality demonstrate stronger connections between romantic and affectionate concepts, whereas men’s networks demonstrate stronger connections between sexually explicit concepts (Geer, 1996; Geer & Manguno-Mire, 1996). These connections may be associated with the social expectation that men are primarily sexually driven and that women prioritize relational fulfillment instead.

Although I did not implement a network model methodology in this study, the general approach is in line with the basic principle that a person's knowledge of a concept can be evaluated by identifying associated concepts. For example, those who adhere to the traditional consent script might associate "sexual consent" with concepts such as token resistance, the gatekeeper/initiator role dichotomy, and passive nonverbal communication. Meanwhile, a person who has internalized affirmative consent scripts may have stronger cognitive linkages between consent and concepts such as mutuality, verbal communication, and absence of coercion. The concepts described in an open-ended knowledge assessment of sexual consent may reflect these network associations by determining the themes that arise spontaneously for participants.

Are Spontaneous Consent Understandings Related to Attitudes and Behaviours?

In their evaluation of interventions for sexual assault prevention, Paul and Gray (2011) proposed that the success of these interventions could be influenced by individual differences in knowledge and attitudes about sexuality and sexual behaviour (e.g., rape myth acceptance, adherence to gender stereotypes, knowledge about sexual assault). It has also been suggested that the cognitive organization of sexuality knowledge could be related to attitudes such as sex-positivity or negativity (Geer, 1996). In the context of the current study, this means that cognitive representations of sexual consent may be related to an individual's attitudes towards sexual consent, in line with research demonstrating the connection between internalization of the traditional consent script and negative attitudes or intentions regarding consent (Shafer et al., 2018; Silver & Hovick, 2018). Therefore, I was interested in assessing whether participants' qualitative consent understandings were related to their reported consent attitudes.

The structure of sexual consent knowledge may also influence the behavioural enactment of sexual consent scripts. Clearly, affirmative consent cannot be enacted without conscious

awareness of what comprises affirmative consent (i.e., semantic knowledge is required). Thus, inadequate sexual education has frequently been cited as an obstacle to the adoption of affirmative consent (Willis & Jozkowski, 2018; Shumlich & Fisher, 2019). However, connotative understandings of sexual consent may exert a more subtle influence on behaviour. For example, Spiering et al. (2004) proposed that cognitive organization of knowledge affects attentional monitoring and conscious appraisal of sexual stimuli. Therefore, an individual's network of consent knowledge might act as an attentional filter that influences the cues that they notice and interpret as signifying consent. As people often endorse a tacit, rather than explicit, sense of when consent has been adequately conveyed (Beres, 2014), information about sexual consent understandings might be a window into understanding what constitutes this "felt sense."

Ultimately, the cognitive processing of sexually-relevant information contributes to the development of sexual scripts. Internalization of traditional consent scripts versus alternative consent scripts may influence a person's adoption of affirmative consent practices and general attitudes towards sexual consent. Qualitative assessment of consent could provide insight into the cognitive organization and evaluation of sexual consent information which drives these scripts.

Research Goals

The primary goal of this study was to examine lay conceptualizations of sexual consent in a community sample and identify the behavioural features that are most salient within these conceptualizations. In addition to identifying and describing these features, I was interested in determining whether specific attributes of consent were associated with more positive attitudes to consent or more affirmative consent behaviours.

At least two previous studies have assessed qualitative understandings of consent: One did so in a student sample (Jozkowski, Peterson, et al., 2014) and another explored differences in

conceptualizations across the lifespan (Graf & Johnson, 2020). The current study expands on this work in two ways. First, I identified variations in consent conceptualizations that are thematically related to affirmative versus traditional sexual consent scripts. Second, I explored relations between these core components and sexual consent attitudes. Use of a community sample instead of a student sample allows the findings to guide intervention design for a broader audience than is typically considered in the consent literature.

I expected that participants would demonstrate an awareness of affirmative sexual consent principles and that there would be some variability in the depth of participants' responses. Additionally, I predicted that participants who spontaneously described attributes of affirmative consent would hold more positive attitudes towards sexual consent communication and practice more affirmative consent behaviours in their sexual relationships. I did not predict any gender differences in definitions *a priori*, because although the traditional consent script influences individuals' sexual consent behaviour, I did not expect it to influence their global understandings of consent. Other studies assessing open-ended sexual consent definitions also found no evidence to support gender differences in how people define consent (Graf & Johnson, 2020; Jozkowski, Peterson, et al., 2014).

Method

Participants and Design

Participants ($N = 231$; $M_{\text{age}} = 34.32$ years, $SD_{\text{age}} = 9.69$ years) were recruited via Amazon's TurkPrime service to complete an online survey (Litman et al., 2017). All participants were required to be at least 18 years of age, located in the United States, and in a current sexual relationship of one year or less in duration. The latter inclusion criteria were implemented to ensure that participants could report on an existing relationship and to increase the likelihood that

they would be able to recall their first sexual encounter with their current partner. In total, 266 eligible participants completed the study. However, 9 participants were excluded because they indicated that their responses should not be used due to lack of care and/or honesty, and 17 were excluded for failing to correctly respond to validity check items. A further 9 participants were excluded because despite passing a binary screening item about relationship length, they later reported a relationship length of longer than 12 months. The survey consisted of open-ended questions, multiple-choice items, and Likert-type measurement scales.

Most participants identified as White ($n = 178$; 77.1%). Other races represented in the sample included Black or African American ($n = 20$; 8.3%), Hispanic or Latino ($n = 16$; 6.7%), East Asian ($n = 9$; 2.8%), South Asian ($n = 2$; 0.8%), and Other Asian ($n = 2$; 0.8%). Four participants indicated they belonged to a race not listed in the questionnaire.

Participants reported both their sex assigned at birth and gender identity. Most respondents ($n = 227$; 98.2%) reported a gender identity that was consistent with their sex assigned at birth (137 women, 90 men). The remaining four participants were two women assigned male at birth, one nonbinary female, and one genderfluid female.

The majority of participants in the sample were heterosexual ($n = 167$; 72.3%), followed by bisexual ($n = 47$; 20.3%), gay or lesbian ($n = 7$; 3.0%), pansexual ($n = 5$; 2.2%), and asexual ($n = 4$; 1.7%). Most ($n = 206$; 89.2%) participants reported that they were in a mixed-sex relationship; the remaining 25 were in a same-sex relationship. Participants' average relationship length was 8.31 months ($SD = 2.41$ months). Participants were also asked to report the type of relationship they had with their partner (casual vs. committed; exclusive vs. nonexclusive). Most participants reported that they were in a committed and exclusive relationship ($n = 156$; 67.5%),

followed by a casual and exclusive relationship ($n = 37$; 16.0%), casual and nonexclusive relationship ($n = 22$; 9.5%), and committed and nonexclusive relationship ($n = 16$; 6.9%).

Materials

Open-Ended Definition of Sexual Consent

Participants responded to the following open-ended item asking them to define consent: “How would you define the term sexual consent? Please write a definition in the space provided.” This item was coded by a team of research assistants; the coding process is described in more depth below.

External Consent Scale

Participants completed the External Consent Scale (ECS; Jozkowski, Sanders, et al., 2014). This measure is a behavioural checklist in which participants read 20 statements describing various consent behaviours (e.g., “I increased physical contact between myself and my partner”) and indicate which statements applied to a particular sexual interaction. The ECS follows a five-factor structure (direct nonverbal behaviours, passive behaviours, communication/initiator behaviour, borderline pressure, and no response signals).

Two versions of the ECS were administered. In the first version (ECS-Self), participants were asked to indicate whether each statement reflected their own behaviour during their first penetrative sexual interaction with their current partner (with the response options *Yes*, *No*, and *Don't Recall*). “Don't Recall” responses were recoded to be the same as “No” responses. In the second version (ECS-Adapted), participants rated the extent to which they believed each behaviour was an important component of sexual consent (1 = *not at all important*; 3 = *somewhat important*; 5 = *extremely important*). Reliability for the ECS-Self was below the acceptable threshold of .70 for all subscales ($\alpha = .39$ to $.63$). For the ECS-Adapted, subscale

reliability was acceptable ($\alpha = .77$ to $.87$), except for the initiator subscale ($\alpha = .63$). Due to the poor reliability of the ECS-Self, it was not used in primary analyses. The ECS-Adapted was used for exploratory analyses, which are reported in Appendix A.

Sexual Consent Scale-Revised

Participants completed the Sexual Consent Scale – Revised (SCS-R; Humphreys & Brousseau, 2010), a 39-item measure assessing participants' beliefs and behavioural approaches towards negotiating consent. In this measure, participants rated their agreement with each statement on a Likert scale from 1 (strongly disagree) to 7 (strongly agree). The SCS-R contains five subscales ([Lack of] Perceived Behavioural Control, Positive Attitude Towards Establishing Sexual Consent, Indirect Behavioural Approach to Consent, Sexual Consent Norms, and Awareness/Discussion). Reliability for these subscales ranged from $.75$ to $.92$.

For the primary analyses, I focused on one attitudinal subscale (Positive Attitude) and two behavioural subscales (Perceived Behavioural Control, Indirect Behavioural Approach) which were more conceptually relevant to my predictions; see Table 1 for descriptive statistics and correlations. Analyses with the other subscales are presented in the Appendix along with analyses of the ECS-Adapted. The Positive Attitude subscale contains nine items such as “I feel it is the responsibility of both partners to make sure sexual consent is established before sexual activity begins.” The Perceived Behavioural Control subscale contains 11 items including “I would have difficulty asking for consent because it would spoil the mood”. The Indirect Behavioural Approach subscale contains six items such as “I don't have to ask or give my partner sexual consent because my partner knows me well enough”; this subscale was only completed by 183 participants due to a study programming error when the survey was launched.

Table 1*Descriptive Statistics and Internal Consistency for Selected Subscales of the SCS-R*

Subscale	<i>M</i>	<i>SD</i>	(1)	(2)	(3)
(1) Perceived Behavioural Control	2.21	1.24	(.92)		
(2) Positive Attitude Towards Consent	5.39	1.25	-.56***	(.92)	
(3) Indirect Behavioural Approach ^a	4.78	1.35	.33***	-.44***	(.82)

Note. Coefficient alphas are on the diagonal; correlations are below the diagonal.

^a Measure administered to 183 participants as it was missing from the initial launch of the study.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Procedure

Participants completed an online study hosted on Qualtrics and were compensated \$3.00 in appreciation of their time. After providing informed consent, they completed a screening questionnaire which asked about the type of their current sexual relationship and whether it was “one year or less” or “more than one year” in duration. All participants who reported that they had no current sexual relationship, or that their relationship was greater than one year in duration, were removed from the study at this point. Next, participants provided demographic information as well as details about their relationship (i.e., length, same-sex vs. mixed-sex). In order to ensure that all participant responses reflected the same relationship (e.g., for those in nonexclusive relationships who may have had more than one current partner), they were asked to provide their partner’s initial, which was inserted into subsequent survey items.

Following the demographic questionnaire, participants wrote their definition of sexual consent. After this, they completed a series of self-report measures, including the ECS-Adapted and SCS-R, as described above. In addition to these measures, participants completed other

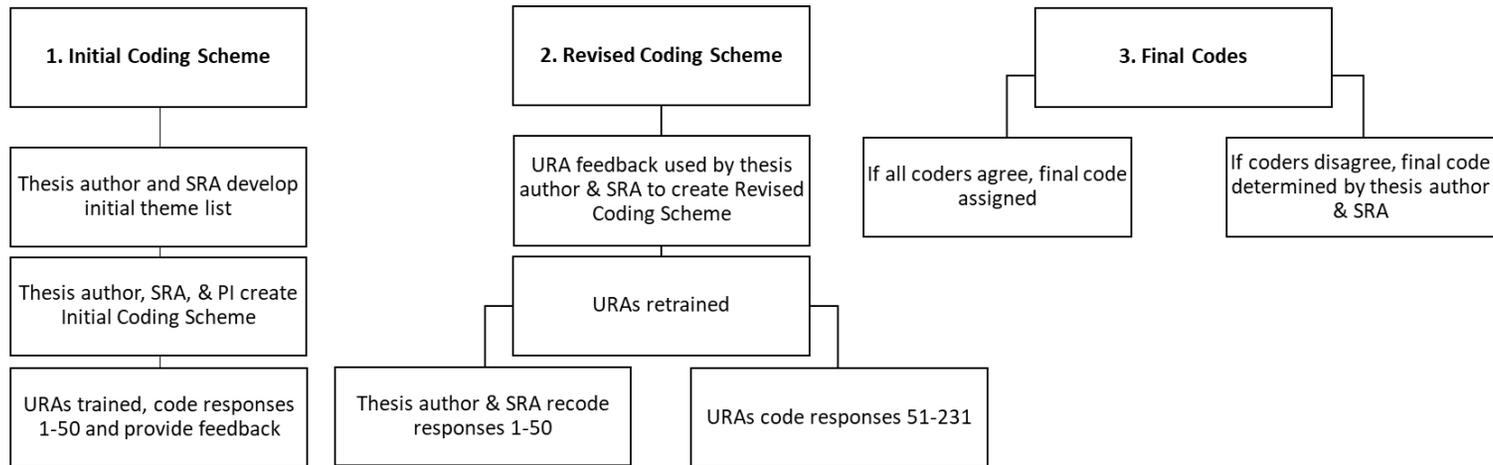
measures that are not relevant to the current study. At the end of the study, participants answered quality control items and received compensation.

Coding of Qualitative Responses

Inductive content analysis (Hsieh & Shannon, 2005) was used to analyze the qualitative data. In this bottom-up approach, category development is tied to and guided by data and the coding scheme is developed through an iterative process, as summarized in Figure 1. A senior research assistant and I created an Initial Coding Scheme based on a subsample ($n = 50$) of responses. Undergraduate coders were trained on the Initial Coding Scheme using the same subsample of responses, and their feedback and common errors were used to develop a Revised Coding Scheme (see Appendix B). This Revised Coding Scheme was then used to code all responses. The coding team consisted of myself, the senior research assistant, and three undergraduate research assistants. The Initial Coding Scheme contained 28 codes across 9 themes; the Revised Coding Scheme collapsed these into 20 codes across 7 themes. Each response was coded by at least two coders.

Figure 1

Qualitative Coding Process for Sexual Consent Definitions



Note. SRA = Senior Research Assistant; PI = Principal Investigator; URA = Undergraduate Research Assistant. There were 3 URAs involved in coding of responses.

Results

How Do Individuals Conceptualize Consent?

Participants' definitions of sexual consent reflected seven behavioural components or themes. Within each theme, there were multiple, more specific attributes. Each response was evaluated for the presence of each theme and the specific consent attributes described. For example, in the "verbal and nonverbal communication" theme, responses mentioned one of four consent attributes: (a) verbal communication only, (b) nonverbal communication only, (c) both verbal and nonverbal communication, or (d) general communication (without specifying type). Table 2 contains the names of each behavioural theme and attribute, and the number of participants whose response reflected those attributes. On average, participants' responses reflected 3.10 of the 7 behavioural themes ($SD = 1.05$; see Figure 2).

Within each theme, I tested for gender differences to examine whether men and women described consent differently. For these analyses, I included only participants who identified as either men or women (i.e., excluded two participants who identified as non-binary). As some cells had counts below five, a chi-square analysis could not be used for all themes. In order to maintain consistency across analyses, Fisher's exact test was used for all themes. Significant gender differences emerged for Agreement vs. Refusal, Reciprocity, and Boundaries ($ps < .05$). Statistical tests for gender differences are reported only for those themes.

