University of Nevada, Reno

Sexual Consent: Perception of Ambiguous Sexual Encounters of LGBTQ+ and Cisgender, Heterosexual Individuals

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Social Work

by

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Abstract

The literature is lacking in information on the perception of sexual consent behaviors of people with non-dominant gender identities and sexual orientations. This study explored how sexual consent is perceived for people with diverse gender identities and sexual orientations. College students were recruited to participate in a survey in which they were asked to respond to a heterosexual version or a sexual minority version of vignettes featuring ambiguous sexual consent scenarios. The study findings indicate that 5 of the 16 vignette themes showed possible differences in participant perception. The statistically significant research findings show that participants perceived the retraction of sexual consent theme differently between the cisgender, heterosexual and sexual minority vignette version, in that the sexual minority characters (gay) were perceived to have consented more than the cisgender, heterosexual characters. In looking at the characters in the aggressor role in the vignettes, the cisgender, heterosexual characters were perceived to have consented to the sexual scenarios at a higher degree than characters of sexual minority groups in the emotional dysregulation (male to female transgender), retraction of sexual consent (gay), bribe or blackmail (lesbian), and rape fantasy (queer) themes. In looking at the characters in the victim role in the vignettes, the character of a sexual minority group (questioning sexual orientation) in the consensual theme was perceived to have consented more than the cisgender, heterosexual character. Implications and future recommendations are discussed.
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Chapter I: Introduction

Sexual rights are an extension of internationally and nationally recognized human rights, encompassed by the application of human rights to sexuality (World Health Organization [WHO], 2006, 2010, 2015). Human rights, universally unearned standards of freedoms and entitlements, incorporate sexual health privileges and provide the opportunity for individuals to exercise their sexual rights through self-determination and sexual autonomy. With the protection of human rights, individuals are granted the capacity to make voluntary sexual decisions that are free of coercion and to uphold bodily integrity without punishment or discrimination (WHO, 2015).

Sexual violence is a threat to one’s sexual health and is an infringement of an individual’s human right of personal security and privacy, subjecting the individual to cruel and degrading treatment (United Nations [UN], 2015; WHO, 2015). The lack of permission, or consent, to make sexual advances towards another person is a violation of the person’s bodily autonomy, as capacity to make an independent sexual decision is disregarded. Similarly, education, as a basic human right, promotes respect and understanding of the human condition (UN, 2015). According to the World Health Organization and the World Association for Sexual Health, providing education to individuals about obtaining consent for sexual behavior is an ethical obligation to protect human and sexual rights (Bruess & Greenberg, 2008; Kismödi, Corona, Maticka-Tyndale, Rubio-Auriaoles, & Coleman, 2017; Santelli et al, 2017; WHO, 2015).

To reap the benefits of sex education, instruction must be developmentally appropriate, medically, factually, or technically accurate, evidence informed, culturally relevant, and inclusive of individuals with various backgrounds and intersections of
identity (Federal Centre for Health Education [BZgA], 2010; Future of Sex Education Initiative [FoSE], 2012). There are various categories of which people use to identify themselves, including: race, ethnicity, gender expression, gender identity, sex, sexual expression, sexual orientation, national origin, physical or mental ability, religion, political party, socioeconomic status, legal or immigration status, veteran status, first language, and other personal markers. The sexual and relationship practices of people differ widely among their cultural affiliations and identity configurations. Comprehensive sexuality education strives for inclusivity of sexual differences among diverse groups and populations.

While 75% of millennials prefer comprehensive sexuality education instruction in public schools, only 12% of students are taught the topic of same-sex relationships in class and only 45% of students are taught about healthy relationships (Jones & Cox, 2015). In fact, a nationwide survey found that less than 5% of middle and high school lesbian, gay, bisexual, transgender, and queer (LGBTQ+) students are taught positive representations of LGBTQ+ related topics in health classes (Kosciw, Greytak, Palmer, & Boesen, 2014). Most sex education programs focus on the health and sexual practices of the dominant group, or the majority group who have a disproportionate amount of power, status, and privilege. In the U.S., the dominant group includes the white, heterosexual, monogamous, Christian, and cisgender population. Using traditional sex education programs that deny sexual health and sexual practices of LGBTQ+ identities asserts the assumption that all students are heterosexual, cisgender, and engage in the same sexual practices. Sex education taught in public schools, with these binary assumptions engrained in the program, is a form of institutional and structural oppression. By
excluding the sexual practices of a certain group, sex education is privileging the
dominant group’s perspective and further oppressing, pathologizing, and illegitimatizing
understanding of the minority group. Curriculums inclusive of LGBTQ+ individuals can
stimulate a safer school environment, decrease victimization and discrimination,
reinforce interpersonal connections and peer acceptance, reduce rates of suicide, reduce
sexual risk taking, and increase self-efficacy to discuss STI/STD and HIV/AIDS testing
(Bauermeister et al, 2015; Gay, Lesbian, and Straight Education Network [GLSEN],
2011; Hatzenbuehler, Birkett, Van Wagenen, & Meyer, 2014; Kosciw, Greytak, Diaz, &
Bartkiewicz, 2010; Mustanski, Greene, Ryan, & Whitton, 2015). Sex education programs
should be modernized to be inclusive of non-dominant identities, to increase the content
quality as new research is available, and to challenge stagnant perceptions. Failure to
include accurate and positive LGBTQ+ representations in sex education may result in
widespread lack of understanding of LGBTQ+ sexual communication practices and
undermined importance of sexual consent for LGBTQ+ people.

