HHS Public Access

Author manuscript

*Am J Sex Educ*. Author manuscript; available in PMC 2023 May 18.

Published in final edited form as:

*Am J Sex Educ*. 2022 ; 17(1): 19–56. doi:10.1080/15546128.2021.1953658.

# Communication about Sexual Consent and Refusal: A Learning Tool and Qualitative Study of Adolescents' Comments on a Sexual Health Website

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## Abstract

Sexual communication skills are needed to create healthy romantic relationships. Arguably, these skills also can be used to prevent some instances of unwanted sex. This study presents a qualitative analysis of adolescents' comments after reading a teen-friendly article on sexual consent as part of a web-based sexual health promotion intervention. The sample was comprised predominantly of female adolescents recruited from a Midwest urban region in the United States. Adolescents varied with respect to self-efficacy to request, provide, and deny consent, as well as the perceived need to ask for consent in the context of established relationships. Many adolescents perceived that nonverbal methods of communication were sufficient to request, provide, or deny sexual consent. Factors that make it difficult to discuss sexual boundaries and say "no" to unwanted sex included low self-efficacy and an underlying desire to nurture or preserve a relationship. Cultural norms must be changed to support verbal, affirmative sexual consent. In addition, adolescents must be aided in the development of skills to request sexual consent, say "yes" to specific activities, and say "no" to others. Without supportive norms and skills to enhance self-efficacy, adolescents may be unwilling to engage in verbal communication about sexual consent and boundaries.

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Declaration of Interest Statement

The authors have no potential conflicts of interest to report.

**Keywords**

adolescence; sexual consent; sexual boundaries; qualitative research

Sexual violence is a persistent public health problem (Dills, Fowler, & Payne, 2016; The White House, 2014; Muehlenhard, Humphreys, Jozkowski, & Peterson, 2016; Chicago Tribune, 2019). The determinants of sexual violence are multifaceted and can be conceptualized at different levels of social ecology (WHO, 2010). At the interpersonal level, one potential determinant of sexual violence is the quality of communication about sexual consent between partners. The Centers for Disease Control and Prevention (CDC) defines **sexual consent** as "words or overt actions by a person who is legally or functionally competent to give informed approval, indicating a freely given agreement to have sexual intercourse or sexual contact" (Basile, Smith, Breiding, Black, & Mahendra, 2014). This definition begs several questions. For example, what is the range of overt actions that constitute consent? What makes a person legally or functionally competent to provide sexual consent? How can one determine whether consent is freely given?

Nuanced prevention strategies, including educational tools, are needed to enhance young people's knowledge about sexual consent and skills to request consent, provide consent, and set sexual boundaries. In addition, young people must be provided with knowledge to correctly interpret the words and actions of others, and skills to request clarification when they are not sure of another person's agreement. Communicating effectively about sexual consent may be a strategy to prevent sexual violence, as well as sexual experiences that are agreed to by one person, but not fully desired. Comfort with sexual consent communication is an integral component of the development of healthy, mutually satisfying sexual relationships between individuals (Harden, 2014). Comfort with sexual consent communication may contribute to an individual's sense of sexual agency, sexual self-efficacy, and sexual autonomy (Harden, 2014; Kennett, Humphreys, & Bramley, 2013).

The present study is a secondary analysis of qualitative data obtained during an interactive, web-based intervention to promote condom use and other healthy decision-making in the context of romantic and sexual relationships (Brady, Sieving, Terveen, Rosser, Kodet, & Rothberg, 2015). We analyzed written comments from adolescents after they read a teen-friendly article created to engage them on the topic of sexual consent. Below, we consider two issues that inform our research topic. First, we consider definitions of sexual consent, sexual violence, and related terms in the literature. These terms are nuanced and typically contain multiple components, illustrating the challenge of educating young people about their meaning. Second, we consider literature examining nonverbal and non-explicit verbal communication about sexual consent and refusal. This literature illustrates the importance of providing young people with knowledge to correctly interpret the words and actions of others, and skills to request clarification when they are not sure of another person's agreement.

## Defining sexual consent and related terms.

No widely accepted definition of sexual consent exists in academic, policy, or legal circles in the United States (U.S.; Willis & Jozkowski, 2019; Graham et al., 2017; RAINN, 2019). This may contribute to confusion among young people about the practices and features that constitute sexual consent. Graham and colleagues (2017) conducted a nationally representative policy review of nearly 1,000 U.S. colleges and universities and found that 87% had a publicly accessible online definition of sexual consent. A content analysis of a randomly selected subset of schools showed that consent definitions varied widely, but included one or more key themes: inability to consent (e.g., incapacitation due to mental state, alcohol, or other drugs), active signs of consent (e.g., voluntary, affirmative, mutual), circumvention of non-consent (e.g., force, coercion, intentional intoxication), communication (e.g., verbal, nonverbal, silence), history and nature of the relationship (e.g., a prior or current relationship does not indicate consent, some relationships are prohibited based on power differentials), and the revocable nature of consent (Graham et al., 2017). Among those schools whose definitions included communication, schools differed with respect to whether nonverbal communication could be interpreted as consent. Schools frequently cautioned that consent could not be inferred from silence or passivity. The CDC definition of sexual consent (Basile et al., 2014), provided at the outset of this paper, is consistent with Graham and colleagues' (2017) policy review. The CDC definition of sexual consent permits words or overt actions to constitute consent, emphasizes the competence of the person providing consent, and emphasizes freely given agreement.

There are many terms used to describe sexual behaviors that take place without sexual consent. The CDC defines **sexual violence** as "a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse" (Basile, Smith, Breiding, Black, & Mahendra, 2014). Inability to consent can be due to "the victim's age, illness, mental or physical disability, being asleep or unconscious, or being too intoxicated (e.g., incapacitation, lack of consciousness, or lack of awareness) through their voluntary or involuntary use of alcohol or drugs." Inability to refuse can be due to "the use or possession of guns or other non-bodily weapons, or due to physical violence, threats of physical violence, intimidation or pressure, or misuse of authority." Sexual violence encompasses sexual assault, rape, and sexual coercion. The U.S. Department of Justice (DOJ) defines **sexual assault** as "any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent" (U.S. DOJ, n.d.). A key feature of this definition is its emphasis on the law. The National Center for Injury Prevention and Control (NCIPC), part of the CDC, defines **rape** as "any completed or attempted unwanted vaginal (for women), oral, or anal penetration through the use of physical force (such as being pinned or held down, or by the use of violence) or threats to physically harm and includes times when the victim was drunk, high, drugged, or passed out and unable to consent" (Smith et al., 2017). A key feature of this definition is the use or threat of physical force or harm. In contrast, NCIPC defines **sexual coercion** as "unwanted sexual penetration that occurs after a person is pressured in a nonphysical way," including "being worn down by someone who repeatedly asked for sex or showed they were unhappy; feeling pressured by being lied to, being told promises that were

untrue, having someone threaten to end a relationship or spread rumors; and sexual pressure due to someone using their influence or authority" (Smith et al., 2017) A key feature of this definition is the presence of non-physical pressure.

The absence of sexual violence does not necessarily indicate that sex is wanted. Kern and Peterson (2020) define **unwanted sex** as "sex that is not fully desired," regardless of "whether an individual agrees to it or not." They further note that unwanted sex "can be coerced—when one person compels another unwilling person—or not coerced—when a person willingly agrees to participate." Kern and Peterson (2020) collected narratives of unwanted sex from 276 university students and coded narratives into the following categories: actively forced sex (29% of narratives; e.g., participant was physically restrained, participant said "no"); non-resisted physically coerced sex (12%; e.g., participant was "too drunk" to make a decision, participant was asleep); verbally or situationally coerced sex (32%; e.g., other person continued to ask until the participant consented, other person made the participant feel guilty); non-coerced sex with avoidance motives (20%; e.g., participant agreed to have sex due to fear of or worry about a negative outcome, participant felt obligated); and non-coerced sex with approach motives (7%; e.g., participant agreed to have sex because they wanted to please their partner, participant agreed to have sex and did not report coercion or avoidance motives). Thus, unwanted sex encompasses sexual violence, but also includes consensual experiences that were not fully desired.

## Nonverbal and non-explicit verbal communication about sexual consent and refusal.

Muehlenhard and colleagues (2016) conducted a review of the literature on sexual assault and sexual consent. They noted that when nonverbal behaviors count as affirmative consent, the affirmative consent standard becomes less distinguishable from traditional sexual scripts. Traditional sexual scripts for heterosexual couples rely primarily on nonverbal communication, place a burden on women to refuse or resist unwanted sex, and portray men as initiating sex and persisting in their attempts despite initial reluctance on the part of women (Hirsch, Khan, Wamboldt, & Mellins, 2019; Muehlenhard et al., 2016). Such scripts, when enacted, may conceivably increase risk for sexual violence or unwanted sex. At least one study has examined adolescents' understanding of sexual consent (Righi, Bogen, Kuo, & Orchoswki, 2019). Adolescents defined consent as a verbal provision of affirmative consent. However, both adolescent women and men believed that women typically conveyed consent through nonverbal cues. Adolescent women indicated that they would convey sexual refusal through nonverbal cues, while adolescent men reported that they would proceed with sexual activities until they heard a verbal expression of "no." This pattern of communication suggests that adolescent women's non-verbal refusals may be unnoticed, noticed but incorrectly interpreted, or correctly interpreted and disregarded. Both adolescent women and men believed that adolescents who had previously engaged in sexual activity together could assume consent for subsequent sexual encounters, particularly within the context of an established relationship. This highlights the potential for sexual violence or unwanted sex to occur in the context of relationships.