Table 2*Frequency of Behavioural Themes in Participants' Sexual Consent Definitions*

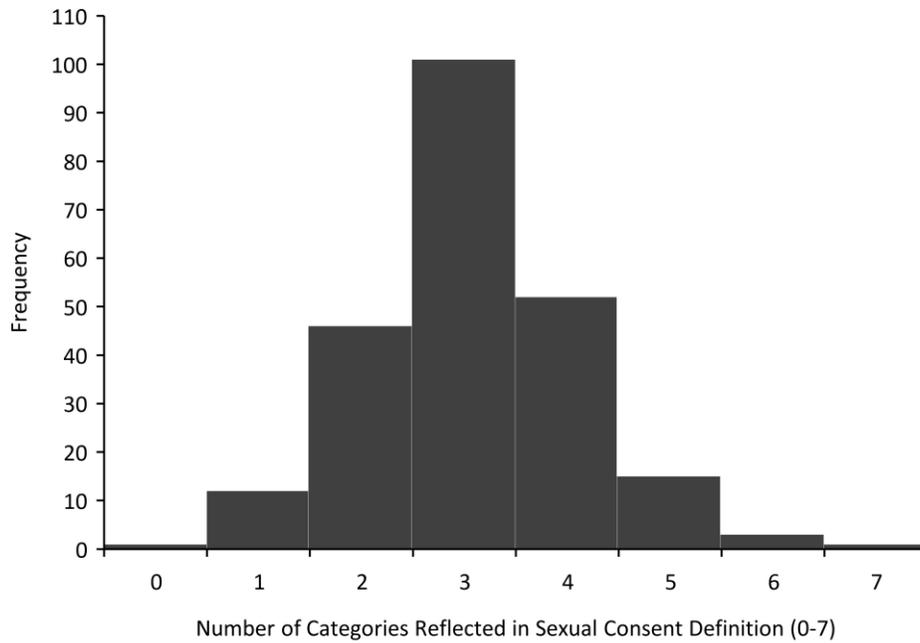
Theme	Specific Attribute	Men		Women		Total	
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Verbal vs. Nonverbal Communication	consent is verbal communication	12	13.3	31	22.3	44	19.0
	consent is both verbal and nonverbal communication	5	5.6	8	5.8	13	5.6
	consent is communication – type unspecified	50	55.6	73	52.5	123	53.2
Enthusiasm and Active Desire	consent involves active sexual desire	29	32.2	38	27.3	67	29.0
Reciprocity ^a	only one partner needs to provide consent	22	24.4	54	38.8	77	33.3
	consent is a mutual decision	49	54.4	55	39.6	105	45.5
Coercion	consent requires the absence of coercion	9	10.0	23	16.5	33	14.3
Boundaries ^a	consent involves the articulation of boundaries	5	5.6	20	14.4	25	10.8
Agreement/Refusal ^a	consent involves attending to cues of refusal	0	0.0	1	0.7	1	0.4
	consent involves attending to cues of agreement	70	77.8	116	83.5	187	81.0
	consent involves attending to cues of both agreement and refusal	5	5.6	14	10.1	20	8.7
Process	consent as an ongoing/multi-stage process	4	4.4	14	10.1	19	8.2

Note. Two participants identified as a gender other than man or woman; their responses are included in the “total” column but were excluded from analyses assessing gender differences.

^a Fisher’s exact test revealed a significant difference between men and women at the $p < .05$ level.

Figure 2

Number of Behavioural Features Identified in Sexual Consent Definitions



Verbal and Nonverbal Communication

The majority of participants (77.8%) described sexual consent as a form of communication. Of these participants, most ($n = 123$; 53.2%) did not specify whether they viewed consent as primarily verbal, primarily nonverbal, or a mixture of both types of communication (*Consent is Communication – Type Unspecified* in Table 2). For instance, one participant defined consent as “communicating a willingness and agreement to having sex with another individual.” Forty-four (19.0%) participants described *Consent as Verbal Communication*. An example of such a response is: “Sexual consent means that someone has clearly stated they want and are interested in having sex.” A small number of participants ($n = 13$; 5.6%) noted that *Consent is Both Verbal and Nonverbal Communication*. Unlike the verbal cues, most participants provided general descriptions of nonverbal cues (e.g., “giving permission

for sex through actions” or giving “*physical approval*”), rather than outlining specific nonverbal cues they considered indicative of consent communication. No participants described consent as exclusively nonverbal in nature.

Enthusiasm and Active Desire

About one-third (29%; $n = 67$) of participants stated that consent involved a state of internal willingness or desire, or the expression of that desire towards a partner (*Consent Involves Active Sexual Desire*). For example, several participants stated that both parties in a sexual encounter must “want” to engage in sexual activity with one another. Additionally, some participants specified that when sexual consent is communicated, it must convey the individuals’ desire (e.g., “*giving an affirmative and enthusiastic yes to sexual activity*”). A distinguishing feature of these responses was that consent was described as requiring a stronger emotional experience than simply being “comfortable with” or “accepting” a sexual advance. Instead, these responses suggested that partners must experience active sexual desire and feel eager or enthusiastic about the sexual acts that are occurring.

Reciprocal vs. Unilateral

Participants’ definitions of consent also varied in terms of whether they framed consent as a one-sided event or a bidirectional exchange. One-third ($n = 77$) of participants wrote that *Only One Partner Provides Consent*. For example, they defined consent as “giving permission” to another partner, or “accepting” or “approving of” another person’s “sexual advances.” In these types of responses, participants delineated separate roles and/or responsibilities for the partner who initiates the act and the partner who responds to initiation; consent was viewed as the response given to the initiator.

A larger proportion of participants (45.5%; $n = 105$) reported that *Consent is a Mutual Decision*. For example, these participants often specified that both partners must agree to the sexual act, regardless of initiation (e.g., “*when two people are in agreement that there will be sexual contact between them,*” “*sexual consent is when all parties involved agree that it is okay to have sex*”). One respondent stated, “*it has to be a safe situation for both with much communication from both parties,*” suggesting that all participants in the sexual encounter must take an active role in communicating their consent and obtaining it from the other partner. Participants who viewed consent as reciprocal did not distinguish between the roles of the initiator and responder in a sexual interaction. Instead, these responses suggested that both partners should seek out and provide sexual consent.

There was a significant gender difference for this theme as revealed by Fisher’s exact test, $p = .049$. In order to identify the specific ways that men and women differed within this theme, z-tests were used to compare the proportion of responses that fell into each code by gender (e.g., the percentage of men vs. women who viewed consent as mutual and the percentage of men vs. women who viewed consent as unilateral). These tests revealed that women were more likely than men to refer to consent as one-sided (38.8% of women vs. 24.4% of men). Conversely, men were more likely than women to refer to consent as a mutual exchange (54.4% of men vs. 39.6% of women).

Absence of Coercion

A small proportion of participants ($n = 33$; 14.3%) emphasized that *Consent Requires the Absence of Coercion*. Typically, these participants explicitly mentioned at least one of the following: the importance of avoiding force or pressure when obtaining consent, the role of boundary violations in nullifying consent, or the requirement for consent to be given freely

and/or voluntarily (including reference to power imbalances, age gaps, instances where one or both partners is intoxicated, and other contexts that were considered by the participant to affect a person's sexual agency). As an example of a response which referenced coercion, one participant wrote that consent is "*when a partner agrees to engage in sexual activity, without being persuaded or coerced.*" Others referenced the importance of a clear state of mind, such as one participant who stated that consent occurs "*between two or more adults sober enough to make important decisions.*"

Discussion of Boundaries

Approximately 11% of the sample ($n = 25$; 10.8%) wrote that *Consent Involves the Articulation of Boundaries*. The types of boundaries referenced by participants included negotiating acceptable sexual acts (typically before or outside of a sexual encounter; e.g., "*saying 'I'm cool with this, but not this' before getting down*") and discussing sexual likes or dislikes (e.g., "*outlining their specific preferences through honest communication*"). Consent was framed as the act of agreeing upon and adhering to these limits. For example, one participant wrote that "*consent is not blanket to all sexual acts but rather only to those discussed and agreed to (verbal or by action).*"

Fisher's exact test revealed a significant gender difference in this theme, $p = .049$. Follow-up z-tests demonstrated that women were more likely than men to include discussion of boundaries as a component of their definitions (14.4% of women vs. 5.6% of men).

Agreement vs. Refusal

I was interested in the extent to which participants defined consent as obtaining agreement from a partner versus assuming consent is present unless one's partner resists or refuses sexual activity. Generally, participants believed that *Consent Involves Attending to Cues*

of Agreement. This was true for over 80% of the sample. Cues of agreement included explicit verbal cues, such as “saying yes” to sexual activity, as well as being “comfortable” with sexual contact occurring and giving or receiving permission to engage sexually. In contrast, refusal cues involved the revocation of consent or signs that one’s partner is uncomfortable (e.g., “*if someone is not comfortable or says to stop*,” “*having approval between both parties to continue with the understanding that consent can be revoked at any time*”). A minority of participants ($n = 20$; 8.7%) wrote that *Consent Involves Attending to Cues of Both Agreement and Refusal*. Only one participant defined consent as exclusively involving refusal cues, defining consent as “*not objecting or overstepping*” (*Consent Involves Attending to Cues of Refusal*).

Significant gender differences were identified for this theme using Fisher’s exact test, $p = .026$. Follow-up z-tests suggested that women were significantly more likely than men to mention either agreement and/or refusal cues in their responses, $p < .05$ (93.8% of women vs. 83.7% of men). No other differences were significant.

Consent as an Ongoing Process

A minority of participants ($n = 19$; 8.2%) defined *Consent as an Ongoing/Multi-Stage Process*, rather than a single event. These responses emphasized that partners must not only agree to sexual activity before it occurs, but also actively communicate and attend to each other’s signals while engaging in sexual activity. One participant stated that consent required “*all parties continuing to agree to all sexual contact throughout the encounter*,” while another noted that consent included “*checking into make sure everything is okay*.” Responses describing consent as a process typically included comments such as, “[*consent*] is able to be revoked at any time, for any reason,” highlighting that an individual’s consent may change over the course of a sexual interaction (e.g., due to lack of desire, discomfort, or other aspects of the interaction).

Are Sexual Consent Understandings Connected to Attitudes and Behaviours?

In order to answer research questions about the extent to which sexual consent attitudes were related participants' sexual consent understandings, the qualitative data were recoded to reflect whether participants had *mentioned* or *not mentioned* each theme. Participants whose responses included reference to a theme (e.g., communication) were coded as 1; participants whose responses did not include reference to that theme were coded as 0. This was done for each theme, resulting in 7 binary scores that could be used in subsequent t-test analyses.

Independent-samples t-tests were used to determine whether mentioning a specific theme was associated with selected subscales of the SCS-R to test the main predictions that themes would be associated with sexual consent attitudes and behaviour. Results of these tests appear in Table 3. Those who described consent as a form of communication had more positive attitudes towards establishing consent ($p = .021$), as did those who described consent as an ongoing process ($p = 0.005$). Participants who mentioned communication in their responses reported greater perceived behavioural control over sexual consent ($p < .001$); again, this pattern also emerged for those who described consent as a process ($p = .047$). Participants who viewed consent as a process ($p = .011$) or mentioned boundaries ($p = .024$) also reported a less indirect behavioural approach to consent. Effect sizes for these results, using Hedges' g to account for unequal sample size in the *mentioned* vs. *not mentioned* groups, ranged from 0.37 to 0.75, suggesting moderate-sized effects.

Other Themes and Outcomes

Participants who mentioned willingness, reciprocity or one-sidedness, agreement/refusal cues, or coercion in their definitions of consent did not differ significantly from those who did not mention those themes on any of the three selected subscales of the SCS-R (all $ps > .05$).

Table 3*Differences in Sexual Consent Attitudes and Behaviours by Consent Themes*

SCS-R Subscale	Theme	<i>t</i>	<i>M_{Diff}</i>	<i>g</i>
Lack of Perceived Behavioural Control	Communication ^a	$t(71.57) = 3.52^{***}$	0.74	0.61
	Reciprocity	$t(229) = 1.35$	0.27	0.22
	Coercion	$t(229) = 0.13$	-0.03	0.02
	Willingness	$t(229) = 0.81$	-0.14	0.12
	Boundaries	$t(229) = 0.84$	-0.22	0.18
	Agreement/Refusal	$t(229) = 0.73$	0.20	0.16
	Process ^a	$t(24.68) = 2.09^*$	0.47	0.38
Positive Attitude Towards Establishing Consent	Communication	$t(229) = 2.33^*$	-0.46	0.37
	Reciprocity	$t(229) = 0.54$	-0.11	0.09
	Coercion	$t(229) = 0.11$	-0.02	0.02
	Willingness	$t(229) = 1.07$	0.19	0.16
	Boundaries	$t(229) = 0.65$	-0.17	0.14
	Agreement/Refusal	$t(229) = 0.94$	-0.26	0.21
	Process ^a	$t(23.60) = 2.69^{**}$	-0.74	0.58
Indirect Behavioural Approach to Consent	Communication	$t(184) = 1.01$	-0.26	0.19
	Reciprocity	$t(184) = 1.51$	-0.36	0.27
	Coercion	$t(184) = 0.13$	-0.04	0.03
	Willingness	$t(184) = 1.61$	-0.35	0.26
	Boundaries ^a	$t(20.26) = 2.45^*$	1.00	0.75
	Agreement/Refusal	$t(184) = 0.70$	-0.23	0.17
	Process	$t(184) = 2.57^*$	0.90	0.67

Note. Positive mean differences reflect a lower mean among those who *mentioned* the category in their definition, relative to those who did not mention that category; negative mean differences reflect the reverse (i.e., higher mean among those who mentioned the category). Hedges' *g* is reported for effect size due to unequal sample sizes across groups.

^a Levene's test of equality of variances was significant – the t-test and associated degrees of freedom are reported with equal variances not assumed.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Discussion

The goals of this study were to (a) identify behavioural themes in lay conceptualizations of consent, and (b) examine the relationship between these themes and sexual consent attitudes and behaviours. In an online mixed methods survey, I asked individuals in current sexual relationships to describe their understandings of the term “sexual consent” and to report on their sexual consent attitudes and behaviours.

Core Components of Consent

Seven core themes emerged in participants’ sexual consent definitions. Participants’ definitions reflected approximately three themes on average, suggesting that they held a multifaceted view of consent rather than a unidimensional perception. I begin by reviewing the themes that were identified and examining their relation to affirmative versus traditional sexual consent scripts. Then, I will discuss the potential implications of these themes for researchers and educators.

What Types of Consent Cues Matter?

Most of the sample viewed consent as a form of communication (rather than a passive state) and recognized the importance of obtaining clear agreement to sexual activity. This is consistent with the message of the affirmative consent model, which requires that partners clearly state or demonstrate their intentions and assent to sexual activity (Muehlenhard et al., 2016). The de-emphasis of refusal cues is a marked departure from the traditional consent script, which assumes that so long as there is no refusal or resistance, consent is present. Though I could not directly compare consent definitions to behaviour, the increased salience of agreement cues may represent a shift away from nonresistance as the main form of consent communication.

Two-thirds of the participants who defined consent as communication did not specify the *type* of communication that constitutes consent (i.e., verbal or nonverbal cues). Additionally, those who referred to nonverbal consent signals did so in an abstract or euphemistic manner rather than by outlining concrete nonverbal forms of consent. Participants may not have had explicit awareness of specific behaviours that communicate consent. An alternative explanation is that participants possess a flexible, context-dependent repertoire of consent communication strategies. This is more consistent with concerns expressed by young people that a single conceptualization of consent is too limiting. For example, Curtis and Burnett (2017) found that young people view verbally asking for permission to have sex as unnatural, awkward, and not reflective of typical sexual dynamics, despite being supportive of affirmative consent more generally. Though verbal consent is a core component of many affirmative consent initiatives, participants seemed to believe that other forms of consent behaviour could be affirmative without interfering with the “flow” of a sexual interaction. There are also findings suggesting that consent behaviour varies based on factors such as relationship history and the type of sexual act (Humphreys, 2007; Marcantonio, Jozkowski, & Wiersma-Mosley, 2018; Willis & Jozkowski, 2019). Therefore, it may be more realistic to adopt a broader conceptualization of consent that accounts for these contextual factors and their influence on consent communication behaviour.

Limited Recognition of Enthusiastic Expression of Sexual Desire as Consent

Only one-third of the sample wrote that they viewed consent as requiring partners to be experiencing active sexual desire. In contrast, affirmative consent models typically emphasize the need for consent to be “enthusiastic.” This finding may underscore the fact that people have sex for several reasons which have little to do with desire or pleasure (Meston & Buss, 2007) and perhaps more pertinently, people report “*consenting* to unwanted sex” for reasons such as

promoting intimacy, protecting the relationship, or expecting that sexual compliance will eventually be reciprocated (Impett & Peplau, 2002; Vannier & O’Sullivan, 2010). The emphasis on affirmative consent might also be an obstacle for women who actively desire sex but withhold enthusiasm to protect their reputations (in accordance with gendered sexual expectations; Cense et al., 2018). Though passionate expressions of sexual desire may be an *ideal* of affirmative consent, there are several scenarios where non-enthusiastic, but consensual, sex can occur. As a result, audiences may view the *requirement* for “enthusiastic” consent as unrealistic, motivating skepticism or dismissal of other, more central elements of affirmative consent messaging.

Is Consent a Reciprocal Process or a Unilateral Event?

Participants had mixed views about whether consent is provided by one or both partners. A one-sided view of consent is consistent with the traditional roles of gatekeeper and initiator, but a reciprocal view may be associated with a different set of behaviours altogether (Beres, 2007). There was limited recognition in the sample of consent as an ongoing process, rather than an event at the beginning of a sexual interaction. However, this may not reflect consent behaviour; Beres (2014) noted that although couples were able to articulate the sophisticated negotiation processes that occurred within their sexual relationships, they did not recognize these as part of consent.

Discussion of Coercion and Boundaries as Extensions of the Affirmative Consent Model

Only a few participants recognized the relevance of coercion (14.3%) and boundary negotiations (10.8%) as components of sexual consent. Affirmative consent requires that individuals give their consent in the absence of coercion (including pressure and power imbalances). Discussion of boundaries has also been shown to be useful in recognizing sexual coercion (Winslett & Gross, 2008) and may help partners to avoid sexual transgressions.