The literature is limited on the similarities and differences between heterosexual
and LGBTQ+ sexual health patterns. This lack of research creates barriers to informing
sex education program developers of the various communication patterns of sexual
consent for LGBTQ+ and non-LGBTQ+ individuals. There are studies suggesting that
the use of nonverbal and verbal methods of communicating sexual consent vary among
gender and sexual identities (e.g., Beres, Herold, & Maitland, 2004; de Weerth & Kalma,
1995; Grammer, 1990; Jozkowski, Peterson, Sanders, Dennis, & Reece, 2014; Rose &
Zand, 2002). For instance, research suggests that heterosexual women use more verbal
consent cues and heterosexual men use more nonverbal consent cues (Jozkowski et al,
Research of LGBTQ+ consent communication patterns suggest that women who have sex with women (WSW) and men who have sex with men (MSM) are both more likely to use nonverbal consent cues than verbal consent cues (Beres et al, 2004).

This study aims to identify how people perceive sexual consent communication patterns of LGBTQ+ and non-LGBTQ+ individuals in ambiguous sexual encounters. Ambiguous sexual encounters include sexual situations in which the communication of sexual consent is unclear or insufficient, or in which situational circumstances indicate that sexual consent cannot be voluntarily given or fully understood. Studying individuals’ views of sexual consent will provide information of how gender identity and sexual orientation influence perception of sexual behaviors and will reveal prejudice or preconceived assumptions of non-dominant social groups. The study seeks to answer the following research questions:

- Are there any differences in perceptions of LGBTQ+ and heterosexual individual’s sexual consent communication in ambiguous sexual encounters?
- Are there differences in perceptions of sexual consent based on the aggressor’s stated gender identity or sexual orientation?
- Are there differences in perceptions of sexual consent based on the victim’s stated gender identity or sexual orientation?

Due to the gap of LGBTQ+ instruction in sex education programs, as well as the disproportionately high rates of prejudice and blaming of LGBTQ+ victims for their experienced rapes (Davies & Hudson, 2011; Davies & McCartney, 2003; Grant et al, 2011; Herek, 1988; 2008; Mitchell, Hirschman, & Hall, 1999; Wakelin & Long, 2003), the researcher predicts there will be a relationship between sexual orientation and gender
identity with the perception of sexual consent. Specifically, the researcher hypothesizes that participants will perceive LGBTQ+ individuals as consenting at a greater extent to nonconsensual sexual encounters than heterosexual people. This outcome is predicted for LGBTQ+ people in both the role of the victim and the role of the aggressor in the sexual encounter.
Chapter II: Literature Review

Examining the background of how sexual consent is taught, received, remembered, and applied among various groups is critical to understanding how sexual communication can be improved. Navigating the multiple components of sexual consent can be complex. Thus, the review of the literature is sectioned into three main parts: “Sexual Consent”, “Sexual Education”, and “LGBTQ+ Sexuality”.

Sexual Consent

**Sexual consent defined.** Sexual consent is defined as a necessary agreement to engage in sexual activity that is freely given, enthusiastic, specific, informed, and reversible (Planned Parenthood Federation of America [PPFA], 2018; Rape, Abuse, and Incest National Network [RAINN], 2018). Verbal or nonverbal consent must be explicitly communicated during the initiation of every sexual behavior to respect a partners’ boundaries and to ensure that the partner wants the sexual acts to occur (PPFA, 2018; RAINN, 2018). Sexual activity without communication and acknowledged consent is considered to be sexual misconduct or assault (PPFA, 2018). Consent must be given without manipulation, coercion, pressure, intimidation, or under the influence of drugs and alcohol, even if the individuals involved are of drinking age (PPFA, 2018; RAINN, 2018). Individuals must be developmentally able to provide consent, which is determined by state age of consent laws (PPFA, 2018; RAINN, 2018).

Partners should feel enthusiastic about sex, expressing at minimum verbally or physically mutual and understandable actions, and should only participate in sexual activities of which they want to engage (PPFA, 2018). Enthusiasm is subjective and can often be misinterpreted, so it is imperative that individuals tune into their partner’s body
and verbal language and ask for clarification if they are unsure of their partner’s motivations and boundaries. Individuals should not feel pressured or expected to take part in sexual activity and should refrain from sexual acts that feel uncomfortable or forced (PPFA, 2018; RAINN, 2018).

The communication of consent must be specific, in that the sexual behavior proposed is agreed upon (PPFA, 2018; RAINN, 2018). Advancing to other sexual acts requires additional confirmation (PPFA, 2018; RAINN, 2018). A partner should not assume that a certain sexual act will lead to another, unless the new sexual behavior is communicated and freely agreed upon by both parties (PPFA, 2018).

Consent is informed, in that partners should completely communicate and comprehend the course of action during sexual contact (PPFA, 2018; RAINN, 2018). Individuals should understand the role of contraceptives during their sexual contact with partners and must disclose a positive status of STIs/STDs and HIV/AIDS. Partners should discuss the introduction of condoms, lubricants, objects, toys, and other items prior to sexual engagement.