Research conducted among young adults illustrates the importance of providing young people with an understanding that both partners are responsible for sexual consent negotiations, knowledge to correctly interpret the nonverbal communication of partners, and skills to request clarification when they are not sure of another person's agreement (Holmström, Plantin, & Elmerstig, 2020). Holmström and colleagues conducted focus groups among Swedish young adults aged 18–21. Participants were presented with a series of vignettes to guide conversation. In one vignette, two acquaintances met at a night out, flirted, consumed alcohol, and ended up in one person's apartment. Participants differed in their opinions about whether going to an acquaintance's apartment constituted willingness and consent to have sex. Participants described the difficulty of communicating unwillingness "too late" (e.g., once one had arrived at the apartment or taken off one's clothing), noting that the other person could feel disappointed, rejected, or angry. Participants emphasized the importance of being clear in one's communication, yet described verbal sexual consent negotiations as awkward and a "turn-off"; instead, negotiations were described as being guided by body language, gestures, movements, and eye contact. Consistent with heterosexual sexual scripts, women were described as "gatekeepers" in sexual consent negotiations and responsible for clearly indicating acceptance or refusal.

Clarity of communication may conceivably be undermined by sexual consent norms that rely upon non-explicit verbal or nonverbal communication. Jozkowski, Manning, and Hunt (2018) interviewed 30 heterosexual university students in the southern U.S., who described talking in "code" to avoid explicit negotiations of sexual consent. For example, one woman described knowing that "Do you want to come over to watch a movie?" was code for "Do you want to come over for sex?" If she did not want to have sex, she might respond by saying she was too tired or had too much coursework. Coded consensual language was described as minimizing the embarrassment of both request and refusal. Jozkowski and colleagues (2018) observed that there appears to be "a substantial gap between how college students currently communicate consent—with subtle, implicit, nonverbal cues—and what is being proposed via affirmative consent policies—explicit, obvious, potentially verbal cues." Willis and colleagues (2019) surveyed over 700 students from three southern and midwestern U.S. universities about the ways in which they communicated sexual consent to partners. Their instrument included five open-ended narrative items to identify how students would communicate consent to engage in different sexual behaviors. Responses were coded into five consent cues: (1) explicit verbal (e.g., stating "I really want to have sex with you," responding "yes" to an explicit request); (2) implicit verbal (e.g., stating "I think we should move this to the bedroom," responding "yes" to an implicit request); (3) explicit nonverbal (e.g., jumping on top of and straddling a partner, nodding one's head to indicate "yes" to a request); (4) implicit nonverbal (e.g., removing clothing without speaking, leaving a public location for somewhere private); and (5) no response (e.g., not resisting, not saying "no"). For the narrative item that asked participants to describe a consensual vaginal-penile sexual encounter, 57% of responses were coded as explicit verbal, and nearly 18% were coded as explicit nonverbal. This data is striking, in that nearly 25% of undergraduates' descriptions of *consensual* sexual encounters involved consent cues that are arguably ambiguous in terms of what is being requested or consented to (e.g., "I think we should move this to the

bedroom," leaving a public location for somewhere private) or not consistent with most definitions of consent (e.g., not resisting, not saying "no").

The reviewed literature highlights a need for didactic and interactive tools to aid conversations with adolescents about sexual consent and sexual boundaries. The purpose of this study is to present an analysis of adolescents' comments after reading a teen-friendly article created to engage adolescents on the topic of sexual consent. The sample was comprised predominantly of female adolescents with recent heterosexual sexual experiences, recruited from a Midwest urban region. Findings from the present study are most applicable to cisgender youth attracted to partners of a different gender. These findings may be integrated with other literature to understand what is similar and dissimilar across the sexual consent experiences and beliefs of young people who vary with respect to gender identity, sexual orientation, geography, and culture.

## Materials and Methods

### Participants and procedure.

Data were collected from 70 adolescents who participated in the intervention arm of a pilot randomized controlled trial of *TeensTalkHealth*, an interactive, web-based intervention to promote condom use and other healthy decision-making in the context of romantic and sexual relationships (Brady, Sieving, Terveen, Rosser, Kodet, & Rothberg, 2015). Participants were recruited from three community clinics specializing in adolescent sexual health and three schools in Minnesota between January and October, 2011. Adolescents were eligible to participate in the study if they were aged 14–18 years, had engaged in vaginal or anal sex at least once in the past three months, and typically used the Internet at least twice a week for a total of two hours or more. Adolescents aged 18 provided consent; assent was obtained from adolescents aged 14–17 along with parental consent. Participants chose a non-identifying username and password to use on the website. The *TeensTalkHealth* study was approved by the University of Minnesota Institutional Review Board (IRB) and a federal certificate of confidentiality was obtained.

During the 4-month intervention, participants were instructed to watch video vignettes 3–5 minutes in length, read teen-friendly articles, and participate in discussion topics posted by health educators. These materials served as conversation catalysts on asynchronous message boards visible to all adolescents participating in the intervention. Materials were developed by health educators on the research team. Resources for development included health educators' prior experience; publicly available health-oriented websites for adolescents and young adults; the empirical research literature; and the research team's youth advisory board. The primary purpose of health education materials was to provide information and engage participants in subsequent discussion on asynchronous message boards. Consistent with the Information-Motivation-Behavioral skills (IMB) model of risk reduction (Fisher, Fisher, Bryan, & Misovich, 2002), health educators moderated discussion by providing health-promoting information, motivation, and behavioral skills in response to adolescents' comments and questions. Key principles of *TeensTalkHealth* moderation included (1) demonstrating that it is possible to protect health while also establishing, maintaining, and strengthening relationships, and (2) developing a climate in which adolescents could feel

comfortable disclosing their own experiences, sharing what they have learned, and providing guidance to others. By adding comments to video, article, and discussion topics, adolescents may have clarified their values and beliefs. Health educators attempted to reinforce health-promoting attitudes and behaviors and respectfully challenge risk-promoting attitudes and behaviors. It was anticipated that health education materials utilized in *TeensTalkHealth* would be modified over time, based on evolving approaches to sexuality education and feedback provided by intervention participants.

### Data analyzed in the present study.

The present study is a secondary data analysis of data from intervention participants who read the teen-friendly article, *Sexual Consent*; completed a brief, private survey about the article (n=70); and then commented on a corresponding message board (n=66). The *Sexual Consent* article appeared next to a photograph of a female young person straddling and leaning down over another young person, who was laying on a couch. The person laying on the couch appeared to be a young male person, although this was somewhat ambiguous due to the angle of the camera. The article (see Appendix A) began with a basic definition of sexual consent and concise explanation of how sexual consent may be provided (i.e., *The only way you can give consent is to tell your partner "yes"*). The article then provided four scenarios to illustrate nuanced verbal and nonverbal modes of communication through which individuals may convey interest or reluctance to engage in sexual behaviors. The article made the point that while *"body language is a powerful form of communication and often has more meaning than the words we speak,"* it is *"not enough for consent."* Simple, explicit questions were provided for requesting consent from partners, not only for penetrative sexual behaviors, but also for ongoing, potentially progressing sexual behaviors (e.g., *Are you happy with this?*). Similarly, simple, explicit statements were provided for setting boundaries (e.g., *I don't want to go any further than kissing; I want to stop*). The article emphasized that intoxicated individuals *"cannot legally give consent," "having sex with someone who is drunk or high can be considered sexual assault,"* and *"since it can be hard to tell how impaired someone is, it's best to wait to have sex until both people can give consent."* The article also emphasized the importance of requesting sexual consent every time one engages in sexual behaviors with a partner, and attempted to foster the belief that *"talking about sex can be sexy."*

Immediately following the *Sexual Consent* article, adolescents were prompted to complete a brief, private survey to assess attention and understanding. Adolescents were first asked, *"How much did this article interest you?"* Response options were 1-not at all, 2-a little, 3-somewhat, 4-pretty much, and 5-very much; adolescents could also indicate that they chose not to answer. Adolescents were next asked three open-ended questions: (1) In your opinion, what are the most important parts of this article? (2) What things in the article are unclear? (3) What other things do you wish the article covered? After submitting their responses, adolescents were asked to add at least one comment to the corresponding *Sexual Consent* message board, which was made visible only after the survey was completed and could be viewed by other adolescents on the website. Adolescents were asked to respond to one of the message board discussion questions, reply to another person's comment, or say something else about the article. The discussion questions posed to participants after

the *Sexual Consent* article and survey are shown in Table 1. Appendix B contains a list of moderation guidelines followed by health educators, and Appendix C contains selected health educator responses to specific issues of concern expressed by adolescents.

### Analytic approach.

We examined the distribution of the single survey item designed to assess interest in the *Sexual Consent* article. We also summarized responses to the three open-ended survey questions using content analysis (Taylor-Powell & Renner, 2003). We selected quotations from participants' open-ended responses to illustrate content analysis categories. Following this preliminary analysis, we conducted an in-depth qualitative analysis of participants' comments on the *Sexual Consent* message board. For message board comments, analysis consisted of a series of inductive open coding and thematic analysis processes focused primarily on participants' responses to health educators' discussion questions (articulated data), and secondarily on emergent data generated organically by participants (Massey, 2011). We categorized comments under major themes using N-Vivo, and selected quotations from participants' comments to illustrate themes. We quoted participants verbatim, without editing of spelling or grammatical mistakes.