Participants were required to be in current sexual relationships, which they may have perceived as exempt from coercion: Beres (2014) noted that couples viewed consent as irrelevant in established relationships. Despite this belief, there is evidence to show that sexual coercion can and does occur in the context of established, ongoing sexual relationships (Monson et al., 2009).

In summary, participants generally understood consent as a form of agreement-based communication, with limited recognition of enthusiasm, coercion, and boundary negotiations as relevant to consent, and divergent views of whether consent is unilaterally or reciprocally communicated. Some of the themes were reflective of those identified by Graf and Johnson (2020), such as absence of coercion, negotiation of boundaries, and emphasis on agreement/refusal. The current study also identified new themes such as active sexual desire, reciprocity, and the view of consent as an ongoing process, all of which are ideals of the affirmative consent model. Graf and Johnson (2020) reported that two-thirds of their sample mentioned multiple themes in their sexual consent definitions, suggesting that people possess a sophisticated understanding of sexual consent. The findings of the current study echo this notion as participants endorsed approximately three of seven themes on average. Furthermore, participants' definitions characterized consent as a construct that may transcend a single behavioural cue or a universal script.

Although there were similarities in how participants understood consent, there was also considerable variation in the extent to which traditional and/or affirmative consent scripts have been internalized. Just as Cense et al. (2018) found that individuals incorporate elements of both the traditional and affirmative scripts in their sexual consent practices, these results suggest that there is a spectrum of understandings of consent which do not conform exclusively to one model

or the other. Moreover, these differences suggest that sexual partners may enter a sexual interaction with divergent perspectives on sexual consent, which could diminish sexual safety.

Implications for Sexual Health Intervention and Education

The themes that were identified in the qualitative analyses have implications for sexual health education and training at several levels. First, the current findings point to the large variability in lay conceptualizations of consent, suggesting that sexual health programs need to be geared toward accommodating different levels of complexity in audience knowledge of consent. For instance, educators should not assume that certain components of sexual consent do not need to be described because they are assumed to be widely endorsed. The data from this study suggest that even the behavioural components that were mentioned by the vast majority of the sample (e.g., communication), were not identified by a sizeable minority of participants. This information can also be used to highlight that two sexual partners may have very different understandings of consent and thus, it is important for individuals to have the skills to communicate with partners about their respective understandings and to know how to negotiate and handle such differences.

Second, participants' responses as well as findings from past research suggest that sexual consent scripts vary based on a variety of contextual features, including relationship length (e.g., Humphreys, 2007), the type of sexual encounter (e.g., casual versus established relationship; Beres, 2010; Willis & Jozkowski, 2019), and factors such as alcohol and drug use (Jozkowski & Wiersma, 2015; Shumlich & Fisher, 2019). Sexual health educators can accommodate a flexible view of consent while highlighting situations where sexual consent standards need to be more stringent. For example, educators may emphasize the necessity of verbal consent in ambiguous situations (such as if one partner is hesitant or the relationship is new) while allowing for the

possibility that unambiguous nonverbal consent may be sufficient in other cases. Additionally, despite participants' focus on agreement cues in the current study (consistent with the affirmative consent model), subtle refusal is the most common method of communicating consent (Marcantonio, Jozkowski, & Lo, 2018). Educators should ensure that the sexual consent scripts they promote encompass the ability to recognize and communicate both types of cues. A flexible, context-focused, comprehensive approach to sexual consent standards may also increase buy-in for sexual health education because this approach more closely matches people's lived experiences that different levels of consent are required in different types of sexual encounters.

Earlier, it was acknowledged that people may not view enthusiastic consent as a requirement in certain contexts. However, it is imperative that sexual partners understand that disinterest can also signal a true desire to stop sexual activity. Educators should consider engaging directly with this ostensible conflict by providing tools for determining consent when desire is not readily apparent, while emphasizing the distinction between "checking in" with a partner versus using pressure to "convince" one's partner to consent. Additionally, expanding consent education to include the development of skills such as sexual boundary-setting, sexual negotiation, and sexual self-disclosure may promote clarity in sexual interactions and enhance sexual self-efficacy, while also reducing the likelihood of sexual transgressions. Winslett and Gross (2008) found that participants were faster to identify coercive sexual practices in a vignette if the characters clearly stated their boundaries early in the vignette. Thus, teaching people to articulate boundaries may ensure that partners are explicitly aware of each other's limits.

Sexual health education should also include exploration of existing sexual scripts and how they have changed over time. For example, the promotion of affirmative consent requires either replacing or reconciling the one-sided view of consent with a mutual view. The results of

this study suggest that people hold views consistent with both the traditional view (e.g., consent as one-sided) and with the affirmative view (e.g., consent as a mutual decision based on soliciting agreement). Educators might broaden their audiences' understanding of consent by discussing the roles assigned by the traditional consent script, alternatives offered by the affirmative model, and the view of consent as taking place throughout a sexual interaction.

Although the primary function of consent is the prevention of sexual coercion, it is possible that this is not a salient concern for some audiences, such as those who are in established relationships. Therefore, educators may consider providing additional information about affirmative consent as a relationship-promoting mechanism in order to engage those who do not view themselves as at risk for sexual coercion. This messaging would be in line with calls for a more positive approach towards issues of consent and sexuality in general (e.g., Beres, 2007; Brady et al., 2018).

Implications for Research on Measurement of Sexual Consent

The qualitative results also have implications for future research on the measurement of sexual consent. The current study represents a step towards a more complex, dynamic understanding of consent, which includes factors that may have been overlooked or under-emphasized in previous studies. However, much more work needs to be done to evaluate consent from multiple angles, including inter- and intrapersonal factors, perceptions of consent from a partner vs. communication of consent to a partner, and the integration of these different perspectives on consent. Here, I discuss elements of consent that researchers should consider in their study design and selection of measures, which are dependent on the particular research goals and questions to be answered.

The results of this study demonstrate that sexual consent is not a unitary phenomenon, given the lack of consensus on most elements of consent. Contextual factors may explain some of these differences. For example, consent communication can change depending on the specific sexual act in question (Hall, 1998; Jozkowski, Peterson, et al., 2014). Personality factors and general communication styles may also influence an individual's preferred form of consent communication. However, much of the work on contextual factors has been conducted with vignettes or hypothetical scenarios (e.g., Humphreys, 2007; Impett & Peplau, 2002; Jozkowski & Willis, 2020). Studies of actual consent behaviour, including the present study, often ask participants to report how they communicated consent in a particular sexual encounter, with the sexual encounter uniformly conceptualized as a single event (e.g., Jozkowski, Sanders et al., 2014). It is recommended that researchers collect more information on contextual factors that might influence consent in real sexual encounters, such as stage of relationship, the specific sexual acts being practiced, and the time course of consent within a sexual encounter (e.g., the use of verbal vs. nonverbal cues in different "stages" of the interaction). Whereas vignette studies typically manipulate one to two tightly controlled variables, the study of consent in naturalistic settings provides a fuller picture of the dynamic interplay between several relevant contextual factors.

Researchers should also carefully consider the sexual consent scripts they wish to examine in their research, especially given that participants seemed to incorporate elements of multiple sexual consent scripts. A wide variety of behavioural consent scales exist which are suited to different purposes. It is recommended that researchers evaluate existing measures for compatibility with their research goals. For example, a researcher who is only interested in the presence vs. absence of verbal, affirmative consent may use a measure that is tailored to the

affirmative model. Conversely, a researcher who is interested in the extent to which people fuse elements of the traditional and affirmative scripts may elect to use multiple measures accounting for both scripts, develop a new measure of the specific behavioural cues they wish to examine, or use an open-ended assessment of sexual consent behaviour. Furthermore, it may be useful to ask participants to separately report their own and their partner's consent behaviour to obtain a more complete picture of consent communication.

Gender Differences in Sexual Consent Conceptualizations

I did not predict gender differences in endorsement of core themes. However, three differences emerged: Relative to women, men were less likely to mention boundary-setting or agreement/refusal cues, and they were more likely to view consent as mutually given (whereas women were more likely to view consent as one-sided). These results were unexpected, as gender differences have not been observed in other studies of sexual consent definitions (Graf & Johnson, 2020; Jozkowski, Peterson, et al., 2014).

If the observed pattern of gender differences is replicated in an independent sample, it would suggest that interventions should be targeted accordingly to meet the differential needs of men and women. For example, men may require greater education on obtaining agreement and setting mutually agreed-upon boundaries, both of which may have been emphasized more by women due to safety concerns. Women may require messaging about soliciting consent from partners, as the traditional script teaches men to ascertain women's consent but not the reverse.

The Link Between Consent Understandings, Attitudes, and Behaviours

These results also demonstrate that there is an association between one's conceptualization of sexual consent, attitudes towards establishing consent, and behavioural approaches to consent. Conceptualizing consent as a process (versus event), in particular, was

associated with all three of the attitudinal and behavioural outcomes that I included in the analyses. That is, individuals who viewed sexual consent as a process, rather than a discrete event, were more likely to endorse positive attitudes towards consent, greater perceived behavioural control over consent, and a more direct behavioural approach to consent. An understanding of consent as communication was also associated with more positive attitudes toward consent and with greater perceived behavioural control.

Building from these results, research examining perceptions of consent as an event or process may shed further light on underlying assumptions about consent and how these might facilitate or inhibit the use of affirmative consent behaviours. Though the directionality of the identified relations cannot be definitively established in the current study, there may be a reciprocal relationship between viewing sexual consent as a process, endorsing more positive attitudes toward consent, and reporting greater control over consent communication. For instance, perhaps an understanding of the communicative, ongoing nature of consent increases familiarity or comfort with consent practices, reducing resistance to adopting affirmative consent scripts and enhancing one's feeling of control over sexual encounters. Conversely, fostering a more positive attitude towards consent and a greater sense of control might motivate people to learn more about strategies for ongoing consent communication, thereby improving their consent knowledge. To understand the directionality of these effects, a longitudinal study would need to be conducted that could illuminate whether these associations are unidirectional or bidirectional.

This data also showed that individuals who reported boundary setting as a behavioural component of consent were more likely to report that they engaged in more direct approaches to consent communication, a finding in line with the affirmative consent script. Generally, sexual self-disclosure is limited between partners (MacNeil & Byers, 2009), which may make it

difficult for some couples to set boundaries relating to their sexual preferences and limits. These results, though not sufficient to establish a causal link, introduce the possibility that those who conceptualize boundaries as integral to the consent process might be more comfortable with direct, affirmative consent communication, a link that would be useful to explore in future research. For instance, it is possible that understanding the importance of boundary disclosures might facilitate more direct consent expression or, alternatively, training in direct consent communication might open an avenue for partners to more openly discuss their sexual preferences outside of sexual interactions.

I originally intended to test whether the themes were associated with the use of specific affirmative consent cues in initial sexual interactions, but was unable to do so due to low reliability of the ECS-Self. As the ECS was validated on college students, it may not have been appropriate for use with a community sample. I also asked participants to complete the ECS with reference to their first sexual interaction with their current partner. Though participation was limited to those in a relationship of 12 months or less, retrospective reporting of sexual behaviour can be biased or inconsistent, restricting the reliability of the measure (Fenton et al., 2001).

Future Directions

There are numerous potential directions for future study, including investigating individual differences and developmental influences on sexual consent communication, as well as learning more about the functions of consent beyond safety. Little is known about individual differences that might influence a person's consent conceptualizations, which may be an important area for further study. Attachment anxiety, for example, is characterized by fear of being abandoned or rejected (Brennan et al., 1998), and is associated with engaging in sex to foster intimacy and reduce insecurity (Schachner & Shaver, 2004). These motivations may

influence an anxiously attached person's construal of consent to be more other-focused at the expense of their own needs, as suggested by studies finding that anxiously attached women are more willing to consent to unwanted sex than women with other attachment styles (Impett & Peplau, 2002). Understanding how differences in attachment and other personality variables influence sexual consent conceptualizations would inform the development of more targeted interventions and messaging about sexual consent.

Previously, it was suggested that sexual health educators might be able to reach a wider audience, including those in long-term romantic relationships, by presenting consent as a relationship-promoting mechanism in addition to highlighting its safety functions. Already, some sexual health educators and public health workers have begun to implement messaging that links consent with enhanced sexual expression and enjoyment (Wood, Hirst, et al., 2019). Although other forms of sexual communication are known to benefit relationship and sexual functioning (Byers & Demmons, 1999; Merwin et al., 2017), there is limited research on whether consent knowledge or behaviour is linked to such outcomes. Therefore, it is necessary to obtain empirical data to substantiate these claims about sexual consent.

Strengths and Limitations of the Current Research

A major strength of this study is that I have identified specific elements of consent that can be used to develop more comprehensive measurements of sexual consent understanding and behaviour. By elucidating these components, researchers can more precisely identify knowledge gaps and establish clear educational goals for future sexual consent interventions. For example, by demonstrating that there is disagreement about whether consent is unidimensional or reciprocal, the current study has identified a discrepancy that can be resolved through education.

I used a qualitative methodology in order to address some of the concerns relating to self-report questionnaire measures of consent, which are commonly used in consent communication research. However, this study still relied on self-reporting, making it subject to certain limitations. In particular, because the sexual consent script relies on implicit communication and a tacit knowledge or “felt sense” that one’s partner is consenting (Beres, 2010), participants might not have accurate, explicit awareness of their consent behaviours. Similarly, they may not have a complete awareness of the elements that comprise their understanding of sexual consent. In addition, though I believe that the open-ended approach mitigated the potential for demand characteristics, it is still possible that participants were motivated by social desirability concerns to present a view of consent that conforms largely to the affirmative model.

I recruited a community sample via TurkPrime and the study was conducted online. Though this expands our understanding of sexual consent beyond the typical student sample, it is important to acknowledge the possibility of volunteer bias: People with more positive sexual attitudes and more sexual experience are more likely to volunteer for sexuality research (Dawson et al., 2019), which may have implications for the generalizability of these results. Though TurkPrime participants may engage in problematic responding behaviours (e.g., careless responding), they do so at a similar rate to participants recruited via other means (Necka et al., 2016). Regardless, I took measures to protect data integrity where possible: Several qualitative items and quality checks throughout the study limited any concern that responses were illegitimate. Replicating these findings in an in-lab format might further mitigate these concerns and allow clarification of respondents’ answers, which was not possible in the current study.

I conducted post-hoc analyses to identify relations between sexual consent conceptualizations and the attitudinal outcome measures, and acknowledge the limitations posed

by multiple comparisons. However, it should be noted that the observed effects were generally medium-sized (using guidelines from Cohen, 1988). Replication on a new sample would substantiate these exploratory findings.

Part 1 Conclusion

This mixed-methods online study assessed how lay people conceptualize sexual consent and how these conceptualizations were related to sexual consent attitudes and behaviours. Taken together, these results suggest that some aspects of the affirmative consent script have been internalized (e.g., communication, soliciting agreement). Others may be targets for intervention, particularly those that were found to be connected to more positive sexual consent attitudes and affirmative behavioural approaches (e.g., recognition of consent as a process, articulation of boundaries). Some themes may require researchers and advocates to expand their view of consent in order to fully understand how it is practiced and/or reach a wider audience (e.g., less emphasis on enthusiasm and active sexual desire). To establish a new norm of affirmative consent, educators must critically engage with disparate understandings of consent. Researchers may also consider the relevance of the identified elements of consent to their research questions, as a more comprehensive view of consent may contribute to a thorough understanding of the realities of consent in sexual relationships.

Part 2 Introduction

In an effort to reduce instances of sexual coercion and assault, health educators and activists have increasingly promoted the affirmative consent model in public health campaigns and educational settings (Beres, 2018; Harris, 2018). The affirmative consent model is one in which partners actively engage in ongoing, direct communication of willingness to participate in sex (Muehlenhard et al., 2016). Despite these initiatives, studies indicate that sexual consent is primarily communicated via non-resistance; in other words, the majority of people do not solicit clear consent from their partners and instead engage in sexual contact until their partner physically resists or says “no” (Jozkowski, Sanders, et al., 2014; Righi et al., 2019). Reliance on silence or non-resistance to indicate consent is problematic as it places responsibility on victims, rather than perpetrators (Pineau, 1989), and in Canada silence is legally insufficient as a form of consent (*Criminal Code of Canada*, 1985, s. 273.1(1)). Therefore, it is important to identify barriers to the adoption of affirmative sexual consent practices.

Qualitative research suggests that even when people are knowledgeable about affirmative consent and possess the requisite skills to implement it in their relationships, many view explicit or direct forms of consent as awkward or unnatural (Curtis & Burnett, 2017; Shumlich & Fisher, 2020). The nature of this awkwardness and other perceived barriers to sexual consent communication are currently understudied. Elucidating these challenges may support educators and public health workers to develop effective interventions that reduce the prevalence of problematic forms of consent such as nonresistance and increase more affirmative behaviours.