Consent is reversible and both partners have the right to stop any sexual behavior at any time of the interaction (PPFA, 2018; RAINN, 2018). An individual is able to revoke their consent, even if the sexual act has already been communicated and agreed upon (PPFA, 2018; RAINN, 2018). Consent can also be withdrawn even if the partners have engaged in the sexual act before and even if the partners were actively engaged in the sexual act when one partner opposed (PPFA, 2018; RAINN, 2018).

The University of Nevada, Reno (UNR), the geographic source of this study, identifies consent as an active and ongoing affirmation to engage in sexual conduct that is
clear, informed, and voluntary, and that cannot be given if either partner is coerced, manipulated, intimidated, forced, or threatened to be harmed through blackmail, violence, or other means (Office of Student Conduct, n.d.). UNR maintains that consent cannot be given when an individual is impaired by drugs or alcohol, unable to mentally or physically communicate, or is under the age of 18 (Office of Student Conduct, n.d.). UNR definitions also assert that intimate relations with a previous partner or the recognition of a current dating relationship does not equate to consent of sexual conduct (Office of Student Conduct, n.d.). Consent applies to individuals of all identities and does not discriminate on social categorizations or identities. Lastly, UNR’s definition notes that sexual contact which lacks consent or in which consent cannot be communicated, and occurs in educational and workplace environments, is considered to be sexual harassment or sexual violence (Office of Student Conduct, n.d.).

**Sexual consent laws and ambiguity.** Sexual conduct is defined by the Nevada Revised Statutes (NRS) 201.520 as coital intercourse, anal intercourse, oral-genital contact, masturbation, lewd exhibition of genitalia, physical contact or penetration of an object into another person’s genital or anal cavity for arousing or gratifying purposes, sadomasochistic abuse, or lewd or lascivious acts upon another person’s body (NRS, 2015b). According to NRS 200.364, a sexual offense is defined as a sexual assault or statutory sexual seduction (NRS, 2015c). NRS 200.364 mandates that statutory sexual seduction is coital intercourse, anal intercourse, or sexual penetration of any kind of an individual 14 to 15 years of age and who is at least 4 years younger of a perpetrator 18 years of age or older (NRS, 2015c). Sexual assault under NRS 200.366 is defined as the penetration of another person, forcing another person to penetrate someone else or to
make a penetration on themselves or an animal against their will, or penetration in which the person knows or should know that the victim is incapable of understanding the nature of the acts or is mentally or physically unable to resist (NRS, 2015c). Sexual assault involves the penetration of child 14 years of age or younger or an assault on a child 16 years of age or younger, and includes incest, lewdness, sadomasochistic abuse, and the luring of a child through a network system (NRS, 2015c).

Sexual penetration of a murder victim under NRS 201.450 and sexual conduct between an employee and pupil of a school under NRS 201.540 are also considered to be nonconsensual in Nevada (NRS, 2015b). Although not explicitly stated in the NRS, nonconsensual sex shares a similar definition with sexual assault, in that an act identified as sexual conduct is forced upon another person without their perception of the nature of the act, or their mental or physical ability to comprehend the circumstances or resist from the act. Due to the lack of clarity of what constitutes sexual consent by Nevada laws, the reasonable mistaken belief of an aggressor that their partner is consenting to a sexual act is valid defense that can be exercised in Nevada courts (Honeycutt v. State of Nevada, 2002).

Exposing a minor, or child under the age of 18, to pornography or using a child for pornography production, as well as possessing and distributing pornography featuring children, is also considered to be nonconsensual (NRS, 2015c). Individuals under the age of 16 are not considered to have the ability to provide informed consent and therefore the age of consent for sexual acts is 16 years of age, with any penetration of a child under the age of 14 constituting as a sexual assault. The age of consent in Nevada has historically
ranged from the low age of 12 in 1885, to age 14 in 1890, to a high of 18 in 1920, and back down to 16 in 1999, in which it has remained in statute (Cocca, 2004; NRS, 2015c).

Affirmative sexual consent laws, legal standards requiring explicit and assertive agreements to engage in sexual behavior, are increasingly being introduced into legislation and adopted into educational institutions. California is currently the first state to pass legislation explicitly defining affirmative consent and circumstances in which sexual consent is not sufficient to precede sexual contact (Cal. EDC § 67386, 2014; Cal. S.B. 967, 2014). This legislation, specific to college and high school students, asserts that silence and lack of protest do not signify consent, and that a previous voluntary and conscious agreement must be ongoing and can be revoked at any time by any partner involved (Cal. EDC § 67386, 2014; Cal. S.B. 967, 2014). The mandate also declares that the partners’ sexual history and dating relationship are not precursors to sexual activity, and that individuals who have a mental or physical condition influencing their ability to communicate consent, are unconscious or asleep, or who do not understand the nature of the sexual activity due to incapacitation of drugs, medication, or alcohol, are not able to consent (Cal. EDC § 67386, 2014; Cal. S.B. 967, 2014). In addition to the standards adopted by California’s affirmative consent law, Illinois’s legislation further negates a person’s manner of dress as constituting consent, and asserts that consenting to engage in sexual activity with one person does not transfer to consent of sexual activity with another person (IL. Gen. Ass. Pub. A. 099-0426, 2015; IL. House B. 0821. Gen. Ass. 99, 2015). Other states are also increasing the inclusion of affirmative consent in statewide legislation, including New York, Connecticut, and the U.S. Virgin Islands (CT. House B.
Due to the lack of specificity of what constitutes attempts to communicate freely given consent or lack of consent in the NRS, laws from other states and case laws that have been established over time through sexual assault cases are referenced in ambiguous cases for interpretation (Law Library, 2018). Case laws are a collection of judgments from previous court rulings that constitute a body of law and can be used as a guide to determine whether or not a sexual act is consensual within a given jurisdiction (Law Library, 2018). Case laws are valuable in ambiguous cases in which the circumstances of the sexual contact and communication are unclear or open to interpretation.