The first and second authors addressed the trustworthiness of data through maintaining a methodological archive of files, maintaining faithfulness to participants' words, and discussion throughout the coding process (Shenton, 2004). Reliability was not calculated due to our analytic approach. One author led the content analysis of open-ended responses to survey questions. Two authors read message board data. One author took the lead in coding and thematic analysis. The second author reviewed the developed hierarchy of themes and subthemes and asked questions that facilitated revisions.

## Results

### Sample Demographics and Characteristics

Among the full study sample (n=70), the average age of participants at baseline was 17.5 years (SD=1). The age reported at screening ranged from 14 to 18 years; during the baseline survey, however, two participants reported being 19 and 20 years of age, respectively. A majority of study participants indicated that they were female when asked their biological sex (n=61; 87%); 9 participants indicated that they were male (13%). Participants' self-reported race and ethnicity were coded into the following categories: White (59%), Black or African American (10%), Asian (7%), Latinx or Hispanic (3%), and Multi-racial (21%). Participants were asked the question, "When you think of the people you are attracted to in a sexual way, are those people all male, all female, or both male and female?" As with all questions, participants could choose not to answer. Of the 61 female participants, 77% reported being attracted to male partners, 2% reported being attracted to all female partners, and 21% reported being attracted to both male and female partners. Of the 9 male participants, 22% reported being attracted to male partners, 56% reported being attracted to all female partners, and 22% reported being attracted to both male and female partners. Of adolescent women's reported sexual partners in the past month, all but one were male. Of

adolescent men's reported sexual partners in the past month, roughly one-third were male and two-thirds were female.

### *Sexual Consent* Brief Check of Attention and Understanding

Interest in article content varied (M=3.46, SD=1.13), with 17% of adolescents indicating they were "very much" interested, 38% indicating they were "pretty much" interested, 23% indicating they were "somewhat" interested, and smaller percentages indicating they were only "a little" interested (16%) or "not at all" interested (6%). Adolescents' responses to open-ended questions are summarized below. Percentages of adolescents whose responses fell under a specific content analysis category are provided; these percentages do not always tally to 100, both because of rounding and because adolescents' open-ended responses could fall under more than one category. Table 2 contains selected responses that fell under identified content analysis categories.

**In your opinion, what are the most important parts of this article?—**Content analysis yielded four categories of response. The percentage of adolescents whose responses fell under each category were as follows: definition of sexual consent (53%); importance of consent (30%); assertion that an intoxicated person cannot provide consent (20%); skills to request consent, deny consent or advocate for one's sexual boundaries, and interpret the verbal and nonverbal communication of a partner (e.g., body language, mixed signals) (26%).

**What things in the article are unclear?—**Content analysis yielded four categories of response. The percentage of adolescents whose responses fell under each category were as follows: the article was clear (63%); suggestions for improvement (27%); uncertainty about or questioning the assertion that sexual consent should be verbal (6%); questioning the assertion that intoxicated individuals cannot provide consent (4%). A few adolescents suggested that the article should indicate the specific scenarios in which consent was obtained. Relatedly, some adolescents wondered if nonverbal communication (i.e., body language) was sufficient to obtain consent. Several adolescents suggested that the article provide additional examples, better examples, or easier examples to request, provide, or deny consent, as well as to slow things down. One adolescent requested examples of how one could go about obtaining verbal consent from a partner, beyond the partner's solely nonverbal consent, without making things awkward. Some adolescents questioned the assertion that individuals could not provide consent while under the influence of substances, highlighting that substances could enhance confidence, particularly if one was shy. Other adolescents wondered who would be accountable for sex while intoxicated (e.g., *who can decide if it's rape*).

**What other things do you wish the article covered?—**Content analysis yielded four categories of response. The percentage of adolescents whose responses fell under each category were as follows: unable to think of additional issues (43%); requests for additional information that could be used to develop sexual consent skills (41%); requests for guidance on what to do if partners do not respect denial of consent (7%); information about sexual assault and other forms of sexual misconduct (7%). Adolescents requested additional

information that could be used to develop sexual consent skills, particularly with respect to requesting, providing, and denying consent; determining when to ask for consent for specific activities; distinguishing non-consensual from consensual activities (e.g., when someone has not verbally consented but appears to be enjoying what is happening); interpreting body language; understanding how gender can influence the consent processes; and resolving moral or ethical dilemmas (e.g., what to do if a potential partner would be 'cheating' on someone else). One adolescent asked for tailored information about sexual consent for same-sex couples, highlighting the additional difficulty of saying "no" to sexual overtures when one has limited opportunities to be in a same-sex relationship. Several adolescents asked for guidance on what to do if a partner did not respect their denial of consent (e.g., not listening, continuing to exert pressure, becoming mad or frustrated). One adolescent asked for information about the perspectives of adolescents who feel pressured and "go along" with the wishes of their partner. A few adolescents requested information about the legal consequences of sexual assault, resources for those who have been victimized by sexual assault, and other forms of sexual misconduct (e.g., sexual harassment).

After completing the *Sexual Consent* survey, respondents could view and contribute to the corresponding message board.

### *Sexual Consent* Message Board Themes

Table 1 contains the number of participants responding to each discussion question; numbers ranged from 12 to 36. Fourteen adolescents (21.2%) responded to a fellow adolescent's comment; these comments usually indicated agreement and elaborated upon the point under discussion. Most adolescents only made one comment on the message board; seven adolescents (10.6%) made two comments. Below, data are organized by *Sexual Consent* discussion question to show how comments may have been elicited by specific questions posed by *TeensTalkHealth* health educators. Each discussion question is considered a theme, and different categories of direct responses to each question are considered sub-themes. Emergent themes and sub-themes linked to specific discussion questions are presented after reviewing "direct response" sub-themes for the corresponding discussion question. In total, 8 themes (articulated "discussion question" themes and emergent themes) are presented. Illustrative quotations to represent themes and sub-themes are presented in Table 3.

**Can you see yourself asking consent questions like the ones in this article? Can you see yourself making "slow down" or "stop" statements like the ones in the article?—**Many adolescents commented that they could see themselves asking consent questions like the ones in the article, as well as making "slow down" or "stop" statements (see Table 3, "Adolescent could apply article's examples" sub-theme). Several adolescents noted that they had experience in these domains. Adolescents observed that the simple language used in the article provided helpful examples of how to request consent and say "yes" or "no" in response to a partner. They appreciated that requests for consent could be made in language that was not formal or awkward.

A smaller number of adolescents commented that they could not see themselves asking consent questions or making "slow down" or "stop" statements like the ones in the article

(See Table 3, "Adolescent could not apply the article's examples" sub-theme). These adolescents thought it would feel awkward to use the language in the article, in part because they were uncertain about what would happen next. Some adolescents had difficulty perceiving a need to request sexual consent, particularly because they perceived that their partner was equally desirous of sex.

One emergent theme was adolescents' expressed ***appreciation for the article*** (see Table 3). Adolescents noted that the article had made them think, become more aware of the potential for sexual assault without clear communication, and become more aware that they should communicate with their partners about sexual consent.

**What are some other realistic things you could say if you wanted to get or give consent?—**Adolescents did not offer specific language for how they could request consent from a partner or provide consent. For this reason, this anticipated theme is absent from Table 3. An emergent theme was ***how to refuse requests for sexual behavior*** (see Table 3). One adolescent offered specific language that could be used to refuse consent from a partner: *…if I'm with someone I'm dating or have been fooling around with for a while then I think it's easy to say things like 'uuum, that doesn't feel right/good, we should stop,' or something like that.* Other adolescents did not offer specific language to refuse consent, but did offer rationales for refusal that could be expressed verbally (e.g., *talk about maybe having sex after you know each other better and both people are comfortable*). Some adolescents suggested combining nonverbal and verbal language.

Two emergent themes involved ***beliefs about sexual consent*** (4 sub-themes, see Table 3) and the ***timing and frequency of communication*** (2 sub-themes, see Table 3). Many adolescents endorsed the process of obtaining sexual consent. While one adolescent strongly asserted that consent should be conveyed through verbal communication, several adolescents expressed the belief that consent could be conveyed through nonverbal communication. Other adolescents believed that body language could additionally be used to withhold consent. Several adolescents advocated for communication about sexual consent and sexual boundaries. Adolescents advocated for communication before sexual encounters were likely to occur, as well as in the moment.

**What makes it difficult to say "yes" to sexual activities?—**Overall, adolescents expressed the opinion that it was much easier to say "yes" in response to a partner's request for sexual activities than to say "no." Adolescents highlighted a few factors that could make it difficult to say "yes" (3 sub-themes, see Table 3). One factor was an underlying reluctance or unwillingness to have sex. This was exemplified by having uncertain feelings about sex with a partner, lack of comfort with a partner, a sense of being pressured, or uncertainty about whether one's partner would want a committed relationship after having sex. One adolescent noted that discomfort with one's own body could make a person reluctant to say "yes" to sexual activities. A second factor that could make it difficult to say "yes" was the absence of a request for consent. Some adolescents perceived that it was difficult or awkward to ask for consent in the moment, in part because sexual encounters unfolded in a way that was too spontaneous or fast for conversations about consent to occur. One adolescent expressed regret that her partner did not pause to ask for consent the first time

she had sex (see Table 3). A third factor highlighted by adolescents was fear of being judged for having sex or one's own belief that having sex would not be right, despite a desire to say "yes."