In addition to examining sexual consent barriers, the concept of sexual consent as potentially *rewarding* is a new, understudied direction that may help to incentivize the adoption of affirmative consent. Sexual health educators and campaigns increasingly promote the message

that practicing affirmative sexual consent facilitates sexual expression and enjoyment (Wood, Hirst, et al., 2019). For example, slogans such as “consent is sexy” have gained popularity in public health messaging, and there is some emerging evidence to suggest that their use is associated with changes in sexual consent attitudes and intentions to obtain consent in future sexual interactions (Hovick & Silver, 2019; Thomas et al., 2016). Although a sex-positive, pleasure-focused view of consent is becoming more common in educational discourse and in research (Beres, 2007; 2020), there is little empirical evidence to suggest that affirmative sexual consent translates to the purported benefit of enhanced sexual quality. In Part 1 of this thesis, I discussed the possibility that the safety function of consent may be viewed as irrelevant by people in long-term relationships; identifying potential rewards of sexual consent may also help to reach audiences who do not view themselves as at-risk for sexual coercion.

The current study aimed to refine our understanding of barriers to sexual consent. I also aimed to explore whether people perceive consent as rewarding in any way, which educators could capitalize on to promote affirmative consent as valuable beyond its function as a safety mechanism. I took a qualitative, exploratory approach to understanding perceived challenges and rewards as there has been limited work examining what people perceive as barriers to their sexual consent communication, and little to no work examining whether consent can be viewed as personally or relationally beneficial.

Given the exploratory nature of the study, I took a trans-theoretical approach to understanding sexual consent barriers and rewards which was not limited to a particular type of barrier (e.g., skill-based, emotional) or reward (e.g., sexual satisfaction). However, insights from existing work on sexual communication informed my expectations of the types of themes that might emerge. First, I will review two existing theoretical models that are specific to sexual

consent communication barriers, and discuss relevant findings that supplement these models. Then, I will highlight some of the limitations of these frameworks and how the current study can address these gaps. Finally, I will review the existing research that indicates possible benefits of practicing affirmative sexual consent.

Models of Sexual Consent Communication Barriers

Two theoretical models to date have elaborated on the specific barriers that may be relevant to consent. These models consider personal, social, and systemic barriers, but do not necessarily correspond to lay perceptions of challenges.

Information-Motivation-Behavioural Skills Model

Shumlich and Fisher (2019) applied the Information-Motivation-Behavioural Skills Model (IMB model) to sexual consent communication to investigate the disconnect between legal or administrative standards for consent and normative consent practices. This model suggests that knowledge of consent, motivation to obtain or communicate consent, and possession of appropriate consent communication skills jointly contribute to a person's sexual consent behaviours. Thus, a person who has limited knowledge about affirmative consent, has negative expectations about the outcomes of affirmative consent, and/or lacks the ability to skilfully navigate consent in a sexual encounter is unlikely to enact affirmative consent behaviours in their relationships.

Information. The information component of the IMB model indicates that for affirmative consent to take place, partners must have concrete awareness of the standards for consent (legal, institutional policy, etc.) as well as the cues that indicate consent or nonconsent (Shumlich & Fisher, 2019). Inaccurate or incomplete sexual health information can come from formal sexual health education (e.g., abstinence-only programming), but may also be reinforced

by less formal channels, such as media representations of sexuality (Hust et al., 2008; Scull & Malik, 2019). Misinformation from those sources may prevent enactment of affirmative consent. For example, lower scores on a test of general sexual health knowledge are associated with decreased verbal communication of consent (Richmond & Peterson, 2020) and greater endorsement of “rape myths” (pervasive beliefs that justify sexual assault, such as the idea that one’s attire or intoxication level constitutes consent; Mallet & Herbé, 2011). Furthermore, internalized sexual scripts or “templates” for sexual behaviour are also taught through these channels, which may limit the flexibility of a person’s sexual consent approach (Gagnon, 1990). For example, if one’s sexual script for consent entails silence and nonresistance, that individual may not recognize a situation in which they ought to verbally confirm their partner’s consent (e.g., if the partner is not outwardly refusing, but seems distant or hesitant).

Motivation. Motivational barriers to the adoption of affirmative consent include limited personal and social motivation to enact consent and generalized emotional responses to sexuality (Shumlich & Fisher, 2019). Personal motivation refers to a person’s beliefs about the perceived value and consequences of sexual consent practices (e.g., believing that verbal consent reduces the quality of a sexual encounter); social motivation refers specifically to consequences for one’s relationships or social standing (e.g., fearing rejection or ostracization; Shumlich & Fisher, 2019). Ultimately, the perception of high personal and social costs to the practice of affirmative consent (particularly in the absence of clear rewards) may discourage people from enacting it. Generalized emotional responses to sexuality may also affect motivation to communicate consent affirmatively. People with high levels of erotophobia, or the generalized tendency to have negative emotional responses to sexuality (e.g., fear, guilt, aversion), may feel less comfortable discussing sexual consent (in contrast to their erotophilic counterparts, who respond

more positively to sexuality and might therefore be less inhibited about openly discussing consent; Fisher et al., 1988; Fisher & Fisher, 1998).

The general literature on sexual communication avoidance may shed light on additional motivational barriers to sexual consent communication. Metts and Cupach (1989) proposed several barriers to sexual communication, suggesting that individuals may avoid open communication out of fear that such communication might jeopardize the relationship; engender distrust between partners; or cause negative emotions such as shame, anxiety, or guilt in one or both partners. Later, Rehman et al. (2018) developed a measure of these threats, separating them into three distinct categories: threats to the *relationship* (e.g., reducing relationship stability, causing conflict, revealing incompatibilities), the *self* (e.g., feeling anxious or guilty, coming across as incompetent), and the *partner* (e.g., offending the partner, causing them to feel anxious or guilty). In sexual and non-sexual conflict communication, all three types of threat are activated, but threats to the self are more strongly activated during sexual (vs. non-sexual) conflict communication (Rehman et al., 2018). Ultimately, the findings suggest that all three types of threat might contribute to avoidance of sexual communication.

Applying these ideas specifically to sexual consent communication, individuals may fear that verbally discussing consent with their partner will cause them to appear incompetent, given the misconception that consent is “tacitly” known or based on a “felt sense” (Beres, 2010; 2014). Some individuals report a sense of worry about offending their partners, such as by insinuating that they do not trust their partner (Shumlich & Fisher, 2020). People may avoid affirmative consent communication out of the fear that one or both partners will experience negative emotions such as shame, confusion, or guilt; or that explicit consent communication is more likely to result in an uncomfortable rejection (Shumlich & Fisher, 2020). Finally, affirmative

consent communication might be feared to threaten the stability of a relationship, such as by creating conflict when one partner rejects the other.

Behavioural Skills. The third category of barriers identified by the IMB model is the behavioural skills needed to practice consent. Skillful enactment of consent requires both partners to possess a repertoire of behavioural skills including the ability to communicate willingness, interpret a partner's signals, reject unwanted sexual advances, and respect rejections from another person (Shumlich & Fisher, 2019). In addition to objective abilities, the behavioural skills component of the IMB model also includes self-efficacy, or perceived confidence in one's ability to enact these skills. Therefore, individuals who have limited sexual communication skills (or perceive themselves as such) will be less likely to implement affirmative consent practices. Contextual factors can also reduce a person's skill in navigating sexual consent: For example, alcohol can impair the ability to interpret consent cues (Abbey, 2011; Benbouriche et al., 2018; Lannutti & Monahan, 2002).

Social Ecological Model

Bronfenbrenner's (1977) ecological systems theory has also been used to explain resistance to affirmative consent initiatives, specifically in institutions of higher education (Willis and Jozkowski, 2018). The Social Ecological Model conceptualizes barriers at four nested levels, beginning with the microsystem at the innermost level, followed by the mesosystem, exosystem, and the macrosystem at the outermost level.

The microsystem includes interactions with individual sexual partners and the roles that individuals take on within their sexual relationships. For example, the traditional sexual script views men as initiators of sexual activity and women as gatekeepers who either resist the advances of the initiator or give their assent through nonresistance (Jozkowski & Peterson, 2013;

Wiederman, 2005). In practice, these roles might be fluid (i.e., a person can be an initiator in some contexts and a gatekeeper in others) but Willis and Jozkowski assert that a person who takes on the gatekeeper role may find it more difficult to initiate affirmative consent communication. Consent typically becomes more implicit as the length of relationship increases, so being a committed romantic partner is also considered a barrier to affirmative consent (Humphreys, 2007; Willis & Jozkowski, 2019). Emotional barriers (Rehman et al., 2018) such as fear of retaliation, conflict, or negative emotional consequences, are also relevant at the microsystem level.

Next, the mesosystem reflects social and peer norms that influence behaviour. For example, the culture of some college campuses has been characterized as promoting heavy consumption of alcohol, uncommitted sexual encounters (i.e., “hookup culture”), and gender stereotypes about sexual behaviour (Muehlenhard et al., 2016; Willis & Jozkowski, 2018). Research on these norms has generally taken place in the United States; the prevalence of such a culture in institutions outside of the United States is unknown. Nevertheless, in settings where this culture exists, it can create an expectation that everyone present at a party or other social setting is sexually available, precluding the need for explicit consent communication (Jozkowski et al., 2017; Willis & Jozkowski, 2018). Furthermore, alcohol consumption can influence sexual decision-making and lower perceptions of risk while also impeding consent communication ability (Abbey et al., 2006; Griffin et al., 2010). On the other hand, colleges and universities are a focal point for much of the policy change surrounding consent, and the site of many sexual assault prevention initiatives, suggesting that there has been an effort to challenge these norms (Muehlenhard et al., 2016). In non-student populations, consent might be viewed as less important because there are few sexual assault prevention initiatives for this group and because

sexual assault is often (erroneously) believed to be primarily a problem in higher education settings (Muehlenhard et al., 2017).

The exosystem consists of institutions and structures which indirectly influence individuals' attitudes and behaviour. These influences include legal and administrative policies surrounding sexual consent and assault, the quality of sexual education that people receive, and influences of mass media. For example, a review of K-12 sexual education curricula in 18 American states found that sexual consent is rarely discussed or defined (Willis, Jozkowski, & Read, 2019), meaning that an individual might not receive formal education about consent unless they attend college or university. Instead, they might internalize sexual consent scripts from media depictions, which often depict nonresistance and silence as the primary forms of consent communication (Jozkowski et al., 2019; Willis et al., 2020). Later, people might resist affirmative consent messaging because it demands that they behave in a manner inconsistent with the media depictions which are perceived as normative.

Permeating the microsystem, mesosystem, and exosystem are the broader social structures that comprise the macrosystem. Willis and Jozkowski (2018) argue that the most prominent macrosystem influence is gender, or the sociocultural expectations placed on men and women. They further state that gender is the source of barriers at the other levels of the social ecological model. For example, as previously discussed, the roles of gatekeeper and initiator are often assigned based on gender (Jozkowski & Peterson, 2013; Wiederman, 2005); therefore, the limitations of the gatekeeper role in the microsystem disproportionately limit the sexual agency of women and inhibit their ability to practice affirmative consent (Willis & Jozkowski, 2018). At the mesosystem level, gender stereotypes such as "token resistance" (the expectation that men should repeatedly ignore sexual refusals until their female partner gives in; Muehlenhard &

Hollenbaugh, 1988) may create obstacles for consent communication. Within the exosystem, gender stereotypes can also be reinforced and promoted as fact through media and formal education (e.g., Kantor, 1993; Jozkowski, 2016). Therefore, it is probable that the barriers to consent will differ for men and women as they are socialized to have different responsibilities with regards to sexual consent communication.

Limitations of the IMB and Social Ecological Models

Both the IMB model and Social Ecological Model provide insights into the numerous barriers, at several levels, which collectively impact enactment of affirmative consent communication. These predictive models, and the empirical research informed by these models, are valuable in that they can inform wide-ranging policy changes or generalized interventions. However, one limitation of these frameworks is they provide less insight into contextual factors and intrapsychic mechanisms that may explain the resistance to affirmative consent by a particular individual, or in a particular relationship, which could facilitate more targeted education and intervention as opposed to a homogeneous approach. For example, identifying the people who are most likely to experience consent communication as threatening, possibly due to intrapsychic fears such as fears of rejection, would allow for a more nuanced understanding of groups at higher risk for avoiding affirmative consent practices. A second limitation of this work is that these perspectives are largely predictive and not explanatory. That is, their focus is on predicting problematic consent behaviours, but they are more limited in describing how the different levels and factors influence each other or in describing the proximal mechanisms of problematic consent exchanges. A main reason for these limitations is that psychological research on consent communication is still in its infancy; as the empirical body of knowledge in this domain grows, the findings will refine and clarify these theories.

Potential Rewards of Sexual Consent Communication

There has been minimal published research examining whether affirmative sexual consent communication might have positive effects on sexuality. As the motivational component of the IMB model indicates, perceiving benefits to sexual consent (e.g., enhanced sexual quality or partner trust) is likely to increase a person's willingness to engage in affirmative consent behaviours (Shumlich & Fisher, 2019). Marcantonio et al. (2020) conducted a literature review which concluded that consent communication from partners may increase women's sexual satisfaction, but this relation has been tested only indirectly. For example, they noted that explicit consent communication has been associated with such variables as higher entitlement to pleasure (Satinsky & Jozkowski, 2015) and internal feelings of arousal (Willis, Blunt-Vinti, & Jozkowski, 2019), but the link between affirmative consent communication and overall sexual satisfaction has not been empirically studied.

Recently, at least one study has conducted a more direct assessment of the relation between verbal sexual consent and sexual quality. Across two studies, Piemonte et al. (2020) presented participants with written erotic stories, manipulating the presence vs. absence of affirmative verbal consent in each story. Participants provided their evaluations of each story's appeal and the extent to which they viewed the story as sexy. The presence or absence of verbal consent did not significantly affect overall judgments of the stories, suggesting that verbal consent is not detrimental to the quality of a sexual interaction. However, the researchers noted that characters in the narratives seamlessly integrated verbal consent into their interactions, whereas this process may be more difficult or disjointed in real-world sexual interactions. Presently, no studies have explored potential nonsexual benefits to consent communication, such as personal empowerment or relational improvements.

Although there is a paucity of research on the rewards of sexual consent communication for individuals and couples, other forms of sexual communication have been shown to confer several advantages. For instance, disclosure of sexual likes and dislikes has been associated with greater sexual and relationship satisfaction, as well as more positive sexual interactions (Byers & Demmons, 1999). Openly discussing sexual problems with one's partner is also correlated with increased sexual and relationship satisfaction, as well as fewer depressive symptoms (Merwin et al., 2017). Montesi and colleagues (2011) found that open sexual communication predicted variance in sexual and relationship satisfaction, over and above the influence of general relationship communication.

MacNeil and Byers (2009) outlined two pathways by which sexual communication can improve couples' satisfaction over time: the instrumental and expressive pathways. In the instrumental pathway, sexual self-disclosure facilitates an increase in mutually satisfying sexual behaviours and a decrease in behaviours that are unsatisfying or undesirable, thereby increasing sexual satisfaction. Within the expressive pathway, sexual self-disclosure allows partners to achieve greater closeness and emotional intimacy, which enhances relationship satisfaction. A longitudinal study found support for the instrumental pathway in both men and women, whereas the expressive pathway was supported only for women (i.e., women who engaged in sexual self-disclosure towards their male partners were more relationally satisfied; MacNeil & Byers, 2009).

It is plausible that sexual consent communication may provide similar relational benefits to other forms of sexual communication. As a key purpose of sexual consent is to prevent sexual assault, consent may also be associated with unique benefits such as feelings of safety with a particular partner. Thus, I was interested in an open-ended exploration about what people perceive as potential advantages of consent communication in their own sexual relationships.

The Current Study

The primary goal of the current study was to explore what people have perceived as challenging and rewarding about sexual consent in their personal lives. I implemented an open-ended, qualitative approach in order to obtain a broad spectrum of responses. The intent of this research was to identify commonalities in those responses that can later be used to develop quantitative measures of perceived barriers and rewards to sexual communication.

The existing models of sexual communication and sexual consent communication informed predictions about the nature of the barriers and rewards that would emerge from the data. For example, both the IMB and Social Ecological Models would suggest that lack of consent knowledge/education, perceived low self-efficacy, and perceived violation of social norms would constitute barriers to affirmative consent communication. The motivational component of the IMB Model, and the emotional avoidance work by Rehman et al. (2018), suggest that people may also avoid consent communication because it could activate negative emotions such as fear or guilt, reveal incompatibilities, or cause relational conflict. In terms of rewards, I predicted that people might experience affirmative consent as enhancing the quality of their sexual interactions and relationships. I also expected participants to attribute increased feelings of trust, safety, and relationship satisfaction to more direct consent communication.

Although I made predictions about the barriers and rewards that would emerge, it was important to identify the full range of barriers and rewards (including those not predicted) because this is the first known study of lay insights into these topics. It was also important to establish the relative frequency of each theme so that we could gain clarity on what barriers and rewards are highly endorsed versus themes that emerge less frequently.