Sexual consent is controversial in case law, especially when the determinants of what is considered consent are difficult to identify or measure. Case laws, such as State of Ohio v. Orlando Batista (2016), can assist the court in dictating whether mandatory disclosure of HIV violates an individual’s right to privacy and confidential health information. This determination is significant in the court’s ruling of a sexual act as consensual or nonconsensual. The current ruling on this case recognizes the resistance of HIV/AIDS disclosure as a lack of informed consent, citing this occurrence as nonconsensual. The facts of this case were salient, as an individual is more likely to face a conviction if they knew their HIV/AIDS status. Evidence of medical reports can confirm or deny an individual’s knowledge of a positive test of HIV/AIDS prior to the sexual engagement of which transmission of the disease occurred, determining the outcome of the sexual behavior as consensual or nonconsensual. An HIV/AIDS informed individual who partakes in sexual contact with another person and does not disclose their
HIV/AIDS status is engaging in a nonconsensual sexual relation, whereas a sexually engaging individual who has HIV/AIDS but does not know of their HIV/AIDS status may be perceived as participating in a consensual relationship and may not be held accountable for the transmission of the disease.

Wilson v State (2007) and United States v. Remoi (2005) addressed convictions of individuals who are guilty of sexual contact with a minor or an individual who has mentally or physical limitations to consent. Wilson v. State (2007) ruled on judgment of a minor to provide informed sexual consent for oral-genital contact. This case lessened the sentencing of an adult sexual perpetrator who received fellatio from a female minor because the perpetrator was not significantly older than the victim and the general sentencing requirements were disproportionate for the circumstances of the case. United States v. Remoi (2005) examined the capacity of individuals who are mentally or physically incapable of resisting or of providing consent. It was determined that resistance is impossible with those who are physically unable to defend themselves and those who are mentally incapacitated to provide consent, deeming sexual conduct with individuals in these conditions as nonconsensual.

People of the State of New York v. Oliver Jovanovic (1999) addressed consent of gay and heterosexual sadomasochistic sexual behavior which causes bodily harm. In this case, consent was withdrawn when sexual activity became too aggressive for one individual involved, despite online interaction confirming the desire for engagement in aggressive sexual acts. The case of John Doe v. Rector and Visitors of George Mason University (2015; 2016) ruled that there is no constitutional right to engage willingly and
consensually to bondage, discipline, and sadomasochism (BDSM). There are also no federal laws declaring BDSM as valid and voluntary behavior.

State of Washington v. Thomas (1973), Maouloud Baby v State of Maryland (2007a; b), and Hazel v. State (1960) explored resistance of sexual contact, determining that submission and lack of strength or force during resistance does not signify consent. According to this case, an individual who submits to the sexual conduct and does not resist is not considered to be consenting. A person does not need to exert strength to their highest limitations to communicate refusal. In addition, United States v. Clift (2018), State of North Carolina v. Primes (1969), and State of North Carolina v. Hines (1975) held that submission of sexual conduct through fear is nonconsensual. Although an individual is engaging in acts that present as affirmation, such as removing clothing, consent is not given when these acts are prompted by fear. Consent must be freely given, enthusiastic, and without fear or obligation.

People v. Braslaw (2015) held that submission to sexual contact and lack of physical resistance due to alcohol consumption is not consensual. An individual who has consumed alcohol to the point of physical inability to resist cannot consent. It is not explicitly described as to the amount of alcohol consumed for a sexual act to be considered nonconsensual. Maouloud Baby v State of Maryland (2007a; b) and State of Kansas v. Flynn (2014) held that sexual consent can be revoked. Consent to a sexual act is reversible; therefore, an individual can change their mind even after agreeing to engage in sexual behavior. An individual’s agreeance to participate in a sexual act can be withdrawn at any time. Further sexual activity beyond retraction of consent is considered to be sexual assault.

As cases increase in quantity, the perception of consent changes over time. The dynamic situations in which consent is interpreted are significant. Case law holds various legal and moral interpretations. However, this body of law does not apply to all cases, due to unique case circumstances and variations in state and federal laws. Therefore, clearly defined laws specifying consent are needed to maintain consistency among courts and understanding of public individuals.

Sexual consent is a topic that has gained attention in recent years. As affirmative consent laws, bystander awareness, and sex education programs are constructed, the sexual practices and communication patterns of all gender and sexual identities should be included. The tendency of the dominant group to assume leadership positions in politics may hinder inclusive developments and perpetuate oppressive institutions, as most information adopted into bills is transcribed from the lens of the dominant cisgender, heterosexual group. Sexual practices and communication behaviors of the sexual non-majority population are often neglected in institutional mandates.
Rape prevalence and profile. National reports of rape and sexual assault have increased from 150,420 persons victimized in 2014 to 204,000 victimized in 2015 (Truman & Morgan, 2018). Nevada has historically reported a higher rape rate than the national rate (Ruggieri, Terance, & Hart, 2009). The high rate of rapes may be attributed to prostitution, which is legal in certain areas of Nevada, as sexual assault cases involving sex workers is almost double in Nevada compared to the national average (Ruggieri et al, 2009). UNR reports a total of 24 rapes and 1 fondling incident between 2006 and 2016, with at least 13 of the rape cases reported taking place on campus property (Nevada System for Higher Education [NSHE], 2012; 2017; UNR, n.d.a; UNR Police Services, n.d.a; n.d.b; 2015; 2016). UNR also reports 7 dating violence incidents, all of which occurred on campus from 2013 to 2016 (NSHE, 2012; 2017). Reports of sexual assault on campus may be conservative due to the option of victimized students to report a rape through the university or through the city and state criminal justice system. Rapes reported to the state authorities are not recorded in UNR’s crime statistics.