**What makes it difficult to say "no" to sexual activities?—**Adolescents highlighted a variety of factors that could make it difficult to say "no" to sexual activities (6 sub-themes, see Table 3). Several comments reflected an underlying desire to nurture or preserve a relationship, exemplified by not wanting to turn a new partner away, hurt the feelings of an established partner, offend a partner, or disappoint a partner. One adolescent described the rationalization that can take place when one does not wish to have sex, but nonetheless has sex to demonstrate love (see Table 3). Other adolescents described an impulse to take care of their partners' egos, stating that they might not want partners to know if they had no desire to have sex, for fear of communicating that they did not like or love their partners.

Comments of some adolescents highlighted involvement in a potentially unhealthy relationship (e.g., *you don't want to have sex but you feel pressured so you have to say yes*). Some adolescents found it difficult to say "no" to sexual activities because they might upset or frustrate a partner or make the partner mad. Adolescents commonly described feelings of pressure to have sex. One adolescent described feeling guilty for not wishing to reciprocate. Another adolescent suggested that others might fear a partner would break off a relationship if they did not acquiesce to sexual activities.

Comments of several adolescents appeared to reflect an underlying belief that sexual consent could be assumed after saying *"yes"* once (e.g., it is difficult to say "no" to sex when *it isn't the first time*, or *you're used to having sex regularly*). These adolescents described sex as an expectation and habit in the context of their relationships. One adolescent noted that if both partners were "worked up and into it," it would confuse one partner if the other said no. Another adolescent highlighted that it would be difficult to say no "all of a sudden" with someone they had been dating for a while. Collectively, comments suggested that it would be unfair to one's partner to withhold consent after saying "yes" once, particularly in the context of an established relationship.

A fourth set of comments suggested that adolescents had difficulty saying "no" to sex because of being caught up in the moment. Some adolescents described conflicting feelings or thoughts (e.g., *they are doing something good that you don't want to stop, but you know it's wrong; at times your body wants something and your mind agrees with the feeling but not the situation; you want to but maybe you just aren't ready so you say yes*). Other adolescents described not thinking, being distracted by feelings, and not caring about anything other than what they were feeling in the moment. These comments did not characterize sex as unwanted, but also did not characterize sex as intentional.

A fifth set of comments suggested that some adolescents have inadequate skills to determine sexual boundaries or deny sexual consent to others. Some adolescents acknowledged that they had engaged in sexual activities without knowing their own boundaries or a partner's boundaries. In these circumstances, adolescents "let it happen" or consciously decided to "give it a shot" and see what happened. Other comments highlighted a lack of skills to deny

consent. One adolescent noted that shyness could make it difficult to say “no” to sexual activities. Another adolescent observed that it would be awkward to say “no” to sex in the moment. In response to one adolescent who said she was glad she had the guts to say “no,” another adolescent said she wished she could say the same about her own guts. These comments stood in contrast to those of adolescents who did advocate for themselves (e.g., *I am not shy or afraid to say something if I don’t feel comfortable*).

A few adolescents cautioned that intoxication could make it difficult to say “no” to sexual activities. Finally, comments of several adolescents suggested that it would be difficult to say “no” because they were, in fact, willing to consent to sexual activities (e.g., *when I am really into my partner and trust my partner; having a really strong attraction to someone*). Comments about willingness to have sex were not coded into one of the 6 sub-themes under “What makes it difficult to say ‘no’ to sexual activities?”

**Is it more difficult to set clear boundaries with a new person or with someone you’ve been dating for a while? What things make it easier or harder to do?**—Adolescents differed in their opinions about whether it is easier or more difficult to set boundaries with a new partner or someone they had been dating for a while (4 sub-themes, see Table 3). With new partners, adolescents highlighted the difficulty of discussing sexual boundaries when one is just getting to know the partner, feels nervous or uncomfortable, and is unsure of what the partner expects or has in mind. One adolescent expressed doubt that many partners would talk about sexual boundaries when they “barely know” each other. Other adolescents asserted that it was acceptable to ask a new partner questions about sexual boundaries. These adolescents highlighted the advantages of becoming aware of and accustomed to boundaries early in the relationship.

Adolescents also identified barriers to having conversations about sexual boundaries with partners they had been dating for a while. Several adolescents thought conversations about sexual boundaries would be “weird,” particularly if partners had become accustomed to specific sexual behaviors. Adolescents believed that it would create confusion to suggest a change to something that had become a habit or expectation. They did not wish to disappoint partners. Adolescents also expressed concern that partners might think they had done something wrong, question whether the adolescent was still comfortable with the relationship, and wonder if discussion about sexual boundaries was a prelude to breaking up. One adolescent asserted that it was possible to set clear boundaries with an established partner, while also noting that it might take time to readjust. Other adolescents suggested that conversations about sexual boundaries could be easier with established partners because there would be more understanding and comfort in the relationship, and partners may have learned things through their experiences together.

An emergent theme was ***other factors affecting the ease of setting boundaries*** (4 sub-themes, see Table 3). Some adolescents suggested that the relative ease or difficulty of discussing sexual boundaries depended on one’s closeness to a partner or overall relationship quality, as opposed to length of relationship (e.g., *we talk about everything*). Age was mentioned as an additional factor. One adolescent observed that while setting boundaries had once felt awkward and embarrassing, it felt more comfortable now that she

was older. The comments of some adolescents modeled self-efficacy for setting boundaries with partners. These adolescents described liking conversations about sexual boundaries and highlighted benefits of having such conversations (e.g., a partner's appreciation for knowing that sexual behaviors are not forced; one's own greater comfort with sexual behaviors). One adolescent framed conversations about sexual boundaries as a "big step" in a relationship.

## Discussion

Adolescents varied with respect to their self-efficacy to ask the consent questions provided in the *Sexual Consent* article, as well as their self-efficacy to deny consent. They also varied with respect to their perceived need to ask for consent in the context of relationships in which sexual behavior had already been initiated, or relationships in which specific sexual behaviors had become expected or habitual. Many adolescents perceived that nonverbal methods of communication were sufficient to request, provide, or deny sexual consent. Adolescents' comments highlighted several modifiable factors that make it difficult to discuss sexual boundaries and say "no" to unwanted sexual activities, including low self-efficacy to identify and communicate sexual boundaries and an underlying desire to nurture or preserve a relationship. Indeed, one of the most striking findings to emerge was the willingness of many adolescents to prioritize a partner's potential feelings of rejection (e.g., am I not liked? am I not loved?) over their own comfort and bodily autonomy during a sexual encounter. Similar findings have been observed in qualitative research of university students (Jozkowskiet al., 2017). Most of the scenarios that adolescents in the present study described did not sound forced or coercive. Rather, adolescents appeared to assume that discussion of sexual consent and sexual boundaries could challenge the integrity of their relationship, and were unwilling to take the "risk" of explicitly communicating a desire not to have sex. In contrast to comments suggesting low levels of self-efficacy, comments of other adolescents suggested high levels of self-efficacy and a strong endorsement of communication about sexual consent and sexual boundaries.

### Nonverbal and non-explicit verbal communication.

The concept of sexual consent may be relatively easy to understand in theory, but is not always easily implemented in practice (i.e., in the "real world"). When surveyed immediately after reading the article, several adolescents wished for additional examples, better examples, or easier examples to request, provide, or deny consent, as well as to slow things down. Throughout the article, we encouraged verbal communication. We offered examples of simple questions to request consent, and brief responses to indicate consent (e.g., "Yes, I love having sex with you") or refusal (e.g., "I don't want to go any further than kissing"). In hindsight, we could have offered more examples, particularly of explicit verbal communication. We also could have offered examples to better illustrate the ongoing nature of consent (e.g., requesting consent for progressing from one activity to another). One of the message board discussion questions posed to adolescents asked for other realistic things they could say if they wanted to request or provide consent. Of note, no adolescent offered specific language for how they could request consent from a partner or provide consent. Thus, verbal sexual communication is likely to be an important domain of skill-building for most adolescents.

Our findings are consistent with other literature suggesting that adolescents are generally more comfortable communicating consent messaging, including “yes” and “no,” nonverbally than verbally (Muehlenhard et al., 2016; Righi et al., 2019). Adolescents may also perceive a conflict between the explicit discussion of sexual consent and engagement in authentic, enjoyable sexual behaviors. This is a concern because nonverbal modes of communication can be, and often are, misinterpreted. Marcantonio and colleagues (2018) developed a quantitative measure to assess three overarching sexual refusal tactics: direct verbal (i.e., verbal expressions of refusal that contain the word “no”), direct nonverbal (e.g., rolling away from one’s partner), and indirect nonverbal (e.g., body language). The authors characterized indirect nonverbal refusal tactics as ambiguous. This highlights the importance of interpreting any response other than an enthusiastic expression of willingness to have sex as lack of consent. Marcantonio and Jozkowski (2020) surveyed over 600 students from two universities who had at least one experience where a sexual partner was willing to have sex and they were not; respondents were asked to indicate how they let the partner know that they were not willing and did not consent (or refused). Most responses were coded into one of five categories: saying no (e.g., “I said ‘no’ until they understood that I was serious”; 53%); implicit internal excuse (e.g., “I told them I was not in the mood”; 12%); implicit external excuse (e.g., “I… told him that… I did not know him that well”; 5%); active behavioral cue (e.g., “I moved their hand away”; 15%); and passive behavioral cue (e.g., “I showed signs of discomfort”; 5%). An additional 10% of responses could not be categorized. These findings highlight the importance of teaching adolescents that many individuals communicate unwillingness to have sex in ways other than saying “no.”