A secondary goal was to determine whether men and women differed in their perceptions of sexual rewards and barriers to consent. As outlined in the Social Ecological Model, gender is an important consideration that is woven throughout nearly all forms of sexual communication (Willis & Jozkowski, 2018). For example, because women are at greater risk for sexual assault (Conroy & Cotter, 2017), it is possible that women are more likely to report safety benefits of consent compared to men, and to report fear of partner retaliation as a barrier. The observed gender differences in the instrumental and expressive pathways (MacNeil & Byers, 2009) might also suggest that relational benefits, such as increased intimacy, would be more frequently endorsed by women than men. Given the paucity of past research on perceived rewards and barriers to sexual consent communication, I did not make specific predictions about the ways in which men and women might have different perspectives on the barriers and rewards to such communication.

Method

These data were collected in the same study as Part 1; therefore, the procedure and sample ($N = 231$) are the same. Below are the details for additional qualitative items that are relevant to Part 2 of the study and the coding of responses.

Materials

Sexual Consent Barriers and Rewards

Participants provided two open-ended responses about their perceptions of sexual consent difficulties and advantages. They were prompted to think about their current and past sexual relationships and identify “the most negative and/or difficult aspect of sexual consent communication” and “the most positive and/or rewarding aspect of consent communication.”

Coding of Qualitative Responses

As in Part 1, an inductive content analysis approach was used to analyze the data (Hsieh & Shannon, 2005). A senior research assistant and I separately reviewed the responses and generated lists of barriers and rewards, which we combined into a coding manual containing definitions and examples for each barrier and reward (see Appendix A). Within each item, approximately half the sample mentioned multiple barriers or rewards; therefore, each response could receive more than one code, depending on the number of distinct barriers/rewards mentioned by the participant. For example, consider the participant response to the question asking about barriers: *“The thought that you might ruin the ‘mood’ with having a talk about sexual consent right before you have sex. Or if you have this talk like a few hours before, then the anticipation may very well make you anxious.”* This participant expressed that discussing sexual consent might “ruin the mood” of their sexual encounter but also noted that they might experience specific negative emotions (i.e., anticipation, anxiety). Therefore, this response would be coded under two barriers: *Reduces Sexual Quality* and *Evokes Negative Emotions in Self*, both of which are described in more detail below.

Research assistants were trained on this coding scheme and coded the first 50 responses as a training exercise. A subsequent training session was held to address any concerns or conflicts, but no changes to the coding manual were required as a result of coder feedback. Then, research assistants were asked to code the remaining responses; each response was coded by at least two coders. If the coders disagreed, the senior research assistant and I discussed the response to determine the final codes.

Results

Perceived Barriers to Sexual Consent

Table 4 displays the participants' reported challenges and barriers relating to sexual consent. In total, 16 unique barriers to consent were identified, in addition to two responses which did not fit into any of the defined categories. The various barriers identified by participants are described below. For conciseness, I will focus mainly on the eleven challenges that were mentioned by at least 10% of the sample.

Notably, 13% of the sample explicitly declined to report a barrier associated with consent in response to this question. Of these participants, two-thirds reported that they had never had a negative experience with consent; others reported they did not have enough experience with consent to identify a barrier (see Table 4 for the exact percentage of participants who provided each of these reasons).

Table 4*Perceived Challenges and Barriers Associated with Sexual Consent Communication*

Perceived Barrier	Men		Women		Overall	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Evokes negative emotions in self (e.g., worry, annoyance, fear, guilt)	16	17.8	40	28.8	56	24.2
Partner's disrespect for boundaries ^a	9	10.0	42	30.2	51	22.2
Lack of clarity or difficulty understanding a partner	20	22.2	19	13.7	39	16.9
Rejecting a sexual initiation from the partner ^a	3	3.3	35	25.2	38	16.5
Awkwardness/unnaturalness	13	14.4	17	12.2	30	13.0
Reduces sexual quality	12	13.3	16	11.5	29	12.6
Navigating sexual incompatibilities	7	7.8	21	15.1	28	12.1
Evokes negative emotions in partner (e.g., anxiety, offense)	9	10.0	16	11.5	25	10.8
Reduces relationship quality (e.g., conflict, termination, dissatisfaction)	5	5.6	19	13.7	24	10.4
Difficult to initiate consent communication	10	11.1	13	9.4	23	10.0
Complicated by contextual factors (e.g., intoxication, new relationship)	8	8.9	15	10.8	23	10.0
Being rejected by partner ^a	9	10.0	4	2.9	13	5.6
Partner may be unresponsive	3	3.3	6	4.3	9	3.9
Consent communication is unnecessary	2	2.2	6	4.3	8	3.5
Lack of communication skill	1	1.1	5	3.6	7	3.0
Inexperience with consent communication	1	1.1	5	3.6	6	2.6
Other reason not listed	2	2.2	0	0.0	2	0.9
No reason given – no negative experiences	12	13.3	8	5.8	20	8.7
No reason given – not enough experience	3	3.3	6	4.3	9	3.9
No reason given – other	1	1.1	0	0.0	1	0.4

Note. Two participants identified as a gender other than man or woman; their responses are included in the “total” column but were excluded from analyses assessing gender differences.

^a Chi-square tests revealed a significant difference between men and women at the $p < .05$ level.

Evoking Negative Emotions in the Self

The most common perceived barrier, endorsed by 24.2% of the sample, was that consent *Evokes Negative Emotions in the Self*. A wide range of negative emotions were described by participants, including anxiety/worry, annoyance, fear, frustration, guilt and embarrassment. These were sometimes attributed to the general prospect of consent communication, such as “*feeling embarrassed about talking about different aspects of sex*” or “*overcoming nervousness.*”

At other times, negative emotions were attributed to more specific situations that might arise or viewed as consequences of other barriers to consent. For example, one participant wrote that they were “*fearful of being judged by the individual*” when communicating disinterest in sex or nonconsent; other participants echoed that rejecting a partner led to unpleasant emotions, such as guilt, as discussed below. Initiating consent communication was also viewed as a source of negative emotions, such as one participant who wrote that the most significant barrier is “*bringing up the actual conversation about sex because it’s kind of embarrassing at first.*”

Participants also discussed the possibility of evoking negative emotions in their partner; because this was considerably less common, it is discussed in another section below.

Disrespect of Boundaries

A similar proportion of the sample (22.2%) wrote about their *Partner’s Disrespect for Boundaries*. Frequently, participants described instances where they had clearly communicated nonconsent to sex, but their partners persisted until they gave in (e.g., “*I explicitly told a few partners no and they persisted anyway. I have also been guilted into sex a number of times*”). Participants observed that partners would “*act like you are joking when you say ‘no’ and ‘stop’*” or “*feign they are just playing but they keep nagging, keep touching and not listening to your*

feelings.” Although participants had ostensibly agreed to sex in these situations, they did so under conditions of pressure or coercion rather than genuine willingness.

Participants also described experiences where consent was assumed despite not being clearly communicated. In some cases, consent was assumed due to sexual history, such as *“there have been many times where I didn't necessarily want to have sex, but it was implied that I did because we have had sex in the past.”* Alternatively, partners often viewed consent to one specific sexual act as “blanket” consent to other acts: *“when you really like a guy and things begin to get physical (kissing, holding hands, touching, etc.), they seem to think that that is a green light for sex.”*

In addition to describing past experiences where boundaries were violated, participants noted the detrimental effects that these experiences can have on future relationships. For example, one participant stated that a past partner *“did not listen to me when I said I wasn't ready, so that fear still kind of lingers with me no matter what.”* The potential consequences ranged from *“not knowing if the other person is going to respect what I'm saying”* to *“wondering if a partner may react violently.”* Thus, if consent had been disregarded in the past, these participants experienced a sense of apprehension in their future sexual interactions.

Lack of Clarity

Participants also expressed concerns about the possibility of partners misunderstanding one another, or otherwise being unclear about the parameters of a sexual interaction or relationship. These responses were coded under *Lack of Clarity or Difficulty Understanding a Partner* and represented 16.9% of the responses. For example, one participant wrote that the most challenging aspect of consent was *“receiving false impressions about what [their partner] wanted.”* Another described being unsure of how to interpret his partner's signals: *“On a few*

occasions it was hard to tell what she wanted to do. I was getting conflicting signs. It was like she could not make up her mind.”

Additionally, several participants described one partner feeling uncertain even after both partners have expressed interest and willingness to have sex. One participant wrote, *“Even if we are [on the same page], the other one wants to make sure and is double cautious about continuing with the act. It could be frustrating but we both just want to make sure.”* Another stated, *“Sometimes when the sexual moments get heated its hard to tell if both parties want to engage in sex. Or, if perhaps they are only acting in the heat of the moment.”*

Lack of clarity was also attributed to differences in communication styles between partners. For example, one participant noted that *“I tend to err on the side of caution and wouldn't want to make my sexual partners uncomfortable, so I have sometimes misinterpreted someone's shy nature for lack of interest.”* Similarly, another participant observed that *“just because something is a natural progression to you it might not be for someone else.”* Occasionally, differences in communication style were viewed as an early-relationship challenge that would be resolved over time (e.g., *“The first time was perhaps the most difficult part, as we were still getting to know each other and getting used to our styles of sexual consent communication. After that it got easier.”*).

Concerns about Rejecting a Sexual Initiation from the Partner

Participants (16.5%) also reported concerns about *Rejecting a Sexual Initiation from the Partner* when they were uninterested in sex. This category represents responses that described these concerns at the event level (i.e., concerns were about refusing sex in a specific instance, rather than rejecting a possible sexual relationship or setting a general boundary). At times, participants described not knowing how to communicate rejection. For example, one participant

wrote that a significant challenge was “*when I have been tired or stressed and did not want to have sex but did not know how to explain the reason why without seeming to be rejecting someone.*” Others noted that it was difficult to reject a partner *during* sexual activity, such as if the participant had changed their mind about sex (e.g., “*the most difficult is saying, after you already started to engage, that you’re not feeling quite right and would like to pause*”) or wanted to set a boundary (e.g., “*if you are already involved in a sexual activity and you don’t want to go further, it’s hard to interrupt the mood like that*”).

Participants also expressed concern about how their partners would react to rejection. For example, one participant stated: “*Sometimes I’ve been into having sex up to a certain point and then I won’t be into it anymore, and it’s hard to communicate that change because I’m worried about hurting the guy’s feelings or having led him on. When this happens, I might have sex or not depending how strongly I feel about not continuing.*” Notably, this participant (and others) stated that they would occasionally continue to have sex as a result of these concerns. Another wrote “*When I don’t want to do something, sometimes it’s harder to communicate that (in past sexual relationships) because I’ve been fearful of being judged by the individual, which has happened.*”

Whereas rejecting one’s partner was a noted barrier for 16.5% of participants, only 5.6% of the sample described concern about their sexual initiation *Being Rejected by a Partner*.

Awkwardness/Unnaturalness

A sense of *Awkwardness/Unnaturalness* during sexual consent communication was reported by 13% of participants. Occasionally, awkwardness itself was considered the barrier, such as one participant who wrote that “*it can be awkward but other than that nothing is negative or difficult*” or another who simply stated that consent produced “*a feeling of unnaturalness.*” At other times, awkwardness was attributed to specific forms of consent or

connected to other barriers. Some described awkwardness only in the context of verbal consent, including statements such as *“It isn't natural to ask,”* and *“for me it has been the awkwardness of having to talk about it. To me, consent should go without saying. If someone says no, you stop.”* Participants also described awkwardness in initial consent discussions (e.g., *“that first time of bringing it up is the most difficult, probably because it seems awkward at first”*) or boundary violations (e.g., *“I'll be kissing someone, and they think that means they have a right to take my clothes off. That's where it gets awkward and frustrating.”*).

Reduces Sexual Quality

Another challenge reported by 12.6% of participants was that consent *Reduces Sexual Quality*. Several participants reported hesitance to practice consent because it might “ruin the mood/moment.” Reflecting on past relationships, one wrote, *“it felt as if it killed the atmosphere. Like I was asking, begging, or requesting sexual activity”* and another stated, *“it can take away from the spontaneity of sex.”*

A few participants viewed discussion of safer sex practices as impacting sexual quality, such as a participant who wrote *“The most difficult aspect has been not about whether or not to actually have sex but negotiating things like condom use when I feel really uncomfortable bringing it up. I guess I don't want to kill the vibe”* and another whose past partner *“took [asking about a condom] as I was asking if he had diseases and got offended. It killed the whole mood.”*

Navigating Sexual Incompatibilities

Participants (12.1%) also expressed concern that consent *May Reveal Incompatibilities Between Partners* which threaten or jeopardize the sexual relationship. These incompatibilities included disagreement about what constitutes sexual consent, as well as incompatible sexual preferences or boundaries that might be revealed through direct sexual consent communication.

When participants discussed discrepancies in how they and their partners viewed consent, the participant typically reported that they endorsed a more positive or affirmative view of consent than their partner. For example, one participant wrote that it can be challenging “*when the other person doesn't feel or believe that consent can/should be able to be revoked at any point*” Another stated, “*communicating about consent is not difficult unless the other person doesn't believe it is necessary or required in a relationship.*”

Others wrote that consent communication could result in difficulty agreeing on sexual boundaries, such as stating that, “*it gets difficult when they don't agree with what you like sexually*” or that “*sometimes in the past with my ex girlfriends, some of them were not willing to try new things in the bedroom.*” Discussion of safer sex practices was also considered a challenge, as with one participant who wrote “*the only negative I can think of is the subject of condoms and/or birth control. Men don't seem to want to take responsibility for this sometimes.*” Overall, consent was considered to make these disagreements explicit and some participants noted that they had “*lost potential partners,*” “*ended what seemed like a promising relationship,*” or worried that others would “*not want to be with me anymore*” as a result of such conflicts.

Evokes Negative Emotions in Partner

The prospect of *Evoking Negative Emotions in One's Partner* (e.g., upsetting or offending them) was mentioned by 10.8% of the sample. One participant noted that “*some people can feel nervous or ashamed discussing consent.*” Another was concerned about potential partners “*getting uncomfortable when you try to have a conversation about consent.*” Often, a partner's negative emotions were brought up in the context of rejecting a partner, such as one participant who reflected that “*when they finally get the hint and realize you are not going to*

give in, they get angry.” Another stated, “My past partner did not consider my feelings, but if I didn't have sex, he was offended and got irritated.”

Reduces Relationship Quality

Participants (10.4%) referenced several ways that consent *Reduces Relationship Quality*. Although there was some overlap between this category and *Navigating Sexual Incompatibilities*, in the coding manual, I categorized the effects on the relationship (e.g., loss of trust, termination, feeling uncared for) as separate from the revelation that incompatibilities exist. The former are coded in the current category and the latter are coded in the category of *Navigating Sexual Incompatibilities*, described above. Some participants expressed fear that direct communication would cause potential partners to lose interest, such as one participant who wrote, *“I'm afraid if I vocalize that I want to wait, then they'll react negatively and not want to be with me anymore.”* Others suggested that consent communication, and rejection in particular, could cause conflict in the relationship or hurt the partner's feelings. For example, one participant said, *“It sometimes results in feelings of rejection and an argument that can take days to resolve”* and another stated that consent can *“make it seem like you do not trust the other person.”* Some participants feared that consent could reveal their partner's negative intentions for the relationship (e.g., *“during this discussion you find out if a person is only after sex or they really do care about you”*).

Several participants wrote about past relationships where relationship quality was disrupted because a partner pressured them or otherwise did not value their consent. One participant wrote that *“he was asking me to do things that I just wasn't comfortable doing. It created a lot of tension and ultimately, I decided to leave him.”* Participants often described these conflicts as a reason for terminating the relationship.

Difficulty Initiating Consent Communication

Participants (10.0%) noted that it was *Difficult to Initiate Consent Communication*, including finding an appropriate time to have a conversation about consent. For example, one participant wrote that the most significant challenge was “*waiting for the right moment to actually ask,*” while another indicated difficulty “*knowing when it is time to address sexual consent communication and when it is too soon.*” Some participants noted that relationship stage was an important factor in initiating sexual consent communication, such as one participant who stated, “*the first time was perhaps the most difficult part, as we were still getting to know each other and getting used to our styles of sexual consent communication. After that it got easier.*”

Consent is Complicated by Context

Some participants (10.0%) wrote that sexual consent was *Complicated by Contextual Factors*, including aspects of the sexual interaction or characteristics of partners. The context considered the most detrimental to consent communication was situations where one or both partners was intoxicated. For example one participant wrote, “*In the past I have had guys who think that being drunk or buzzed changed the seriousness of the talk*” and another noted that “*everyone’s tolerance levels can be different with drugs, and [one] may not know if a person is giving true consent.*” Another context that was considered to hinder consent was the early stages of a relationship, when consent norms are less established: “*I think the most negative part is in the beginning of a relationship trying to figure out a way to communicate about it. You don't want to come right out and say ‘hey, do you want to have sex tonight?’ because that would sound kind of creepy, and pushy. You have to find a way to be subtle, and romantic about it, but still find a way to get a definite answer from your partner.*”

Finally, some participants wrote that consent was more difficult in their youth, but became easier with age and experience. For example, one participant wrote that “*when I was a teenager, the boys always felt like they deserved some type of sexual gratification if I was with them. Boys at that age don't really understand what it's like to be a teenage girl.*” Another stated, “*I think when I was younger, I was perhaps embarrassed to say ‘no’ and people took advantage of that. It's about finding your own strength. It's hard to do.*”

Other Perceived Barriers to Sexual Consent

In addition to the barriers described above, participants described other challenges relating to consent in their sexual relationships. For example, a minority of participants (5.6%) feared being rejected by their partners. Others (3.9%) wrote that consent communication was more difficult if their *Partner is Unresponsive* or unwilling to communicate openly. A few participants, representing 3.5% of the sample, expressed a belief that *Consent Communication is Unnecessary*; this was considered a barrier as it prevents these participants from recognizing their obligation to practice consent. A small number of participants (3.0%) cited *Lack of Communication Skill* as a barrier to consent communication while a similar proportion (2.6%) reported *Inexperience with Consent Communication* as a challenge.