Reports of sexual assault occurring on campus and to students off of campus is also underreported. Research shows that 1 in 5 women and 1 in 16 men are sexually assaulted in college, however rape is only reported at rates of 32% to 96% (Fischer, Cullen, & Turner, 2000; Krebs, Lindquist, Warner, Fisher, & Martin, 2007; Lisak & Miller, 2002; Perkins & Klaus, 1996; Rennison, 2002; Sinozich & Langton, 2014). The rates of reporting rapes is even lower for college students (Krebs, Lindquist, Berzofsky, Shook-Sa, & Peterson, 2016; Sinozich & Langton, 2014). In fact, rape is the most underreported crime with only 63% of all rapes being reported to the police and even a higher percentage of attempted sexual assaults being unreported (Rennison, 2002).
Research suggests that up to 24% of men have engaged in activity that constitutes rape, attempted rape, or coercion of an individual into sexual contact, and 63.3% of aggressors have self-disclosed repeat rapes (Lisak & Miller, 2002; Spitzburg, 1999). Utilizing the word “rape” in a study, rather than describing the nonconsensual sexual act, has effects on the disclosure rate of men and may be an implication of a wide range of men admitting to rape (Edward, Bradshaw, & Hinzs, 2014). Of men who have engaged in acts that meet the criteria of rape, the majority of cases involved women who were incapacitated due to alcohol or drug use (Lisak & Miller, 2002). Victims who did not report a rape mentioned fear of retaliation, shame of the incident, the belief that the incident was a personal matter, the belief of a police bias or the perception that police could not help, the belief that the rape would be a single occurrence, and to protect the offender as their reasons for choosing not to disclose the rape (Rennison, 2002; Sinozich & Langton, 2014; Tjaden & Thoennes, 2000; Wolitzky-Taylor et al, 2011).

A 2014 survey on sexual conduct and campus safety reveals an underreporting of sexual assaults on UNR’s campus, with 540 women (9%) and 111 men (2%) who participated in the study self-reporting victimization as a UNR student between fall 2013 and fall 2014 (Office of Student Persistence Research, 2014). Of these participants, most self-disclosed that they experienced unwanted sexual contact when they were unable to provide consent, followed by experiencing sexual attempts through threats of physical harm, experiencing completed sexual contact through threats of physical harm, and suspecting sexual contact when unable to provide consent (Office of Student Persistence Research, 2014). The same survey was conducted in 2016, revealing a 3% decrease of overall self-identified sexual victimization than reported in 2014 (Office of Student
Persistence Research, 2016). The majority of the victims were women (87% in 2016 and 83% in 2014) under the age of 26 (85% in 2016 and 86% in 2014) (Office of Student Persistence Research, 2014; 2016). The majority of students knew their perpetrator (86% in 2016 and about 80% in 2014), however victims’ rates of consuming alcohol differed in 2016 (65%) and 2014 (27%) (Office of Student Persistence Research, 2014; 2016).

Victims reported disclosing unwanted sexual contact to a close friend, a roommate, or to no one at all, and felt somewhat responsible, were ashamed or embarrassed, wanted to forget the experience, believed the incident was not serious enough, considered the incident to be a private matter, or believed others would not find it important (Office of Student Persistence Research, 2014; 2016). Only 9% of victims of the 2016 study disclosed their sexual assault to UNR personnel, over half of which reported to counseling services on campus (Office of Student Persistence Research, 2016).

In the 2014 study, 3% (122 men and 79 women) of participants self-identified as perpetrators, with the majority having fondled or groped a student only once, followed by a submission of “unsure” responses, attempting or completing oral contact or penetration, and fondling or groping another student more than once (Office of Student Persistence Research, 2014). Of self-identified perpetrators, 33% claimed both people involved were drinking alcohol and 8% stated drugs were used by both individuals (Office of Student Persistence Research, 2014). The most common tactic employed by self-identified perpetrators was catching the victim off-guard, followed by taking advantage of an incapacitated victim, using criticism or anger, telling lies and making threats, using threat
of physical harm, and using force or a weapon (Office of Student Persistence Research, 2014).

Through a different UNR health assessment survey in spring of 2016, 8.2% of participants reported they had been sexually touched without their consent, 4.1% experienced a sexual penetration attempt without their consent, 2.7% experienced sexual penetration without their consent, and 3.1% experienced a sexually abusive intimate relationship within the last 12 months (American College Health Association, 2016). Participants who drank alcohol reported having sex without their consent (2.1%), having sex with someone who was not able to provide consent (0.3%), and had unprotected sex (22.1%) within the last 12 months (American College Health Association, 2016).