### Sexual consent in the context of substance use.

One of the four scenarios provided in the *Sexual Consent* article addressed consent in the context of substance use. A fifth of adolescents identified the assertion that an intoxicated person cannot provide consent as one of the most important parts of the article. However, a few adolescents questioned the assertion that intoxicated individuals could not provide consent. One character in the article’s scenario was described as having “a few drinks” and telling the other character, “I want to do it with you.” This may have been contributed to some adolescents’ questioning, because the character was not obviously incapacitated. The CDC identifies being “too” intoxicated as one condition for being unable to consent (Basile et al., 2014). This begs the question of what constitutes being “too” intoxicated. Our *Sexual Consent* article advised, “since it can be hard to tell how impaired someone is, it’s best to wait to have sex until both people can give consent.”

Several qualitative studies have found that adolescents and college students perceive impaired sexual decision-making to be a risk of sex in the context of substance use (Coleman & Cater, 2005; Cowley, 2014; Lefkowitz, Waterman, Morgan, & Maggs, 2016; Lindgren, Pantalone, Lewis, & George, 2009; Livingston, Bay-Cheng, Hequembourg, Testa, & Downs, 2013; Smith Toadvine, & Kennedy, 2009; Starfelt, Young, Palk, & White, 2015; Ven & Beck, 2009). Research among university students highlights the potential for another person’s alcohol consumption to be misinterpreted as a signal for willingness to have sex, particularly by men (Jozkowski et al., 2018). In contrast to men in this study, who thought that alcohol consumption was the initiation of consent, women indicated that

alcohol consumption could either be an indicator of consent to engage in sexual activity or an indicator of simply wanting to have an enjoyable time with friends. Further, qualitative research suggests that substance use is a risk factor for both sexual violence victimization and perpetration, including rape and sexual coercion (Abbey, Wegner, Woerner, Pegram, & Pierce, 2014; Anderson et al., 2019; Gatley, Sanches, Benny, Wells, & Callaghan, 2017; Testa, Brown, & Wang, 2019; Walsh et al., In Press; Wilhite, Mallard, & Fromme, 2018).

### Implications for sexuality education and prevention of sexual violence.

Cultural norms must be changed to support verbal, affirmative sexual consent. Sexuality education is an indispensable mechanism of change. To ensure that all adolescents are equipped with sexual consent skills, caregivers, educators, and health professionals can become involved in advocacy efforts to include sexual consent as part of sexuality education. Parents and other caregivers can advocate to school board members that sexuality education extend beyond abstinence and sexual refusal skills. Caregivers, educators, and health professionals can also work with state legislators to develop policies that mandate sexual consent be included as part of comprehensive sexuality education in high schools. Sexuality education can attempt to increase adolescents' self-efficacy to engage in explicit verbal communication about sexual consent. It can also increase adolescents' skills to identify the variety of ways in which unwillingness to have sex or ambivalence might be communicated by others, in contrast to the ways in which an "enthusiastic yes" might be communicated.

State policies that mandate the inclusion of sexual consent as part of health education standards are urgently needed. It is imperative that education about sexual consent occur during adolescence, and not be limited to college and university settings. Hall and colleagues (2019) conducted a recent review of policies on K-12 school-based sexuality education for all 50 U.S. states. Policies included state statutes, state board of education policies, and state department of education or public instruction curriculum standards. Nearly 75% of state policies emphasized abstinence from sexual behavior, and an additional 14% required that abstinence be included in sexuality education. Roughly half of state policies addressed interpersonal issues, such as empowered sexual decision-making (52%), healthy sexual relationships (42%), and sexual violence (54%). A smaller percentage required that sexuality education address communication about sexual consent, such as how to request consent (20%) and how to provide or refuse consent (34%). _Willis and colleagues (2019) conducted a review of state K-12 health education standards, including sexuality education, for 18 U.S. states selected to be broadly representative of the country. Only two states directly referred to sexual "consent." However, four themes relevant to sexual consent were identified within sexuality education or other health curriculum: communication, decision-making, personal space, and relationships. Willis and colleagues noted that there are thus opportunities within existing curriculum to incorporate the topic of sexual consent. Education about consent, more broadly, can be provided to children and adolescents at every age. As part of a series to prevent sexual harassment, the Harvard Graduate School of Education provides strategies for educators to talk with students about respecting one another's boundaries from preschool through high school (Tatter, 2018).

Given the small percentage of state policies that mandate education about sexual consent in U.S. K-12 schools, it is not surprising that first sex has been described as "really wanted" by adolescent women only 41% of the time and by adolescent men only 63% of the time (Martinez, Copen, & Abma, 2011). Some adolescents in our study described reluctance or ambivalence towards having sex as a barrier to saying "yes" or "no" to sexual activities. In our *Sexual Consent* article, we mentioned "being confused about what [one] want[s] to do" as a potential reason for a partner's mixed signals. Sexuality education for adolescents should attempt to establish a norm in which only an "enthusiastic yes" is interpreted as consent for sexual activities. Such a norm may aid in reducing coercion and other types of unwanted sex. Sexuality education must also enhance adolescents' self-efficacy and skills to communicate their reluctance or ambivalence in a way that also communicates their value for their partner and relationship. Fear of turning a new partner away, hurting the feelings of an established partner, offending a partner, and disappointing a partner were common reasons for having difficulty in saying "no" to sexual activities.

Appendix D contains suggestions for future applications of our *Sexual Consent* article in the context of sexuality education. Although this article was not written with caregivers in mind, we can imagine it being read and discussed by caregivers and adolescents together. The *Sexual Consent* article is meant to be processed by adolescents and discussed with the assistance of a health educator or other knowledgeable adult. This can be accomplished in other contexts besides a web-based intervention, including school- and community-based sexuality education and conversations with caregivers. Health professionals can encourage parents and other caregivers to have conversations with adolescents that extend beyond messages of abstinence or delaying sex, contraception, and safer sex. As a prelude to discussing sexual consent, a caregiver could potentially share their hopes for the different ways that caring and respect are shown or will be shown in the context of their adolescent's current or future romantic relationships, respectively (e.g., asking one another to share thoughts and feelings, listening to one another). A caregiver can explain how these practices should be extended to intimate moments, including making sure that each person in a relationship feels comfortable with sexual behavior.

### Strengths and limitations.

Strengths of the present study include its innovative approach to collecting qualitative data through a message board, which functioned as an asynchronous online focus group (Wilkerson, Iantaffi, Grey, Bockting, & Rosser, 2014). By using non-identifying usernames, participants may have perceived fewer barriers to disclosing their thoughts and experiences. The survey, which had to be completed in order for the *Sexual Consent* message board to become visible, may be considered a check for reading the article. An additional strength of the present study is its collection of data on adolescents' perceptions of how the *Sexual Consent* article, a learning tool, could be improved.

Limitations of the present study must also be acknowledged. We did not have any checks to ensure that participants had a literacy level that would allow them to comprehend the article. However, we entered the text of our article into an online readability calculator, which classified the Flesch-Kincaid grade level as 5.4. Our approach to collecting data (i.e.,

in the context of a health promotion intervention) may have prevented some adolescents from expressing a full array of attitudes and beliefs about sexual consent. Asynchronous focus groups can be susceptible to uneven participation (Wilkerson et al., 2014). Just over 20% of participants in the present study responded to another adolescent's comment on the message board, and most participants made only one comment. Thus, interactions between adolescents were not as extensive as might be expected during a synchronous focus group. Additional limitations are that *TeensTalkHealth* participants were a convenience sample comprised predominantly of female adolescents in one geographic region.

The *Sexual Consent* article, in its current form, does not address all of the contexts in which sexual behaviors can occur. Adolescents' discussion of sexual consent and sexual boundaries was predominantly in the context of relationships that were new and developing or established. Adolescents did not explicitly discuss sexual consent in the context of casual sexual encounters (e.g., "hook-ups"). While potential involvement in unhealthy relationships emerged as a barrier to conversations about sexual consent and sexual boundaries, this topic was not discussed in an explicit fashion or at length. Discussion also did not address power imbalances based on status (e.g., freshman/upperclassman). Findings from the present study may be used to address barriers to sexual consent in the context of dating relationships. Different modifiable factors may need to be addressed to prevent sexual violence and unwanted sex in other contexts (e.g., bystander behaviors at parties where substance use may occur; Jouriles et al., 2017; Williams, Rheingold, Shealy, & LaRocque, 2019).

It is important to note that data analyzed in the present study were collected in 2011, before widespread awareness of the #metoo movement (Chicago Tribune, 2019; Garcia, 2017) and other recent efforts to prevent and address sexual violence (e.g., "It's On Us," The White House, 2014). Culturally prescribed sexual scripts appear to be changing, leading to greater awareness of the concept of sexual consent among young people. Hirsch and colleagues (2019) conducted an in-depth qualitative study of undergraduates at Columbia University and Barnard College between 2015 and 2017. While gendered heterosexual sexual scripts were prevalent (e.g., men initiate sex and always want sex; women regulate men's access to their bodies), so too was an awareness among men that their consent practices might fall short of their school's standard. Men worried that consent, once obtained, might later be revoked and that they might "falsely" be accused of sex that they had judged to be consensual. Such fears not only reflect policies at Columbia and Barnard, but also the larger #metoo movement and its backlash (Smith, 2018).

Discussion in response to the *Sexual Consent* article did not explicitly address the concerns of lesbian, gay, and bisexual youth. This was true despite an attempt to feature characters whose names were gender ambiguous, which was intended to facilitate the imagination of either homosexual or heterosexual partnered activity. In addition, transgender, gender nonconforming, and gender non-binary identities were not assessed as part of the *TeensTalkHealth* study, nor was attraction to partners with these identities. Sexual minority youth are often absent from societal messages about sexual consent, which may serve to heighten their vulnerability to sexual violence and impede healthy sexual development. It is important to identify specific barriers to communicating about sexual consent and sexual

boundaries among sexual minority youth (e.g., fear of victimization; McKay, Lindquist, & Misra, 2017) and incorporate these barriers into learning tools.