Gender Differences in Barriers to Sexual Consent

Chi-square tests were used to determine whether there were gender differences in the endorsement of each barrier. For these tests, I excluded 2 participants who self-identified as gender non-binary. Two barriers, *Partner's Disrespect for Boundaries*, $\chi^2(1, 229) = 12.90, p < .001$, and *Rejecting a Sexual Initiation from the Partner*, $\chi^2(1, 229) = 18.84, p < .001$, were endorsed by a greater proportion of women than men. One barrier, *Being Rejected by a Partner*, was endorsed by a greater proportion of men than women, $\chi^2(1, 229) = 5.18, p = .037$.

Perceived Rewards Associated with Sexual Consent

Table 5 summarizes the 10 unique rewards that participants believed were associated with sexual consent communication. Four of these were reported by at least 10% of the sample. About 4% of participants did not report a perceived benefit. The most common reason given was that the participant did not have enough experience with consent to identify a reward, although two participants did not provide a reward because they believed consent was unnecessary.

Consent Clarifies Expectations

The most frequently reported benefit, described by 42% of the sample, was that sexual consent *Allows Clarification of Expectations/Prevents Misunderstandings*. Primarily, responses centered on partners having a shared understanding of what sexual activities were permitted or not permitted. For example, one participant wrote that it was helpful to have “*boundaries set before a sexual encounter happens so it’s not just heat of the moment.*” Several participants noted that consent allowed them to confirm that they were “*on the same page*” as their partners.

Participants also described reduced confusion and stress in sexual interactions as a result of consent communication. One participant stated, “*once we figure it out...there is no chance of confusion anymore.*” Another elaborated on this confusion in the context of new relationships by writing, “*you have clarity on what the other person’s desires, limits, likes and dislikes are.*” With regards to stress, it was noted that clear consent was preferable to “*trying to ‘read’ the other person and try to decipher whether or not they want to engage in sexual activity.*”

Table 5*Perceived Rewards and Benefits Associated with Sexual Consent Communication*

Perceived Reward	Men		Women		Overall	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Allows clarification of expectations/prevents misunderstandings	46	40.0	61	43.9	97	42.0
Ensures safety/respect for boundaries	23	25.6	47	33.8	71	30.7
Enhances relational quality (e.g., trust, closeness, feeling respected)	24	26.7	40	28.8	66	28.6
Enhances sexual quality (e.g., satisfaction, arousal, safety, experimentation)	15	16.7	30	21.6	45	19.5
Is typically easy to communicate ^a	4	4.4	18	12.9	22	9.5
Facilitates access to sex (i.e., consent allows partners to engage in sex)	10	11.1	8	5.8	18	7.8
Establishes communication norms for future interactions	6	6.7	8	5.8	14	6.1
Improves knowledge of partner	6	5.7	6	4.3	12	5.2
Provides legal and/or social protection	4	4.4	1	0.7	5	2.2
Streamlined consent communication (e.g., less verbal consent over time)	1	1.1	2	1.4	3	1.3
No reason given – not enough experience	5	5.6	2	1.4	7	3.0
No reason given – consent is unnecessary	2	2.2	0	0.0	2	0.9

Note. Two participants identified as a gender other than man or woman; their responses are included in the “total” column but were excluded from analyses assessing gender differences.

^a Chi-square tests revealed a significant difference between men and women at the $p < .05$ level.

Consent Ensures Safety and Respect for Boundaries

Almost one-third (30.7%) of participants wrote that sexual consent *Ensures Safety/Respect for Boundaries*. This was distinguished from “clarifying expectations” by the emphasis on protection against *deliberate*, rather than unintentional, transgressions (i.e., where one partner behaves in a malicious or coercive manner). For example, one participant wrote, “*we both trust each other and know we won't pressure each other or do things we don't like.*” Another viewed “*not having to worry that there is any coercion going on*” as a benefit.

Some participants felt more comfortable stopping sexual activity or voicing concerns in relationships where clear consent communication was a norm. For example, “*Being able to discuss consent during an encounter with a partner you can trust to listen means that if something suddenly becomes 'not okay' it can be conveyed.*” Another participant stated, “*with my newest partner, I just love the fact that he understands the word 'no' and is respectful of that.*” These responses demonstrated participants’ ability to freely communicate consent instead of feeling pressure to participate in unwanted sexual activity.

Consent Enhances Relational Quality

Several participants (28.6%) endorsed a belief that sexual consent *Enhances Relational Quality*. Many of these participants wrote about experiencing an improved sense of closeness with one’s partner, such as one participant who wrote that through consent, “*you understand one another at a different level and understand that you're there for each other. I feel it brings a different level of closeness.*” Others wrote that sexual consent increased their general sense of comfort, safety, and trust. In one example, a participant reflected that practicing clear consent “*built trust and [their partner] become much more comfortable.*” and another described “*how accepted and at peace the conversation made me feel.*”

Another aspect of enhanced relational quality was feeling heard and/or respected by a partner who practices consent. One participant expressed of her current relationship, “*We mutually agree and show each other mutual respect and he genuinely seems to care and be interested in my concerns and point of view.*” Similarly, some participants expressed sentiments such as “*it makes me feel like they care about my experience, not just their own*” and “*It's very rewarding to know that you're with someone who respects bodily autonomy and who cares about you and your personal feelings of safety.*”

Consent Enhances Sexual Quality

Approximately one-fifth (19.5%) of participants reported that *Consent Enhances Sexual Quality*, such as increasing their arousal, allowing them to experiment, or improving other aspects of their sexual communication. Sometimes, this was described as occurring at the event level (i.e., within a single sexual interaction), such as one participant who stated, “*Some of the responses I received over the years were downright hot.*” Another wrote, “*[consent] allows for a more enjoyable sexual experience because it helps me relax, as though I'm feeling heard, and that my experience matters to my partner as much as their own does.*”

Participants also described a broader enhancement of their sexual relationships, with improvements taking place over time. For example, one participant wrote, “*As I have gotten older and freer, I have been more comfortable telling partners when I enjoy something, thereby helping them to repeat it.*” Sexual consent was also considered to facilitate sexual exploration, as in the following example: “*Having open discussions about consent means that we can safely experiment with new things which is an absolutely fantastic part of our sex life.*” Several participants wrote that early discussions to delay sexual activity “*took a lot of pressure off of the situation*” when sex eventually took place.

Some participants specified that the benefits of sexual consent to their sexual relationships depended on the type of communication that took place. For example, one participant wrote “*I enjoy the feeling of being aroused and the nonverbal part of the communication.*” In contrast, others emphasized the role of verbal consent (e.g., “*When we consent verbally, it makes the sex that much more special.*”).

Other Perceived Rewards of Sexual Consent

Some participants (9.5%) noted that consent is *Typically Easy to Communicate* with their partners, viewing this as a benefit in and of itself. Others (7.8%) reported that consent was valuable because it *Facilitates Access to Sex* with a partner (i.e., because consent is a prerequisite for sexual activity, practicing consent is a way of “*knowing that sex is going to happen*”). A few (6.1%) participants also wrote that practicing consent *Establishes Communication Norms for Future Interactions* in their relationship or for future sexual consent (e.g., feeling reassured that consent is appropriate to discuss, creating open channels to discuss other subjects). Similarly, 5.2% of the sample believed that consent communication *Improves Knowledge of Partner* or provides an opportunity for partners to get to know each other (e.g., understanding each other’s values or learning about sexual preferences). Five participants (2.2%) wrote that consent is beneficial because it *Provides Legal and/or Social Protection* (e.g., freedom from legal consequences or reputational damage). Finally, two participants (1.3%) described *Streamlined Consent Communication*, or the belief that as a relationship develops, a consent “shorthand” emerges, allowing partners to use fewer verbal cues and more nonverbal cues to convey consent.

Gender Differences in Sexual Consent Rewards

I used chi-square tests to determine whether any gender differences emerged in perceptions of sexual consent rewards. Only one gender difference was significant ($p < .05$): A

greater proportion of women mentioned that consent was *Typically Easy to Communicate* compared to the proportion of men who mentioned the same benefit, $\chi^2(1, 229) = 4.55, p = .039$.

Are Sexual Consent Barriers and Rewards Attributed to Verbal or Nonverbal Consent?

For descriptive purposes, the coding manual also outlined a procedure to code barriers and rewards as (a) primarily relating to verbal consent, (b) primarily relating to nonverbal consent, and (c) relating to both verbal and nonverbal consent (if specified by the participants). Below, I describe the frequency of these types of responses and provide examples.

About half of participants (51.5%) did not specifically mention whether the barrier they were identifying represented a verbal or nonverbal behaviour (or both). A large proportion (40.7%) described a barrier that was specific to verbal consent, such as “*when the person will not talk but would feel uncomfortable and will not say anything*” or “*the awkwardness of having to talk about it. To me, consent should go without saying. If someone says no, you stop.*”. Fewer barriers were attributed to nonverbal consent (4.8%), such as stating that “*when the touching starts, it can be hard to tell if a partner is in the mood compared to when I am*”, and only 3% of the sample mentioned both verbal and nonverbal consent in their responses (e.g., “*the body language she conveys to me does not always work...in the end, we both have to end up talking about this, which can cause the sexual attraction between the both of us to diminish.*”).

Within the sexual consent rewards, most of the sample (66.2%) did not specify a specific type of sexual consent communication. However, 26.4% of the sample mentioned rewards that were specifically associated with verbal consent, such as “*when my partner and I have a full discussion and listen to each other's needs regarding sexual consent.*” Rewards were attributed specifically to nonverbal communication by only 5.2% of the sample (e.g., “*when both partners know each other so well their bonds shows agreement or disagreement without needing a single*

word, it's amazing") and 2.2% of the sample attributed rewards to both verbal and nonverbal consent communication (e.g., "*when she says yes or shows signs that she wants to have sex*").

Discussion

The goals of this investigation were to (a) explore lay perceptions of factors that make sexual consent communication more challenging and (b) identify perceived rewards and/or benefits associated with consent communication. I asked participants in an online survey to qualitatively describe the most pressing barriers and most rewarding outcomes relating to sexual consent communication.

Sexual Consent Barriers

Several of the barriers that emerged were predicted based on existing models of sexual consent communication and sexual communication more broadly. I expected participants to describe challenges such as evoking negative emotions in the self/partner, reducing relationship quality, revealing incompatibilities, and perceiving oneself as lacking relevant skills or knowledge; all of these were identified in the sample along with several additional barriers (e.g., rejecting/being rejected, initiating communication, contextual factors such as intoxication). Some predicted barriers, such as perceived violation of social norms, were not among the responses. The fit of the identified barriers with each model is described below.

Barriers within the IMB Model

Motivational Barriers. Many of the barriers endorsed by participants can be characterized as motivational barriers within the IMB Model, since they relate to perceived personal, emotional, or interpersonal consequences of engaging in consent communication. The most common challenge, expressed by nearly a quarter of participants, was concern that consent communication could evoke negative emotions in the *self*. Many participants reported a range of

negatively-valenced feelings associated with their experiences of consent communication, including feelings of anxiety, shame, and embarrassment. In addition, participants reported fear of being judged as inadequate or incompetent by their partner. This is consistent with the finding by Rehman and colleagues (2018) found that threats to the self were activated more strongly during sexual conflict communication (compared to threats to the partner or relationship, although all three types were activated to some degree).

Threats to the partner identified in the current study included fear of evoking negative emotions in the partner or partner's unresponsiveness in discussions of consent. Several participants wrote also that rejecting a sexual initiation from the partner was difficult, often because they worried it would hurt their partner's feelings or cause retaliation. It should be noted that this barrier can alternately or simultaneously be categorized as a behavioural skills barrier depending on the reasons that rejection is considered difficult (e.g., rejection may be challenging because the individual does not know *how* to reject their partner). Threats to the relationship included reduced sexual or relationship quality and revealing incompatibilities. A sense of awkwardness during sexual encounters was also a perceived cost described by several participants in the current study, which corroborates findings from previous studies (e.g., Curtis & Burnett, 2017; Shumlich & Fisher, 2020).

It is worth noting that although participants described "navigating incompatibilities" as a barrier to consent, these incompatibilities would still exist (and potentially have implications for sexual quality) if consent was not communicated. Practicing affirmative consent simply makes these disagreements explicit. Prior research suggests that people often have a poor awareness of their partner's sexual likes and dislikes, which may be a consequence of limited sexual self-disclosure (Byers, 2011; MacNeil & Byers, 2009). One cost of openly discussing consent is that

one may learn that their intuitions about their partner's desires are misguided: This may, for example, threaten a person's sense of sexual competence. In contrast, avoiding direct consent communication may serve to maintain one's belief that they can correctly ascertain what their partner wants.

A review of the range and prevalence of different motivational and emotional barriers to sexual consent communication suggests that emotional avoidance is a significant barrier to this type of communication. Analysis of these barriers suggests that in future work, it will be important to determine the extent to which individuals may avoid direct, verbal consent communication because they do not wish to experience the negative emotions associated with such communication.

Informational and Behavioural Skills Barriers. Some of the challenges that participants indicated are more representative of informational and behavioural skills barriers. Eight participants wrote that consent communication was unnecessary, an informational barrier that may indicate a lack of knowledge about the functions of consent or the nature and frequency of sexual coercion. Shumlich and Fisher (2019) argue that consent is comprised of several interrelated behavioural skills, which would include barriers such as: difficulty understanding one's partner, rejecting a sexual initiation from the partner, complication of consent due to contextual factors, difficulty initiating consent communication, lack of communication skill, and inexperience with consent communication. The present findings suggest that two skills in particular are viewed as difficult: (a) understanding or clarifying a partner's intentions and (b) rejecting a sexual initiation from a partner.

Additionally, the fact that some participants viewed consent as more complicated when intoxicated is consistent with empirical findings that alcohol impairs consent communication and

interpretation (Griffin et al., 2010), even when base knowledge and skills are adequate (Shumlich & Fisher, 2019). Other contexts, such as early relationship stages, were also considered barriers. This may be because partners are less familiar with each other at these stages, making experiences such as awkwardness and misunderstandings more likely. However, new relationships are perhaps the stage where practicing consent is most important, since sexual script theory suggests that early sexual interactions in a relationship create a template for future interactions within that relationship (Gagnon, 1990). That is, if participants do not practice affirmative consent in the initial stages of their relationships, sexual script theory suggests that this will be difficult to change as the relationship duration increases.

In examining the results and implications of the study, I have distinguished between emotional/motivational barriers and knowledge or skill-based barriers, consistent with the IMB model. However, it is important to consider that skill deficits and the negative emotions associated with consent communication are likely to reciprocally influence each other: Individuals who are less competent at conveying and ascertaining consent may experience greater feelings of shame, embarrassment, and guilt with regards to consent communication, leading to either lack of communication or indirect/passive communication. This avoidance of indirect communication may then further add to the sense that communication skills are lacking or inadequate. Therefore, although participants more often emphasized emotional or motivational barriers in their responses rather than skill-based barriers, it is possible that these areas overlap.

Barriers within the Social Ecological Model

Nearly all the barriers identified by participants are relevant to the microsystem level of the Social Ecological Model (i.e., barriers within their sexual interactions or their relational dynamics). The methodology of the study and instructions given to participants (i.e., to consider

sexual consent barriers in the context of their current and past sexual relationships) likely precluded identification of barriers at other levels. Willis and Jozkowski (2018) also viewed gender (an exosystem barrier) as the most prominent barrier to consent, which directly influences barriers at other levels including the microsystem. A few gender differences were identified in the sample (described below).