**Rape myth acceptance and victim blame.** UNR male students, especially those with fraternity membership, are more likely than female students to endorse rape myths, beliefs or attitudes that justify nonconsensual sexual aggression through victim blame or minimization (Bohner et al, 1998; Burt, 1980; Office of Student Persistence Research, 2014). This is consistent with other research findings that men are more likely to accept rape myths than women (Anderson, Cooper, & Okamura, 1997; Aosved & Long, 2006; Calhoun, Selby, & Warring, 1976; Davies & Hudson, 2011; Davies, Pollard, & Archer, 2001; Davies & Rogers, 2006; Davies, Rogers, & Bates, 2008; Hockett, Saucier, Hoffman, Smith, & Craig, 2009; Hockett, Smith, Klausing, & Saucier, 2016; Lynch, Jewell, & Golding, 2016; Muehlenhard, 1989; Pollard, 1992; Schulze & Koon-Magnin, 2017; Sleath & Bull, 2010; Struckman-Johnson & Struckman-Johnson, 1992; Suarez & Gadalla, 2010; Whatley & Riggio, 1993). Victims are less likely and perpetrators are more likely to endorse rape myths at UNR, and students who believe alcohol facilitates
opportunities for sexual contact have stronger inclinations towards rape myths than those who do not (Office of Student Persistence Research, 2014).

Higher levels of blame are also perceived if the individuals are well acquainted, have had a prior sexual relationship, or if the victim was raped before (Calhoun et al, 1976; Grubb & Harrower, 2008; Monson, Langhinrichsen-Rohling, & Binderup, 2000). Heterosexual individuals, fraternity and sorority members, athletes, those without previous rape education, and those who knew someone who has been sexually assaulted report higher rape myth acceptance (Aosved & Long, 2006; Burt, 1980; Burt & DeMello, 2002; Hockett et al, 2009; McMahon, 2010). The higher the degree of acquaintance and the longer individuals have known one another, the more consensual sexual acts between them are perceived (Humphreys, 2007; Monson et al, 2000; Sleath & Bull, 2010). Blame is also directed at a female victim if she initiated a date, if the male paid for the date, and if they went back to his apartment (Muehlenhard, 1989). Women who do not physically protest or verbalize that they do not want to engage in a sexual activity are also blamed more for a rape (Black & McCloskey, 2013; Kowalski, 1992).

**Perceptions of sexual interactions.** Males and females differ in their motives for sex, with males more likely than women to engage in sex without an emotional or psychological commitment (Buss, 1989; Carroll, Volk, & Hyde, 1985; Dewitte, 2015). One-third to over half of women have engaged in token resistance, or said no to sex but had the intention and wanted to have sex (Krahé, Scheinberger-Olwig, & Kolpin, 2000; Loh, Gidycz, Lobo, & Luthra, 2005; Muehlenhard & Hollabaugh, 1988; Shotland & Hunter, 1995). Women use more nonverbal cues when flirting and signifying consent, whereas men use more verbal cues (de Weerth & Kalma, 1995; Grammer, 1990;
Jozkowski et al, 2014). Heterosexual men are more likely than women to perceive sexual interest and flirting of women in dialogues and scenarios, perceive less sexual harassment, and expect more sexual activity to occur, especially if they rated themselves to be more attractive than other males (Abbey, 1982; Abbey & Melby, 1986; Grammer, Kruck, Juette, & Fink, 2000; Henningsen, 2004; Johnson, Stockdale, & Saal, 1991; Perilloux, Easton, & Buss, 2012; Saal, Johnson, & Weber, 1989; Shotland & Craig, 1988; Wegner & Abbey, 2016). Men are less likely to stress consent and more likely to perceive a heterosexual sexual interaction to be more consensual than women (Humphreys, 2000; 2007). The more impulsive and sensation seeking characteristics that a heterosexual man possesses, the more he perceives a woman’s interactions as friendlier or sexier (Abbey, 1982; McCoul & Haslam, 2001; Whiteside & Lynam, 2001; Zuckerman & Kuhlman, 2000). These findings did not apply to gay men (McCoul & Haslam, 2001).

**Theories of differences in sexual communication.** Defensive attribution hypothesis, feminist theory, gender schema theory, sexual script theory, and social learning theory are applicable to explain rape myth acceptance and the impact of traditional norms in sexual scripts. Defensive attribution hypothesis refers to blaming an individual for the cause of an incident who is personally or situationally different from themselves in an attempt to distance themselves from the blame for the incident (Burger, 1981; Grubb & Harrower, 2008; Shaver, 1970). In the context of rape myth acceptance, the defensive attribution hypothesis would assert that men blame women for rapes in an attempt to disassociate themselves with the rape and place blame on women or other
individuals who differ from them or whom they cannot identify with. Gender, in this case, would be the differentiating factor, making women the subjects of rape blame.