### Conclusion.

Several modifiable factors may make it difficult for many adolescents to request sexual consent, discuss sexual boundaries, and say "no" to unwanted sexual activities. These factors include low self-efficacy, the belief that refusal of consent can hurt one's partner or relationship, the belief that sexual consent or verbal consent is unnecessary in specific contexts, and the belief that consent can be provided while under the influence of substances. Health educators' moderation of adolescents' comments in the context of the *TeensTalkHealth* intervention provides one model of how learning tools such as the *Sexual Consent* article can be both didactic and interactive. The *TeensTalkHealth* modality also demonstrates how peers with health promoting beliefs and high levels of self-efficacy can serve as role models and reinforce the messages of health educators.

Didactic and interactive tools such as the present *Sexual Consent* article should be updated periodically to address highly visible movements and current events, current legal definitions and cultural norms, and feedback from adolescents. Such an approach would likely enhance adolescents' interest in and engagement with learning tools. Such learning tools are urgently needed. Without opportunities to develop favorable attitudes towards verbal, affirmative consent and skills to enhance self-efficacy, adolescents may be unprepared or unwilling to engage in verbal communication about sexual consent and boundaries. Along with education to enhance sexual communication skills, education is needed to enhance adolescents' ability to correctly interpret the multiple ways in which consent, ambivalence, and refusal can be communicated verbally and nonverbally. Finally, it is imperative to establish sexual norms that dictate respect for sexual refusal by others and engagement in sexual behaviors only when consent is conveyed with enthusiasm.

## Acknowledgements

This work was supported by the National Institute of Mental Health, Division of AIDS (R34 MH086320 to S.S.B.) and a University of Minnesota Grant-in-Aid of Research, Artistry, and Scholarship to S.S.B. The authors gratefully acknowledge the support and contributions of our clinic and school partners; The Annex Teen Clinic; our Program Officer Willo Pequegnat, PhD; videographer Paul Bernhardt, BA; Fuzzy Duck Design and Jared Law, Lead Web Designer & Developer; and the following staff and students within the Division of Epidemiology and Community Health at the time of study implementation: Magdalena Osorio, BA; Ramatoulie Jallow, MPH; Cherese Alcorn, BS; Lee McKenna, BS; Jeffrey Johnson, BS; Douglas Lier, BS; and Gudrun Kilian, BA. The content of this article is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health, Annex Teen Clinic, HealthPartners Institute, Planned Parenthood North Central States, Massachusetts Institute of Technology, and University of Minnesota.

## APPENDIX

## Appendix A. Original *Sexual Consent* article.

### Consent

**What is consent?—**The simplest definition of consent is 'saying yes' or giving permission. When it comes to sex, consent is a verbal agreement that it is ok to do a specific sexual behavior. Consent is an active process and a responsibility shared by both partners

in any situation. Consent should never be assumed, even in a relationship or if you've had sex before. If someone doesn't say "no" it doesn't mean 'yes.' Giving in is not the same as giving consent.

**How do I give consent?—**The only way you can give consent is to tell your partner 'yes.'

**How do I get consent from my partner?—**Taj and Megan were watching a movie together. Megan was snuggled up to Taj during the movie and they had been holding hands and kissing. After the movie ended they began making out. Taj reached under Megan's shirt and began touching her breasts. They hadn't gone this far before, but Megan seemed to be enjoying it.

Did Taj get consent? Did Megan give consent?

Asking simple questions is one of the best ways to determine if someone is comfortable with a situation and is consenting (saying "yes") to the activity. It's always the responsibility of the person who wants to do something sexual to get consent. It's not the other person's job to say "no."

Sometimes you or your partner might not know what to say or how to share your comfort level with a specific activity. Some simple questions can help you gain consent with your partner:

- Do you want to go further?
- Are you happy with this?
- Does this feel good?

**Non-verbal Communication—**Julia and Michael are alone together. Julia starts kissing Michael. Michael seems into it, so Julia starts to unbutton Michael's pants. Michael doesn't stop her, so she takes off his pants and starts touching his penis with her hands. He moans a little when she's touching him.

Did Julia get consent? Did Michael give consent?

Talking about sex isn't always easy, but you can have better relationships and better sex when you can communicate clearly with your partner. Hearing your partner say that they want to be with you at that moment can be a big turn-on. In addition to words, being aware of body language can help you to figure out if the person you're with is feeling comfortable. Here are some ways body language can let you know if the person you're with is not comfortable with what is happening:

- being still or 'passive'
- pushing you away
- holding their arms tightly around their body
- turning away from you or hiding their face

Here are examples of how body language can let you know the person you're with is comfortable with what is happening:

- pulling you closer
- embracing you or allowing you to touch them
- facing you and making eye contact
- smiling

Body language is a powerful form of communication and often has more meaning than the words we speak. However, it's not enough for consent. Be sure to ask your partner for consent, too.

**Mixed Signals—**What do you do if the person you are with says "yes" but is hiding their face or is not responding to your touch? This is a good time to stop and talk with them about how they are feeling. Just because they said "yes" verbally, does not mean they really want to do something. A person may feel pressured to say yes or may be confused about what they want to do. It's always better to take time to talk things through.

What if a person says "no" but is giving you body language that seems to say "yes"? Saying "no" always means no. You might want to talk with them if you feel confused, but it's important not to pressure them to change their mind. It's important you are sure that the person you're with wants what is happening. Sexual activity without consent (anything from touching and kissing to penetration) is sexual assault or rape, which is against the law.

**Slowing things down and stopping—**Sometimes things can move quickly. You may consent to an activity such as kissing or touching but be uncomfortable going further. You always have the right to say "no" and you always have the right to change your mind at any time. It helps if you can be specific when communicating with your partner. Here are some things you can say to slow things down or stop.

- I don't want to go any further than kissing.
- No.
- I want to stop.
- Let's stay like this for a while.
- Let's slow down.

**Consent cannot be given when an individual is intoxicated—**Jose and Alex have been dating a few weeks and are hanging out at a friend's party. Alex has had a few drinks. Soon after, Jose and Alex start making out. Alex says, 'I want to do it with you.' Alex grabs Jose's hand and smiling, leads him to an upstairs bedroom. Jose has brought a condom and they have sex.

Did Jose get consent? Did Alex give consent?

Drugs and alcohol affect people's abilities to make decisions, including whether or not they want to be sexual with someone else. This means that if someone is out of it, **they cannot legally give consent**. Having sex with someone who is drunk or high can be considered sexual assault for that reason. On the other hand, an individual who performs sex acts without the permission of the other person most often cannot claim to be too drunk to know what he or she was doing. Since it can be hard to tell how impaired someone is, it's best to wait to have sex until both people can give consent.

**Get consent every time—**Tiffany and Sam are making out. Tiffany reaches for Sam's belt and asks, 'Do you want to go further?' Sam pulls Tiffany closer and says, 'Yes, I love having sex with you.'

Did Tiffany get consent from Sam? In what ways did Sam communicate to Tiffany that he was ok with what was happening? How did Sam give consent?

Every time you want to be sexual with a partner, you must get consent. It might feel awkward at first, but talking about sex can be sexy.

## APPENDIX

### Appendix B.

*Teens TalkHealth* moderation guidelines.

(1) Offer thought-provoking, yet specific prompts to continue discussion.

(2) Highlight adolescents' personal strengths.

(3) Praise self-awareness and when applicable, ask for additional information about thoughts and feelings that drive decision-making and behavior.

(4) Provide motivation (explicit rationales for engagement in health protective behavior) and cognitive-behavioral skills (explicit strategies to engage in health protective behavior) whenever possible.

(5) Reframe and challenge risk-promoting statements – try to acknowledge or validate the essence of what has been said so that adolescents will be open to 'hearing' a caution against risk.

(6) Empathize with stressors (acknowledge difficulty) and when applicable, provide cognitive-behavioral skills for coping.

(7) Emphasize adolescents' autonomy and choice with respect to behavior – foster a sense of agency.

(8) Challenge the idea that it is possible to completely avoid negative experiences when choosing to engage in risk.

(9) Encourage adolescents to think about how past negative experiences can inform healthy decision-making in the future.

(10) Encourage adolescents to plan ahead – foster a sense of intentionality.