Non-consensual Sexual Experiences as Barriers to Consent

A somewhat unexpected finding was that many participants described *violations* of consent or *non-consent* as a challenge which often created additional barriers to consent in future relationships. Participants reported that a partner's disrespect for boundaries was a barrier to sexual consent communication. In fact, this barrier was among the most frequently cited in the responses. In their responses, participants cited instances where the partner ignored refusals or coerced the participant into sexual activity. We can speculate on the range of possible reasons why a partner may violate a sexual boundary, and these reasons can vary from the benign (e.g., partner is working from a traditional sexual script and believes they can proceed until vocal, outright refusal) to the more egregious (e.g., willful and knowing violation). This category of responses speaks to the interdependent nature of consent communication and how one partner's willful or passive ignoring of refusal cues can make it difficult or challenging for the other person to initiate such communication in the future. As a result of these experiences, some participants described a lingering fear or apprehension that they carried into new relationships. Though exploring non-consent was not the original intent of this study, the frequency of these responses suggests that victims of sexual assault or coercion may have unique needs when it comes to practicing consent in later relationships.

Furthermore, some participants characterized experiences as consensual even when there were non-consensual aspects (e.g., “giving in” after a partner repeatedly pressured them for sex). Findings from previous literature suggest that this may be because many people whose experiences fit traditional definitions of sexual violence view these experiences as consensual (Littleton et al., 2006; 2009). People vary in their definitions of what constitutes sexual violence or rape (e.g., some people hold inaccurate beliefs that sexual assault only occurs if the victim is injured or that only penetration counts as rape; Haugen et al., 2018). Therefore, people may not define an experience as non-consensual or as sexual assault because it does not fit with their understanding of those terms. As well, labelling an experience as non-consensual can entail considerable social and psychological costs, including fear of retaliation, threat to one’s self-identity, and fears of retaliation or ostracization (e.g., Khan et al., 2018).

Gender Differences in Perceived Barriers to Consent

More women than men endorsed partner’s disrespect for boundaries as a barrier to consent communication. This is consistent with the majority of research which concludes that women are at an increased risk for sexual assault and coercion (Conroy & Cotter, 2017). An interesting pattern was noted with regards to rejection: Women were substantially more likely to report difficulties rejecting their partner’s sexual initiation (25.2% of women vs. 3.3% of men), whereas men were more likely to report difficulty with being rejected than women (10% of men vs. 2.9% of women). It may be that men did not fear rejection because within the traditional sexual script, they are typically the ones initiating sexual activity, so they rarely have occasion to reject their partners but more often put themselves in a position to be rejected. However, fear of being rejected was infrequently endorsed, even among men, suggesting that people may have adequate skills to cope with rejection or may not perceive it as uniquely stressful. It is interesting

to note that fear of rejecting the partner was endorsed far more frequently than fear of being rejected, speaking to the challenges individuals may have in establishing and maintaining boundaries, especially when the other is articulating a preference to move forward.

Sexual Consent Rewards

As predicted, participants reported that practicing sexual consent could enrich their relationships, improve their sexual satisfaction, and ensure safety and/or respect for their personal boundaries. In fact, these were among the most commonly endorsed rewards, each mentioned by approximately 20-30% of the sample. The most frequently described reward, clarification of expectations, was not explicitly predicted but is conceptually in line with the basic premise of sexual consent (i.e., clearly communicating what one does and does not want to participate in) and with the instrumental pathway described by MacNeil and Byers (i.e., disclosing sexual likes and dislikes allows one's partner to better understand their preferences).

These results suggest that though safety is a key function of consent, several others are also important to examine. For many individuals in our sample, safety was not the most salient or relevant reward. Complementing these findings, Beres (2014) observed that couples view consent as a minimum legal standard that ensures safety, but do not view this standard as applying to ongoing, intimate relationships. Thus, despite the role that affirmative consent plays in preventing sexual violence, the other identified benefits (i.e., to communication clarity, relationship quality, and sexual quality) may be needed to incentivize consent for people who do not view sexual safety as a concern in their existing relationships.

Gender Differences in Perceived Rewards of Consent

The only gender difference to emerge within the sexual consent rewards was that, compared to men, women more frequently noted that consent was easy to communicate. Women

may be more aware of (and more comfortable discussing) sexual consent because it is necessary to ensure their safety (given the increased risk of sexual assault for women; Conroy & Cotter, 2017). However, this reward was mentioned by slightly less than 10% of the overall sample, so further study is needed to confirm this pattern.

Barriers and Rewards Attributed to Verbal vs. Nonverbal Communication

The analyses showed that just over 40% of participants specifically attributed their difficulties in consent communication to verbal consent (versus about 5% attributing difficulty to nonverbal consent and 3% mentioning both types). At first glance, this appears to be consistent with previous findings that verbal consent can be experienced as awkward (e.g., Curtis & Burnett, 2017; Shumlich & Fisher, 2020), and may explain why people avoid explicit, verbal forms of consent. However, over a quarter of the sample attributed rewards to verbal consent (again, about 5% attributed rewards to nonverbal consent and 2% to both types). Potentially, verbal consent can be experienced as beneficial in particular contexts (e.g., when a person feels skilled at implementing verbal consent, when they believe their partner is willing to communicate consent verbally). However, given that the affirmative consent model (which promotes verbal consent more strongly than the traditional model) is relatively new, it may be common to experience some discomfort with verbal consent because it conflicts with more familiar sexual scripts. I included this coding for exploratory purposes only, so further research in this area is needed to fully investigate the contexts which make people perceive verbal consent as gratifying versus damaging. Nonetheless, these results suggest that while verbal consent is perceived as difficult, it can be practiced in a way that is rewarding.

Implications for Education and Prevention

Addressing Sexual Consent Challenges

These findings have considerable implications for initiatives that aim to increase affirmative consent communication and for sexual assault prevention initiatives more generally. First, sexual assault prevention initiatives typically target such outcomes as behavioural skills, rape myth acceptance, belief in gender stereotypes, and intentions to seek consent (Hovick & Silver, 2019; Paul & Gray, 2011; Thomas et al., 2016). These outcomes are valuable as they may increase reliance on the affirmative, rather than traditional, consent script. However, the current study suggests that the emotional challenges associated with consent communication also need to be addressed. One key emotional factor to emphasize would be helping audiences to manage negative emotions, such as shame or guilt, so that they can effectively engage in consent communication with their partners.

Moreover, the multitude of barriers that were identified suggests that consent interventions cannot be one-size-fits-all: People vary in the types of barriers that they view as more taxing than others, and programming should reflect this broad range of concerns. The current study suggests that interventions may need to be developed around the relational challenges associated with consent, such as navigating incompatibilities. Educators should also teach their audiences strategies to accomplish tasks such as clarifying a partner's intentions, preventing misunderstandings, and tolerating the anxieties associated with rejecting a partner.

The context in which consent communication takes place should also be taken into account within sexual consent interventions, with particular attention paid to the contexts of intoxication and/or new relationships. Education around alcohol and its ability to impair decision-making is necessary, particularly in settings such as colleges and universities that have

established norms relating to alcohol (Muehlenhard et al., 2016). Given that early relationships were cited as another particularly challenging context, some interventions could focus on practical skills to negotiate consent and boundaries with new or casual partners. Context-specific messaging is necessary because though the current sample reported good knowledge of sexual consent (see Part 1), these contexts were still highlighted as sources of difficulty.

Whereas concern about rejecting a partner was among the most endorsed barriers, concern about being rejected by one's partner was mentioned by a much smaller number of participants. This suggests that the perceived cost of rejecting a partner might be higher than the actual cost (i.e., most people will be accepting if their partner is not in the mood to have sex at a particular time). Educators might capitalize on this by *normalizing* sexual rejection, such as by reiterating that it is both common and permissible to reject a sexual initiation, even in an established relationship. The literature on sexual desire discrepancies, a normative feature of sexual relationships, may shed light on the strategies that can be promoted to deal with rejection (Herbenick et al., 2014; Sutherland, Rehman, Fallis, & Goodnight, 2015; Vowels & Mark, 2020). Skills training may also be useful in ensuring that individuals have a flexible rejection "toolbox" that includes both gentle refusal strategies and more assertive refusal strategies that can be employed as needed.

However, it is worth noting that concerns about rejecting one's partner were overwhelmingly more likely to be raised by women than men. Some of this concern stemmed from the fear that the rejected partner will retaliate violently or aggressively, which is, unfortunately, a realistic concern in some cases (Struckman-Johnson et al., 2003). Prior work has identified individual differences that predict aggressive responding to sexual rejection, including hostility, narcissism, and sexual and/or interpersonal dominance (Baumeister et al., 2002;

Woerner et al., 2018), which could be used to tailor interventions for people at higher risk of perpetrating sexual aggression.

Given the number of participants who described previous violations of consent as creating a barrier to consent (or being a barrier in and of themselves), specialized intervention surrounding sexual consent may also be needed for people who have experienced coercion. Part of this intervention may include teaching people to recognize past experiences as non-consensual and cope with the consequences of such labelling (Khan et al., 2018). Additionally, specific supports might be needed for navigating consent following sexual victimization. Mark and Vowels (2020) interviewed women with a history of sexual trauma who were currently in healthy relationships and found that the treatment of consent in their current relationships was highly variable: For example, some insisted on verbal consent with their partners but others felt it reminded them of their past trauma. A major theme was that interviewees invested considerable effort into fostering consent and sexual agency within their relationships. The highly individualized nature of these responses, alongside the effort participants expended to cultivate healthy relationships, suggests that this type of intervention might be best suited to a modality such as individual counselling or therapy, rather than a group- or community-level intervention. Sexual assertiveness training may also prevent assault by helping people to respond in coercive situations: Testa and Dermen (1999) found that sexual assertiveness is associated with a decreased likelihood of experiencing sexual victimization.

Incentivizing Affirmative Consent

The range of sexual rewards that were identified was narrower than the number of barriers, but discussion of these rewards would substantiate sexual consent interventions, perhaps making them more persuasive to their audiences. Educators should continue to discuss the safety

elements of consent, but the results also suggest that it is warranted to continue promoting consent as an avenue for increasing sexual quality (Wood, Hirst, et al., 2019). For example, educators can encourage audiences to think about how an open, direct form of consent communication might help them to get their sexual needs met (e.g., by being clear and precise about boundaries). The relational aspects of consent, such as its potential to foster trust and respect, can also be emphasized. Though there is a paucity of research on the empirical link between sexual consent and the identified rewards, literature on the benefits of other forms of sexual communication can supplement this promotion-focused approach to consent intervention (e.g., MacNeil & Byers, 2009; Montesi et al., 2011).

Strengths and Limitations of the Current Study

The current study is the first to describe lay perceptions of rewards or incentives to sexual consent. This is an important direction as it merges a pressing social issue (i.e., the adoption of affirmative consent practices to prevent sexual violence) with newer, promotion-focused discourses of sexuality (e.g., Beres, 2007; Wood, Hirst, et al., 2019). Over time, study in this area may enhance sexual assault prevention initiatives by introducing additional incentives for practicing affirmative consent and positioning consent as a means to greater sexual well-being (not just a violence-prevention strategy).

The majority of research on barriers to sexual consent has been conducted with young people (primarily in college/university settings). In the current study, participants were recruited via MTurk and represented a broader demographic. Therefore, the findings establish that barriers identified in the postsecondary setting (e.g., awkwardness, complications due to alcohol; Curtis & Burnett, 2017; Muehlenhard et al., 2016) are also relevant in other groups. Though most interventions occur in postsecondary settings, nonstudents are equally at risk for sexual assault

and therefore more intervention is needed for nonstudents (Muehlenhard et al., 2017). The findings of the current study may inform intervention design for nonstudent target audiences.

Because we asked participants to write about the *most* challenging and *most* rewarding aspect of sexual consent communication, we were unable to assess the coexistence of multiple barriers/rewards, or the relative salience of each of these barriers/rewards. For example, a participant who wrote about negative emotions in the self might still experience a barrier such as reduced sexual quality, but not describe it in their response because it was less notable for them. Below, we discuss future research directions that are needed to address this limitation.

As discussed in Part 1, the use of an online sample poses a few potential problems, such as the possibility of problematic responding (Necka et al., 2016), and the impact of volunteer bias on the generalizability of these results (Dawson et al., 2019). However, the quality checks and qualitative nature of the study partially mitigate these concerns.

Future Directions

This study represents an early stage in identifying perceived barriers and rewards to sexual consent communication at the individual level. As such, we requested that participants describe the singular most difficult and most rewarding aspect of consent communication. However, people may perceive multiple barriers and rewards. A productive next step would be to develop quantitative measures that allow us to test the *relative* strength of multiple barriers and the *relative* strength of multiple rewards. This would be useful in testing predictions about which perceived barriers/rewards contribute to variation in sexual consent practices. Furthermore, in order to develop targeted interventions, this measure could be used to identify individual differences that predict endorsement of certain barriers. For example, Impett and Peplau (2002) found that, relative to women with avoidant or secure attachment styles, anxiously attached

women were willing to consent to unwanted sex with a partner, often due to fears of their partner losing interest in them or the relationship being otherwise threatened. Similarly, it is possible that factors such as attachment style predict relatively stronger endorsement of emotional barriers versus skill-based barriers.

Further investigation of the rewards or benefits of consent communication is also needed. Although participants perceived sexual consent as improving sexual and relational quality, it is unclear if sexual consent communication truly creates these outcomes. It may instead be that sexual and relationship quality enhance consent communication, or possibly that couples who practice affirmative consent are no more satisfied than other couples using traditional measures of satisfaction. Therefore, where possible, future work should test the association between sexual consent communication in relationships and potential correlates such as sexual and relational satisfaction, feelings of trust/closeness, and satisfaction with sexual communication. It would also be beneficial to measure couples' sexual consent communication at early stages of the relationship and track these outcomes over time. Similar work could be conducted examining the impact of perceived barriers on sexual consent communication (e.g., whether fear of evoking negative emotions in the self/partner is truly associated with consent communication avoidance).

Part 2 Conclusion

This qualitative investigation identified perceived barriers to sexual consent communication and possible benefits of practicing effective consent communication. Consistent with the IMB Model (Shumlich & Fisher, 2019), the identified barriers reflected not only limitations in knowledge or skill, but also emotional, relational, and attitudinal barriers. The consent rewards reported by participants were generally similar to those identified for other types of sexual communication, including increased sexual/relationship quality and clarity of

expectations, but also included perceptions of increased sexual safety. These findings suggest possible new directions for sexual assault prevention programming to minimize the perceived costs of consent while maximizing the perceived benefits. For example, consent educators can promote consent as a method of enriching relationships, while also validating the emotional fears that might make one hesitant to practice consent (e.g., that one might feel embarrassed or guilty) and providing tools to cope with these feelings. Future work should aim to measure these barriers and rewards more precisely; identify individual differences in their endorsement; and examine the relation between sexual consent barriers, rewards, and behaviour over time.

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Appendix A

Additional Quantitative Analyses with Part 1 Themes

In addition to testing with the subscales of the SCS-R reported in the main text, we also conducted exploratory t-tests to examine whether various aspects of sexual consent definitions were associated with other subscales of the SCS-R and with subscales of the ECS-Adapted. Here, we describe these measures in more depth and report the exploratory analyses. Descriptive statistics and correlations for all subscales of the SCS-R and ECS-Adapted appear in Table A1.

Additional Measures

Sexual Consent Scale-Revised

The SCS-R contains two other attitudinal subscales, *Sexual Consent Norms* and *Awareness/Discussion*. The 7-item Sexual Consent Norms subscale ($\alpha = .77$) measures participants' agreement with norms that are consistent with the traditional sexual consent script (e.g., "If consent for sexual intercourse is established, petting and fondling can be assumed," "I believe it is enough to ask for consent at the beginning of a sexual encounter"). The Awareness/Discussion subscale ($\alpha = .75$) contains four items assessing the extent to which sexual consent is discussed within one's peer network (e.g., "I have discussed sexual consent issues with a friend," "I have heard sexual consent issues being discussed by other students on campus").

ECS-Adapted

The ECS-Adapted contains five subscales which each measure the extent to which a participant views particular types of sexual consent communication behaviours as integral to sexual consent. The *Direct Nonverbal Behaviours* subscale ($\alpha = .87$; five items) includes items such as "increasing physical contact with a partner" and "using nonverbal cues such as body language, signals, flirting." The *Passive Behaviours* subscale ($\alpha = .87$; four items) contains items such as "not resisting partner's attempts at sexual activity" and "reciprocating partner's advances." *Communication/Initiator Behaviour* ($\alpha = .63$; three items) refers to behaviours such

as “initiating sexual behaviour and checking to see if it was reciprocated” and “using verbal cues such as communicating interest in sexual behaviour or asking a partner if they want to have sex.” The *Borderline Pressure* subscale ($\alpha = .77$; three items) includes behaviours such as “taking a partner somewhere private” and “moving forward in sexual behaviour/actions unless their partner stops them.” Finally, the *No Response* subscale ($\alpha = .84$; three items) is comprised of the items “it just happens,” “not saying anything” and “not doing anything; it is clear from actions or from looking at the person that they are willing to engage in sexual activity.”

Results

Because the following results were for exploratory purposes only, we did not adjust for multiple comparisons; the results should therefore be interpreted with caution.

Sexual Consent Scale-Revised

Table A2 displays the results of all tests conducted with the SCS-R subscales of *Sexual Consent Norms* and *Awareness/Discussion*. Only one significant result emerged: Describing consent as an ongoing process was associated with lower endorsement of problematic sexual consent norms ($p = .009$).