A feminist theoretical framework focuses on social coercion and pressure for women to engage in traditional sex and gender role stereotypes as explanations for why women engage in unwanted sex (Burt, 1980; Conroy, Krishnakumar, & Leone, 2014; Davies et al, 2001; Davies & Rogers, 2006; Hockett et al, 2009; Hockett et al, 2016; McCormick, 1979; Suarez & Gadalla, 2010). Societal pressures on women to maintain relationships and sustain partner satisfaction contributes to how women negotiate consent and interpret unwanted sexual contact (Cleere & Lynn, 2013; Hust, Rodgers, & Bayly, 2017; LeMaire, Oswald, & Russell, 2016). Women receive a higher degree of socially negative disapproval for liberal sexual behavior and engaging in premarital sex than men (Kaats & Davis, 1970; Kreager & Staf, 2009). This double standard, or unfairly applied principle between groups of people, is not dependent on casual or romantic relationships and reinforces the implications of placing blame for rape on women. People with more sexist attitudes and sex role stereotype attributions reflect a greater rape myth acceptance, harassment tolerance, a decreased likelihood of identifying a past sexual assault as rape, and show arousal patterns in men similar to those of identified rapists (Check & Malamuth, 1983; LeMaire et al, 2016; Monson et al, 2000).

Gender schema theory asserts that individuals learn the socially constructed characteristics that symbolize male and female identification (Bem, 1981; Starr & Zurbrigggen, 2017). Men and women adopt gender categorical roles and behave in ways that manifest their gender as determined by society. Sex roles and gender stereotypes are internalized and are reinforced by favorable behavioral consequences and social
interactions. Male sexual privileges and the importance of relationships to the feminine identity are internalized and provide implications as to why women consent to unwanted sex or why they deny a rape occurred (Chung, 2005; Katz & Tirone, 2009; Walker, 1997). Traditional gender roles of male dominance and female submissiveness are socially expected to translate into sexual relationships, with the expectation that males should seek and aggressively pursue sexual relations, and women should submit to male drives and associate relationship sustainability with femininity.

Sexual script theory suggests that sexual behavior is learned through social interactions within a specific culture (Littleton, Axsom, & Yoder, 2006; Masters, Casey, Wells, & Morrison, 2013; Simon & Gagnon, 1986; Wiederman, 2005). Traditional sexual scripts signify that sex is primarily intended for males and secondarily intended for females, men instigate sex and women control access to sex, men’s consent can be aggressive and is obtained through coercion, and that women are responsible for providing oral sex to men (Jozkowski & Peterson, 2013). Sexual script theory also signifies gender differences, in that males primarily communicate sexual consent nonverbally whereas women primarily communicate sexual consent verbally (de Weerth & Kalma, 1995; Jozkowski et al, 2014). However, both genders prefer partners with stereotypical characteristics (de Weerth & Kalma, 1995; Jozkowski et al, 2014).

Social learning theory asserts that sexual expression, sexual behavior, sexual aggression, and sexual knowledge, skills, and attitudes are learned through engagement with the environment (Bandura, 1985; Burton, Miller, & Shill, 2002). Through social interactions, individuals are conditioned and reinforced by external factors to engage in these sexual expectations and norms. The media exhibits traditional messages of
sexuality, presenting an objectification of women to pleasure men as the meaning of femininity and lacking an exemplary guide of obtaining consent (Durham, 1996; Szymanski, Moffitt, & Carr, 2011; Zimmerman & Dahlberg, 2008). Viewing women as sexual objects can be perceived as either perpetuating the oppression of women or as a necessary and healthy action of some men to satisfy their sexual interests. Sexualizing gender roles create expectation discrepancies of providing consent.

**Sexual Education**

**Sex education and sexuality education definitions.** Sex is prevalent at all stages of the life course (Carpenter, 2010). Sex is an activity that can reinforce the bond of human relationships and, when laced with infidelity, has the potential to make strong relationships crumble (Frederick & Fales, 2016; Leeker & Carolzzi, 2012; Meltzer et al., 2017). Sex can improve an individual’s physical and mental health but, when introduced with disease, can limit the lifespan and negatively impact one’s quality of life (McNulty, Wenner, & Fisher, 2016; Wright & Jenks, 2016). With these vastly different outcomes, it is crucial individuals are educated before they engage in sexual behavior and continue educating themselves as new findings become available.

Human sexuality is taught through multiple sources, including through friends, family, school, church, online, local teen centers, health centers, and personal experiences (Guttmacher Institute, 2017). Due to ambiguity and varying sources of content, the concepts of sexuality and sexual behavior are interpreted and defined in many ways (Averett, Moore, & Price, 2014; Bogart, Cecil, Wagstaff, Pinkerton, & Abramson, 2000; Carpenter, 2001; Huang, 2018; Horowitz & Bedford, 2017; Horowitz & Spicer, 2013; Randall & Byers, 2003; Robinson, Balkwell, & Ward, 1980; Sonenstein, Ku, & Pleck, 2017).
1997; Trotter & Alderson, 2007). For instance, some may consider the definition of sex to include oral intercourse whereas others deem sex as including only vaginal and anal intercourse (Bogart et al., 2000; Carpenter, 2001; Sanders & Reinisch, 1999). The topics taught and the depth of human sexuality content discussed are also dependent on the alluded source. For example, churches may focus on HIV/AIDS and pregnancy prevention (Coyne-Beasley & Schoenbach, 2000; Powell, Herbert, Ritchwood, & Latkin, 2016), whereas some parents may focus on condom use and birth control methods (Lindberg, Maddow-Zimet, & Boonstra, 2016).

Sex education is a term historically used to describe instruction of sexual health and behavior (Constantine, 2010; Goldfarb, 2009; Goldfarb & Constantine, 2011). In recent years, professionals have adopted a framework of sexuality education, a concept differing from the goals and ideals of traditional sex education (Alford, 2001; Constantine, 2010; Goldfarb & Constantine, 2011; Helmich, 2009). Although sex education and sexuality education are both intended to provide individuals with information about their bodies, they vary in their presentation of how individuals should make sexual decisions. The sex education model reflects behavior change through sexual restraint and pregnancy and disease prevention, whereas the comprehensive sexuality education model attends to sexual development and health advocacy through a positive sexuality, youth development, or human rights approach (Constantine, 2010; Goldfarb & Constantine, 2011).