## APPENDIX

### Appendix C.

Selected health educator responses to adolescents' comments on the *Sexual Consent* message board.

| Issue of Concern | Participant Description | Adolescent and Health Educator Comments |
|---|---|---|
| Low self-efficacy to set | Multi-racial female, 16 years | *Adolescent:* I can't ever imagine saying something like 'I don't want to go any further than kissing' … I would feel like that would be so awkward… It seems I would just try to not put myself in a position where I would need to say no, but |

| Issue of Concern | Participant Description | Adolescent and Health Educator Comments |
|---|---|---|
| sexual boundaries | | thats just me.<br>*Health Educator:* Hey (username), avoiding situations where you have to say no is a good option. But what about when you do need to slow something down or ask for something different? Language is so personal and how a person says something can change the story completely. 'I don't want to go any further than kissing' can sound like 'No' or 'Let's go make popcorn' or (jokingly) 'Hey, what's the rush here?' or 'Let's slow this down a little' or 'I don't want to rush, let's just enjoy kissing tonight.' The words you say have to feel real to you. Finding your own words is a process and having language that feels right to say is only the first step. Talking about sex and what you want is a skill that a person can only develop with practice. And like practicing any skill, it will get easier each time you try it. The first time might flop or might feel ok. But the goal is that both partners get to make choices, have ideas and desires, and enjoy intimacy in a relationship. Try it out and let us know! What does happen for you? Has anyone else done something like this? What happened after you said you had a limit? |
| Barriers to conversations about sexual boundaries in established relationships | Multi-racial female, 17 years | *Adolescent:* In my opinion, it's harder to set boundaries with someone you've been dating a while. With a new person, you can stop them from going too far by simply stating that you barely know each other and don't feel like it's right to go too far yet. But with someone you've been dating for a while, certain sexual behaviors are expected and it can be hard to say no when the other person really wants it. My boyfriend used to not understand at all why I wasn't comfortable giving him oral sex yet when he was so willing to do so for me. That was a guilt trip that was hard for me to answer.<br>*Health Educator:* Different sexual behaviors can mean different things to different people. For some people, oral sex is something that happens early in a relationship. For other people, it happens later when they feel more comfortable and connected. Some people aren't really into oral sex at all, and that's okay too.<br>Sometimes people hesitate to say they don't want to do something sexual because they worry that the other person might think they have doubts or don't care. It can help to first say something positive like 'It makes me happy that you want me to feel good,' and then explain 'but I don't want to do that right now.' Or you could say 'I'm not really into that, but I like it when we...' [fill in the blank].<br>Do other people have suggestions for what to say to someone you've been in a relationship with for a while? |
| Acquiescing to sex in order to preserve a relationship | Multi-racial female, 17 years | *Adolescent:* It's difficult to say 'no' when you feel like the other person expects something out of you and will be disappointed if you don't give them what they want. I don't want to leave the other person frustrated or dissatisfied. I have done things I was uncomfortable about for the other person's satisfaction and out of fear they would be disappointed/frustrated if I didn't.<br>*Health Educator:* I think this is something that happens more than anyone would like to admit. Sometimes compromise or giving in can help relationships; and sometimes it can hurt them. When it comes to sexual situations, no one should have to do things they are uncomfortable with. Our fears of disappointing someone can get built up to the point where it feels like we don't have a choice. But being sexual should always be a choice.<br>Does saying 'no' or 'not now' always have to be a frustrating situation? What are some suggestions for handling this kind of situation that have worked for other people? |
| Assuming sexual consent | White female, 18 years | *Adolescent:* I couldn't see myself asking for consent from my boyfriend. I don't think it'd be awkward, we just both seem to want to have sex at the same time.<br>*Health Educator:* I wonder - how do you know that you're both interested in sex at the same time? Are there things you say to each other? Are there nonverbal signs you give? It seems like you might be getting or giving consent in some way without it being so obvious as the process described in our article. |

# APPENDIX

## Appendix D. Suggestions for future applications of the *Sexual Consent* article.

A definition of sexual consent provided to adolescents as part of sexuality education should be accompanied with several examples of sexual communication in scenarios that adolescents are likely to experience. Ideally, education should be offered in a modality that allows for interaction between adolescents and health educators. Adolescents should be

encouraged to "critique" examples given. Do they seem true to their own experiences or those they have heard about? Adolescents can be asked to provide examples of different ways in which consent, ambivalence, and refusal can be communicated verbally and nonverbally. At this point, a health educator can observe the myriad of ways in which consent, ambivalence, and refusal can be communicated. The health educator can highlight the importance of identifying and respecting what is being communicated, as well as asking clarifying questions if one is unsure of what is being communicated. Health educators can note particular phrases or actions that adolescents have interpreted in different ways. They can ask how the intent can be communicated more clearly, while also emphasizing the importance of asking clarifying questions to one's partner if one is unsure of whether the partner is consenting to a sexual activity. In this way, health educators can enhance adolescents' self-efficacy and skills to communicate. They can simultaneously reinforce the message that it is the responsibility of a partner who wishes to initiate or progress sexual activity to obtain clear consent before proceeding.

Some participants in our study described consensual sexual experiences involving purely nonverbal communication or sex in the context of substance use. When providing sexuality education, health educators can acknowledge that such experiences are possible if members of their audience make similar statements. However, health educators must also help adolescents to understand the concept of risk, which is not an "all or none" phenomenon. Certain types of sexual communication (i.e., nonverbal communication, non-explicit verbal communication) may be more likely to be misinterpreted by a partner than other types of sexual communication (i.e., explicit verbal communication). Sex in the context of substance use may make sexual decision-making and sexual communication more difficult than sex while sober. *TeensTalkHealth* moderation guidelines emphasized adolescents' autonomy and choice with respect to behavior; health educators attempted to foster a sense of agency. Others who wish to follow these guidelines should not quash the opinions of adolescents who express a preference for nonverbal sexual communication or a liking for sex while intoxicated. Rather, a health educator can explore whether there are situations where the adolescent thinks explicit verbal communication or sober sex would be a better choice. The health educator can also ask the adolescent what they would do if it seemed like their sexual communication was not being understood.

Our *Sexual Consent* article contains four scenarios to catalyze conversation. Additional scenarios could be developed to further explore the nuances of sexual consent discussed by adolescents in the present study. We view such conversations as skill-building. We wish to be clear that by conceptualizing quality of sexual communication as a risk factor for or protective factor against sexual violence, we are not blaming adolescents who have been victimized by sexual violence. Rather, we are identifying a factor that can be one focus of prevention efforts. It is not the fault of a victim of sexual violence if a perpetrator does not understand their communication or blatantly disregards a refusal that is well understood. In addition to building adolescents' sexual communication skills, it is important to build interpretation skills, as well as norms that dictate respect for the refusal of others and engagement in sexual behaviors only in the context of an "enthusiastic yes."

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**Table 1.**

*Sexual Consent* synopsis, learning objectives, and discussion questions.

| |
|---|
| **Article Synopsis** |
| The simplest definition of consent is 'saying yes' or giving permission. When it comes to sex, consent is a verbal agreement that it is ok to do a specific sexual behavior. Consent is an active process and a responsibility shared by both partners in any situation. |
| **Learning Objectives (not shown to participants)** |
| 1. Understand the definition of consent |
| 2. Determine whether article scenarios included consent |
| 3. Learn effective ways to request and provide consent |
| **Discussion Questions** |
| 1. Can you see yourself asking consent questions like the ones in this article? Can you see yourself making "slow down" or "stop" statements like the ones in the article? *(14 responses)* |
| 2. What are some other realistic things you could say if you wanted to get or give consent? *(12 responses)* |
| 3. What makes it difficult to say "yes" to sexual activities? *(16 responses)* |
| 4. What makes it difficult to say "no" to sexual activities? *(36 responses)* |
| 5. Is it more difficult to set clear boundaries with a new person or with someone you've been dating for a while? What things make it easier or harder to do? *(25 responses)* |

**Table 2.**

Responses illustrating selected categories identified through content analysis of open-ended survey questions, completed prior to message board discussion.

| Category | Participant Description | Open-Ended Survey Questions and Illustrative Comments |
|---|---|---|
| | | **In your opinion, what are the most important parts of this article?** |
| Definition of sexual consent | Asian female adolescent, 18 years | The important parts in this article was the definition of consent, what doesn't count as consent, and the mentioning of how consent of an intoxicated person is considered not really a consent. (also categorized under *"intoxicated persons cannot provide consent"*) |
| | White female adolescent, 17 years | To always get a yes from your partner rather than to just do what you think is right. With sexual situations you need to make sure both parties understand and want to continue with what is happening. *(also categorized under "importance of consent")* |
| Skills | White female adolescent, 18 years | All of it is important because it gives examples and gives you ideas of what to say to your partner if you feel uncomfortable, comfortable, or confused. |
| | | **What things in the article are unclear?** |
| Suggestions for improvement | Black female adolescent, 17 years | The questions about the scenarios where it asks if the person got consent, the answers should be listed after to avoid any confusion. |
| | White male adolescent, 17 years | some of the examples of mixed signals were a bit unclear |
| Must sexual consent always be verbal? | White female adolescent, 16 years | The article was pretty clear, there wasn't anything I didn't understand. Except I wasn't sure if the article was suggesting non-verbal consent was a good idea or a not so good idea. |
| | White female adolescent, 18 years | im confused on what the point was with non verbal consent. some people do know when yes is yes without saying it. |
| Is it really the case that intoxicated individuals cannot provide consent? | White female adolescent, 18 years | Well the whole part about how people give consent when they're under the influence. Sometimes they may actually want it but be too shy to say so sober or may not want it at all. |
| | Multi-racial female adolescent, 17 years | I think the consent when under the use of drugs or alcohol can always be a little tricky to handle. I first had sex when I was using alcohol and I think it just gave me more confidence to actually do it. It's not that I wouldn't want to when I was sober, I just was more shy before about it. |
| | | **What other things do you wish the article covered?** |
| Additional information that could be used to develop sexual consent skills | White female adolescent, 17 years | More about age and body language connecting to the situations. A lot of people I've noticed don't like talking about it so body language is I think the best way to tell. |
| | White female adolescent, 17 years | maybe what to do if you dont consent with your boyfriend (but you dont say no), and he continues to do it. |
| | White female adolescent, 17 years | i wish it went more in depth into intoxicated consent |
| Guidance on what to do if partners do not respect denial of consent | White female adolescent, 18 years | What to do if a partner keeps pressuring after you say no. |
| | White male adolescent, 17 years | the perspective of feeling pressured and going along with what the other person wanted to do |
| | White female adolescent, 16 years | What should you do if someone gets mad or frustrated when you dont "give them consent"? |
| | White female adolescent, 18 years | I suppose I wish it covered what to do when your partner is intoxicated and doesn't listen when you say you don't want to have sex. |
| Information about sexual assault and other forms of sexual misconduct | Native American female adolescent, 16 years | More about the rape aspect. How much trouble it can get you into, how easy it is for something to be considered rape, etc. |

| Category | Participant Description | Open-Ended Survey Questions and Illustrative Comments |
|---|---|---|
| | White female adolescent, 17 years | I wish it covered more about what you can DO if something happens to you where you get in a situation that you didn't give consent and what you can do. |