ECS-Adapted

Analyses for the ECS-Adapted are summarized in Table A3. Describing consent as a form of communication was associated with lower endorsement of nonresponse signals as adequate consent communication ($p < .001$). Mention of agreement and refusal cues was also associated with lower endorsement of nonresponse signals ($p = .002$). Additionally, two themes were associated with lower endorsement of passive consent behaviours: consent as articulation of boundaries ($p = .031$) and consent as an ongoing process ($p = .047$).

Table A1*Descriptive Statistics and Bivariate Correlations for the ECS-Adapted and SCS-R.*

Subscale Name	M	SD	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
<i>Sexual Consent Scale-Revised</i>												
(1) Perceived Behavioural Control	2.21	1.24	(.92)									
(2) Positive Attitude	5.39	1.25	-.56***	(.92)								
(3) Indirect Behavioural Approach ^a	4.78	1.35	.33***	-.44***	(.82)							
(4) Sexual Consent Norms	4.54	1.57	.22***	-.23***	.45***	(.77)						
(5) Awareness/Discussion	4.79	1.18	-.41***	.57***	.40***	-.21**	(.75)					
<i>External Consent Scale-Adapted</i>												
(6) Direct Nonverbal	3.81	0.81	.02	-.06	.36***	.19**	-.09	(.87)				
(7) Passive	4.04	0.93	.04	-.07	.30***	.20**	-.07	.63***	(.87)			
(8) Communication/Initiator	4.17	0.70	-.18**	.22***	.16*	.07	.11	.51***	.42***	(.63)		
(9) Borderline Pressure	3.20	1.01	.03	-.07	.20**	.15*	-.03	.54***	.46***	.36***	(.77)	
(10) No Response	2.69	1.12	.22***	-.15*	.23**	.19**	-.02	.33***	.36***	.15*	.50***	(.84)

Note. Coefficient alphas are on the diagonal; correlations are below the diagonal.

^a Measure administered to 183 participants as it was missing from the initial launch of the study.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table A2*Differences in Sexual Consent Norms and Awareness/Discussion (SCS-R) by Consent Themes*

SCS-R Subscale	Theme	T(229)	<i>M</i>_{Diff}	<i>g</i>
Sexual Consent Norms	Communication	0.56	-0.11	0.09
	Reciprocity	1.36	-0.26	0.22
	Coercion	0.44	-0.10	0.08
	Willingness	0.77	0.13	0.11
	Boundaries	1.55	0.39	0.33
	Agreement/Refusal	1.97	-0.51	0.43
	Process	2.62**	0.73	0.63
Awareness/Discussion	Communication	0.96	-0.24	0.15
	Reciprocity	1.21	0.31	0.19
	Coercion	1.35	-0.40	0.25
	Willingness	1.43	0.33	0.21
	Boundaries	1.36	0.45	0.29
	Agreement/Refusal	0.91	-0.31	0.20
	Process	1.32	-0.50	0.31

p* < .05. *p* < .01. ****p* < .001.

Table A3*Differences in ECS-Adapted Subscales by Consent Themes*

ECS Subscale	Theme	<i>t</i>	<i>M</i>_{Diff}	<i>g</i>
Nonverbal Behaviour	Communication	<i>t</i> (229) = 0.01	-0.001	< 0.01
	Reciprocity	<i>t</i> (229) = 0.65	-0.08	0.10
	Coercion	<i>t</i> (229) = 0.84	-0.13	0.16
	Willingness	<i>t</i> (229) = 0.56	0.07	0.08
	Boundaries	<i>t</i> (229) = 1.82	0.31	0.38
	Agreement/Refusal	<i>t</i> (229) = 0.52	-0.09	0.11
	Process	<i>t</i> (229) = 0.27	0.05	0.06
Passive Behaviour	Communication	<i>t</i> (229) = 0.21	0.03	0.03
	Reciprocity	<i>t</i> (229) = -0.89	-0.13	0.14
	Coercion	<i>t</i> (229) = 0.85	-0.15	0.16
	Willingness	<i>t</i> (229) = 0.25	0.03	0.04
	Boundaries	<i>t</i> (229) = 2.17*	0.42	0.46
	Agreement/Refusal	<i>t</i> (229) = 1.32	0.27	0.29
	Process	<i>t</i> (229) = 2.00*	0.44	0.48
Communication/ Initiator Behaviour	Communication	<i>t</i> (229) = 0.56	-0.06	0.09
	Reciprocity	<i>t</i> (63.88) = 1.94	-0.25	0.36
	Coercion	<i>t</i> (229) = 0.94	-0.12	0.18
	Willingness	<i>t</i> (229) = 1.61	0.16	0.23
	Boundaries	<i>t</i> (229) = 1.05	0.16	0.22
	Agreement/Refusal	<i>t</i> (229) = 0.57	-0.09	0.12
	Process	<i>t</i> (229) = 0.74	-0.13	0.18
Borderline Pressure	Communication	<i>t</i> (229) = 0.81	0.13	0.13
	Reciprocity	<i>t</i> (229) = 1.15	0.19	0.18
	Coercion	<i>t</i> (229) = 0.51	-0.10	0.10
	Willingness	<i>t</i> (229) = 1.48	0.22	0.21
	Boundaries	<i>t</i> (229) = 1.81	0.39	0.38
	Agreement/Refusal	<i>t</i> (229) = 0.16	0.04	0.04
	Process	<i>t</i> (229) = 0.50	0.12	0.12
Nonresponse Signals	Communication	<i>t</i> (92.96) = 3.69***	0.59	0.53
	Reciprocity	<i>t</i> (229) = 0.39	0.70	0.06
	Coercion	<i>t</i> (229) = 0.14	0.03	0.03
	Willingness	<i>t</i> (229) = 0.01	0.001	0.001
	Boundaries	<i>t</i> (229) = 1.90	0.45	0.40
	Agreement/Refusal	<i>t</i> (37.28) = 3.36**	0.55	0.49
	Process	<i>t</i> (229) = 1.82	0.49	0.43

^a Levene's test of equality of variances was significant – the t-test and associated degrees of freedom are reported with equal variances not assumed.

p* < .05. *p* < .01. ****p* < .001.

Appendix B
Revised Coding Manual

Sexual Consent Definition: How would you define the term “sexual consent?”

Category	Codes	Example Item
Verbal vs. nonverbal communication 1. Is there communication? (If yes, continue. If no, code 0) 2. Is the type of communication specified? (If yes, code 1, 2, or 3. If no, code 4)	0 = not mentioned or unclear	“It’s when you and your partner are both ok with having sex”
	1 = primarily nonverbal cues are mentioned	“People showing each other through their body language, like kissing and touching, that they want to have sex” <i>Key words:</i> showing, actions
	2 = primarily verbal cues are mentioned	“Asking someone if they want to have sex” <i>Key words:</i> explicit, asking, telling, saying
	3 = explicit mention of both verbal and nonverbal cues	“Communicating your willingness to have sex by moving closer, taking your clothes off, telling them you want to, etc.”
	4 = communication is mentioned, but it is not clear whether it is verbal or nonverbal	“Communication about participating in sexual acts” <i>Key words:</i> communication, agreeing (with no specification)
Reciprocity	0 = not mentioned or unclear	
	1 = only one partner needs to provide consent (e.g., one person “gives permission” to the other)	“If you want sex and you ask your partner if she’s interested” <i>Key words:</i> “a partner”, “one person”
	2 = both partners provide consent; consent is a mutual decision	“Both partners making sure that the other person is comfortable, safe, and engaged” <i>Key words:</i> both, all, we, everyone, mutually, both partners, both of you, all parties, etc.
Coercion	0 = not mentioned or unclear	
	1 = explicitly references absence of coercion, force, or crossing boundaries, or mentions that consent involves free or voluntary agreement	“Agreeing to sex without any pressure from the other person” <i>Key words:</i> pressured, forced, voluntary (also power imbalances, intoxication, etc.)

Willingness and enthusiasm	0 = not mentioned or unclear	
	1 = references internal feelings of willingness or enthusiasm to participate in sex	“When both people are willing participants in any sexual activity that may occur” <i>Key words:</i> want, desire, enthusiastically (do <i>not</i> code “comfort”)
Boundaries	0 = not mentioned or unclear	
	1 = parties communicate boundaries, limits, and preferences, or establish acceptable sexual acts (include safer sex practices, e.g., condoms, and discussions of sexual “readiness”)	“Consent should be informed, so everyone knows what they want to happen and what they are and aren’t okay with”
Agreement vs. refusal cues	0 = not mentioned or unclear	
	1 = emphasis is on paying attention to if partner is refusing or resisting; consent is assumed unless someone objects	“It’s when the other person doesn’t try to stop you or say no” <i>Key words:</i> <i>without</i> objecting/refusing
	2 = emphasis is on paying attention to agreement cues and making sure that partner is comfortable participating; consent is when parties allow each other to perform sexual acts	“It’s making sure the other person is actually interested in sex without assuming” <i>Key words:</i> “giving permission,” “consenting to,” agreeing
	3 = discussion of both agreement and refusal cues	“As long as they seem interested and agree to sex and don’t refuse during”
Process	0 = not mentioned or unclear	
	1 = consent is described as ongoing communication or involving multiple stages/interactions	“Talking about boundaries and checking in throughout sex to make sure that everyone is comfortable and enjoying themselves” <i>Key words:</i> ongoing, throughout, “can stop at any time,” checking

Sexual Consent Rewards: Thinking about your current and past sexual relationships, what has been the most positive and/or rewarding aspect of sexual consent communication?

First, code the type of communication that the participant states is related to their perceived benefit:

Code	Example
0 = unspecified	“Consent is really sexy.”
1 = verbal	“Telling your partner what you want helps to make sure that there’s no mind-reading or games.”
2 = nonverbal	“I love it when you can just tell based on someone’s face or their actions that they are interested in you and want to continue.”
3 = both verbal and nonverbal	“I think no matter how you communicate consent, whether by asking/talking or just going by physical cues, it really helps to bring a couple closer together.”

Then, code responses using the following categories:

Theme	Description	Example
(1) Relational/emotional quality	consent enhances relationship quality (e.g., trust, closeness, satisfaction, openness, connection)	“Practicing consent helps you learn to trust each other and feel more connected over time.”
(2) Sexual quality	enhances sexual relationship quality (including satisfaction, arousal, intensity, frequency, and safety/health <i>within the sexual relationship</i>); being able to experiment/explore or comfortably express sexuality; “consent is sexy”	“Being open with each other makes sex more satisfying. You don’t have to wait for them to figure out what you want.”
(3) Sexual access	facilitates chance of sexual activity; when partner agrees to have sex/gives consent	“When it leads to sex”
(4) Easy to communicate	consent communication is easy, natural	“Sometimes you just have a good conversation that just flows naturally”
(5) Clarity of expectations	eliminates uncertainty, need for guesswork; prevents misunderstandings	“Confirming that we are both on the same page is really nice”
(6) Openness of communication	makes future consent easier or sets a norm for communication in the relationship	“Once you have the first conversation, talking about it later becomes much less scary.”
(7) Streamlined communication	consent becomes more personalized or changes over time (i.e., as you get to know the partner)	“The best thing is how you learn the style of consent that your partner has and over time you can drop the formalities and be more natural”
(8) Knowledge of partner	consent communication provides opportunity to learn more about partner	“Learning what they like or don’t like is really important”

(9) Safety, respect for boundaries	consent ensures one or both partners' safety, lack of coercion, and/or that boundaries are not violated (incl. safer sex/contraception discussions)	"I can't have sex unless I know the other person can be trusted to listen to me and respect my limits. Consent is a good indicator of that."
(10) Legal and social protection	consent protects parties from lawsuits, false accusations, rumours/reputation damage	"I think it's important to have really clear consent to prevent being accused of something like rape."
(11) Other reason not listed	participant identifies another benefit that is not listed here	
(12) None identified -consent is unnecessary	participant clearly states that they do not value consent and cannot provide a positive	"This isn't necessary so I don't really see a benefit."
(13) None identified – no positive experience	participant clearly states that there have been no positives in their experience	"Honestly, I haven't really had good conversations about consent before. They usually end badly"
(14) None identified – not enough experience	participant clearly states that they do not have enough experience to identify positive aspects of consent	"I've never really talked about it so I wouldn't know."
(15) None identified – other	participant does not identify any positives for a reason not listed here	

Sexual Consent Barriers: Thinking about your current and past sexual relationships, what has been the most negative and/or difficult aspect of sexual consent communication?

First, code the type of communication that the participant states is related to their perceived challenge:

Code	Example
0 = unspecified	“The most negative thing is how awkward it feels.”
1 = verbal	“Saying ‘yes’ or ‘no’ out loud is really uncomfortable. People should just be grown-up and read the signals. It’s not that difficult”
2 = nonverbal	“It’s hard to read body language and make sure that you’re not misinterpreting.”
3 = both verbal and nonverbal	“It can be really difficult if you’re using physical signs of consent because you might make a mistake. Then again, talking about consent ruins the mood too so there’s not really an ideal situation.”

Then, code responses using the following categories:

Theme	Description	Example
(1) Negative emotions (self) <i>Note: do not include “awkwardness”</i>	references to own feelings of anxiety, shame, stress, guilt, discomfort, disappointment, embarrassment etc.	“I grew up very conservative, so talking about this openly makes me feel kind of guilty.”
(2) Negative emotions (partner) <i>Note: do not include “awkwardness” as an emotion</i>	references to partner reacting negatively (e.g., anger, anxiety, shame, disappointment) or becoming offended; not wanting to hurt partner’s feelings	“I feel like if you insist on direct communication, there’s a chance your partner might think you’re accusing them of being untrustworthy”
(3) Inexperience	consent is difficult because the participant or their partner lacks experience with this type of communication <i>Note: if it is not clear whether the participant is referring to inexperience with sex or inexperience with consent communication, code for this theme. If the participant is specifically talking about inexperience with sex, do not code.</i>	“I don’t have a ton of experience with this so sometimes I feel kind of out of my depth.”
(4) Lack of communication skill	consent is difficult because the participant or their partner does not know how to effectively communicate about consent <i>Note: this is distinct from not being able to understand the partner (Code #7)</i>	“I never know what to say in these types of conversations.”

(5) Initiation	difficult to initiate consent communication; initial communication is more difficult than later communication	“Finding the right moment to talk about it”
(6) Awkwardness	consent feels awkward or unnatural/forced	“If it’s too scripted or rigid it can feel really awkward.”
(7) Lack of clarity/understanding partner	ambiguity or misunderstandings with regards to consent cues, boundaries, stopping sexual interaction etc.	“Sometimes it’s hard to figure out what your partner really wants.”
(8) Disrespect or violation of boundaries	partner <i>deliberately</i> ignores stated boundaries; violence, coercion, or force	“Well when I told my last partner no he kept whining and trying to convince me, and that was super annoying.”
(9) Partner responsiveness	partner unwilling/unable to engage with conversations about consent	“My partner just shuts down whenever I bring it up.”
(10) Sexually rejecting/refusing partner	difficulty rejecting the partner (include singular instances where one partner wants sex and the other does not)	“It’s hard to tell my partner that I don’t want to have sex, because I don’t want them to feel undesirable”
(11) Being sexually rejected/refused by partner	fear or concern that partner will reject them sexually/not want to have sex; or a negative experience relating to being rejected by the partner (include singular instances where one partner wants sex and the other does not)	“When my partner tells me no. It can be a bit disappointing at the time.”
(12) Disagreements	general sexual incompatibilities; disagreement about acceptable forms of consent, boundaries, etc. (do not include singular instances where one partner is “in the mood” and the other is not; this would be rejection)	“Sometimes you have this conversation and you find out the other person doesn’t care as much as you do”
(13) Relationship impact	consent communication may result in relationship termination, conflict, communication difficulties, decreased satisfaction or trust, etc.	“I don’t want to fight about it when I don’t want to have sex. It makes everything feel tense.”
(14) Impact on sexual interactions/relationship <i>Note: do not include sexual rejection.</i>	reference to consent “ruining the mood,” etc.; makes sex less spontaneous/exciting	“Talking about it makes the sex less exciting.”

(15) Context	consent is more difficult depending on external or relational context (e.g., intoxication, early in relationship, power imbalance)	“When you or the other person is drunk it can be hard to read signals or even communicate properly.”
(16) Consent is unnecessary	participant clearly states that they do not value consent	“I don’t think we need to be so strict about consent. People know how to communicate and it really ruins sex when you have to spell it out.”
(17) Other reason not listed	participant identifies another challenge that is not listed here	
(18) None identified – no negative experience	participant clearly states that there have been no negatives in their experience	“Nothing I can think of, my experiences have been pretty good.”
(19) None identified – not enough experience	participant clearly states that they do not have enough experience to identify negative aspects of consent	“I don’t really know, I haven’t had this type of conversation before”
(20) None identified – other	participant does not identify any negatives for a reason not listed here	