**Table 3.**

Comments illustrating selected themes from message board discussion.

| Major Theme | Participant Description | Discussion Questions and Illustrative Comments |
|---|---|---|
| | | **Can you see yourself asking consent questions like the ones in this article? Can you see yourself making "slow down" or "stop" statements like the ones in the article?** |
| Adolescent could apply the article's examples | White female adolescent, 18 years | (The examples provided) are not so formal or awkward as I might have expected when thinking about 'getting consent.' They are things that people actually say, that I myself have said. |
| Adolescent could not apply the article's examples | Multi-racial female adolescent, 16 years | I can't ever imagine saying something like, 'I don't want to go any further than kissing.' What would make saying no hard for me would be what do you do after you say no? Where are you supposed to go? I would feel like that would be so awkward. Do you leave the house? Do you leave the room? Do you stay? It seems I would just try not to put myself in a position where I would need to say no, but that's just me. |
| | | **Appreciation for article (emergent theme)** |
| Appreciation for article | Multi-racial female adolescent, 16 years | I've been in a lot of awkward situations. A lot of weird situations that weren't good at ALL. Seeing this article makes things a lot more clear to me on just how bad these situations could have gone… Rape is serious, and consent is serious. I'm so glad this article was posted. |
| | | **How to refuse requests for sexual behavior (emergent theme)** |
| How to refuse requests for sexual behavior | Black female adolescent, 14 years | While you're "in the moment" it sometimes seems like it's all going too fast. I think a good tip for everyone is too slow down, analyze the situation and discuss what's happening with your partner. Instead of just assuming and going ahead with everything. One time, my back and forth boyfriend and I had been making out, and he wanted to do more. I had to stop him, and help him realize that he doesn't think as clearly and for the future when he's horny and that we needed to make sure we didn't regret it. I think it was a big step in our relationship, and I would definitely use that strategy again. |
| | White female adolescent, 18 years | I personally have always made it very clear to the person that i don't want them to go any further. Usually by placing their hands in a different place thats more comfortable to me. As well as telling them what i want to do with them. By doing that, they usually understand that thats all I want to do. |
| | | **Beliefs about sexual consent (emergent theme)** |
| Endorsement of sexual consent | White male adolescent, 16 years | Consent is such a clear-cut part of sex. Quite honestly, if you have the faintest doubt in your mind of whether or not your partner is giving consent, you should just treat it as if they did not. And verbal communication is of course never inappropriate. |
| Consent is verbal | Asian female adolescent, 15 years | Consent is verbal, and I really want that to be a well known fact. |
| Consent can be nonverbal | White female adolescent, 17 years | I cannot see myself asking questions like that, me and my boyfriend have been together for a long time and verbal asking has never been a thing that is done – its more the nonverbal… |
| Body language can be used to withhold consent | White female adolescent, 18 years | If you're used to having sex regularly and all of the sudden you say no or the other says no, it can be difficult to go with. What I usually do is turn facing the other way on the bed or even get out of bed and walk way. |
| | | **Timing and frequency of communication (emergent theme)** |
| *Communicate before sex | White female adolescent, 17 years | I feel as though it can be hard to say yes or no in sexual situations because a person could be swept off their feet by the situation. They might not know what to say or how to feel about the situation. Some of the phrases listed in the article are simple and would be helpful, but I personally feel as though it would be hard to get any of it out. A lot of sexual situations are spontaneous, so I feel these conversations should happen before a couple becomes sexual. I know sometimes that may not work, so when it can't be planned for then a person has to be prepared to set their boundaries on the spot. |
| Communicate in the moment | White female adolescent, 15 years | its really important to always make sure your partner is okay with everything, regardless of how often it happens. my ex boyfriend and i had sex pretty frequently, but even after we grew used to each other and how we react to things, he still always asked me if i was okay with everything at least twice everytime things started getting fired up. |
| | | **What makes it difficult to say "yes" to sexual activities?** |

| Major Theme | Participant Description | Discussion Questions and Illustrative Comments |
|---|---|---|
| Underlying reluctance or unwillingness to have sex | White female adolescent, 18 years | It makes it difficult to say 'yes' to sexual activities when you don't feel comfortable with your partner or the situation. |
| Absence of a request for consent | White female adolescent, 18 years | The first time I had sex, my partner didn't ask if I was okay with it, and it turns out I wasn't. We had been together for a long time, but I didn't want to go farther, and I really had wished that they had asked if I wanted to. I ended up stopping them after a few seconds. |
| Fear of being judged | Multi-racial female adolescent, 17 years | Sometimes it can be hard to say yes because you may feel what your doing will be seen as bad by someone else or that you think people will judge you… |
| | | **What makes it difficult to say "no" to sexual activities?** |
| Underlying desire to nurture or preserve a relationship | White female adolescent, 18 years | When you're in a relationship for a long time, and you've been sexually active, it's hard to look at you're partner and say you're not in the mood if they're all over you. You look at them and you kinda rationalize it and say well, I love them so I guess I can show them by sleeping with them, or giving in. Nobody really wants to admit that, but it does happen. |
| | Black male adolescent, 17 years | I think what makes telling someone no you're not ready for sex (difficult) is the fact that they may feel like you don't love them or you don't like them. Someone could also be scared that if they say no that the other person may want to break up with them. |
| Involvement in a potentially unhealthy relationship | Black female adolescent, 16 years | …you don't want to then you'll feel pressured to do it so you HAVE to say yes… |
| Belief that sexual consent can be assumed after saying "yes" once | White female adolescent, 17 years | I feel like once it has happened once then it just feels like it should be okay. |
| Being caught up in the moment | Multi-racial female adolescent, 15 years | I think it is sometimes (difficult) to say no for some people because there are some situations where things sexual are starting to happen and you could get distracted with it feeling good and not really thinking about the fact that you don't particularly want this to be happening because of the person or situation or just your own morals. |
| Lack of skills to determine sexual boundaries or deny sexual consent | White male adolescent, 16 years | I've always been pretty good at knowing my boundaries when it comes to sexual acts. People haven't always with me, and most of the time I just let it happen. |
| Intoxication | Asian female adolescent, 17 years | It's always hard to say no when you're caught up in the moment, and it's especially hard when under the influence of alcohol… be aware of how alcohol effects you with others. |
| | | **Is it more difficult to set clear boundaries with a new person or with someone you've been dating for a while? What things make it easier or harder to do?** |
| More difficult with new partners | White female adolescent, 16 years | I think saying no can be difficult with anyone really. If you're with someone new, it could be hard because you don't want to turn them away from you. You want to keep the new person. But it's also hard with someone you've been with for a while, especially if you've already had sex. They may think you're trying to break up with them or they did something wrong. Saying no can be hard, especially if you're worried about hurting them… (also categorized under *"more difficult with established partners"*) |
| Easier with new partners | Multi-racial female adolescent, 17 years | With a new person, you can stop them from going too far by simply stating that you barely know each other and don't feel like it's right to go too far yet. But with someone you've been dating for a while, certain sexual behaviors are expected and it can be hard to say no when the other person really wants it. (also categorized under *"more difficult with established partners"*) |
| More difficult with established partners | White female adolescent, 18 years | I think it would be more difficult to set clear boundaries with someone I've been dating awhile because they will be so used to one thing and not the new boundaries and will be harder to say yes or no. |
| Easier with established partners | White female adolescent, 17 years | I think that it is way easier to set boundaries with someone you have been with for a long time because there [is] more understand[ing]. |
| | | **Other factors affecting the ease of setting boundaries (emergent theme)** |
| Closeness to partner/ overall relationship quality | Latina female adolescent, 18 years | I think it depends on how comfortable or close you are with the person you've been dating for a while, i feel like for me it would be easy for me to talk to my boyfriend about setting different or new boundaries but at the same time it becomes like a habit and it may be harder to set new boundaries with the other person because then they're like well we've done this or that before |

| Major Theme | Participant Description | Discussion Questions and Illustrative Comments |
|---|---|---|
| | | and maybe begin to question if you feel comfortable still with them. It would all depend on how close and easy it is for the both of you. |
| Age | White female adolescent, 18 years | When I was younger it was more difficult to set boundaries with a new person just because I felt embarrassed or awkward. But now that I'm older I feel comfortable setting boundaries. |
| Self-efficacy for setting boundaries | White female adolescent, 18 years | I personally have always made it very clear to the person that i don't want them to go any further. Usually by placing their hands in a different place thats more comfortable to me. As well as telling them what I want to do with them. By doing that, they usually understand that that's all I want to do. |
| Perceived benefits of conversations about boundaries | White female adolescent, 18 years | I think it is important to know how to say to someone that this is how far you want to go with them and that you don't want to go farther. It is important to make that clear to the other person *so that there is no confusion*. (emphasis added) |