Sex education is referred to as instruction that seeks to alter adolescents’ behaviors by reducing harm, promoting moralistic values, and promoting harm reduction through abstinence (Constantine, 2010). Sex education programs typically promote
abstinence-only or abstinence-only until marriage approaches, also known as fear-based, virginity-based, or sexual avoidance programs, as a method of disease and teen pregnancy prevention. Abstinence through sex education programs may be taught from a religious or fear-based perspective and may focus on sexual activity as having a reproductive purpose. By contrast, sexuality education refers to instruction that includes information on many facets of human sexuality, including sexual health, sexual behavior, human development, relationships, interpersonal and social skills, and cultural and sexual diversity (Helmich, 2009; United Nations Population Fund [UNFPA], 2014). Sexuality education often presents sex in a positive and encouraging manner, and includes discussion of sexual activity as pleasurable, rather than focusing solely on reproductive means. Sex education and sexuality education programs vary to the degree that they incorporate traditional abstinence and modern sexuality ideals.

According to the National Survey of Family Growth, 96% of female teenagers and 97% of male teenagers experience formal sex education, such as at a school or through an organization, prior to the age of 18 (Martinez, Abma, & Copen, 2010). In fall 2017, 50.7 million students were anticipated to attend public schools in the U.S., ranging from prekindergarten through 12 grade (National Center for Education Statistics, 2017). With this large student attendance, sex education in public schools is a prime setting for informing groups about human sexuality. Unfortunately, the use of ineffective abstinence-only and abstinence-only until marriage sex education programs (Bearman & Bruckner, 2001; Bruckner & Bearman, 2005; Hauser, 2004; 2008; Kohler, Manhart, & Lafferty, 2008; Santelli et al, 2017), as well as the cultural stigma of premarital sex and the shaming of individuals who engage in sexual behavior, create a climate of discomfort
talking about sexuality and being proactive about protecting one’s sexual health (Elia, 2000; Elia & Eliason, 2010; Montemurro, Bartasavich, & Wintemute, 2015).

**National and international sex education standards.** In 2012, many experts and organizations in the sexual and health field collaborated to produce a set of minimum sex education standards (Boonstra, 2012; FoSE, n.d.). Organizations credited for providing input into the standards include the American School Health Association, Society of State Leaders of Health and Physical Education, the National Education Association Health Information Network, and the American Association for Health Education (FoSE, 2012). The National Health Education Standards heavily influenced the development of the Nationality Sexuality Standards (FoSE, 2012). The National Sexuality Standards are designed specifically for public school-based sexuality education for kindergarten through high school and are being used in 32 states (FoSE, n.d.). They are outlined by seven main topics with performance indicators for each grade level. The topics include: anatomy and physiology, puberty and adolescent development, identity, pregnancy and reproduction, sexually transmitted diseases and HIV, healthy relationships, and personal safety (FoSE, 2012). The standards are favored for practicality as a guide for widespread implementation. However, they can be criticized for lacking a framework based on values, which would require districts, schools, and teachers to incorporate independently and students individually (FoSE, 2012).

The Standards for Sexuality Education in Europe, which were created to be reflective of the World Health Organization’s European region, contrasts with the National Sexuality Standards of the United States in that it includes a values framework and is more focused on holistic, rights based, and sex positive approaches (BZgA, 2010).
Developed by 19 experts from 9 different Western European countries, the standards focus on learning at an age level, rather than a grade level, and promote lifelong learning (BZgA, 2010). The Sexuality Education in Europe includes various topics: the human body and human development, fertility and reproduction, sexuality, relationships and lifestyles, sexuality and rights, social and cultural determinants of sexuality (values/norms), and sexuality, health, and wellbeing (BZgA, 2010). The Sexuality Education in Europe guidelines are referenced globally for their sex education advancements (BZgA, 2010).

**History of sex education in the United States.** Sex education arose at the turn of the 20th century after the concept of adolescence was recognized and was considered to include tumultuous, hypersexual teens who were unable to control their sexual impulses (Kett, 2012; Lesko, 1996; Offer & Scjonert-Reichl, 1992). During this time, individuals were also postponing marriage, divorcing at higher rates, and were challenging traditional gender and sex roles, which de-emphasized values of marriage and family planning (Luker, 2006). With the anxieties and fear that teen sexual behavior would lead to social decay and impurity, communities began to create school sex education programs to promote moral guidance and positive social hygiene. These programs were constructed by white, middle class people and targeted lower income immigrants and people of color, who were perceived to lack the moral compass to behave with decency (Trudell, 2017; Trudell & Whatley, 1992). To combat perceived sexual perversion, Congress passed the Adolescent Family Life Act (AFLA) in the 1980s, which aimed to prevent premarital adolescent pregnancy, promote pregnant youth to choose abortion as their pregnancy
option, and to support pregnant and parenting teens through abstinence-only and abstinence-only until marriage programs (Sonfield & Gold, 2001).

Additionally, with the rise of HIV/AIDS rates during the 1980s, the federal government earmarked funding for HIV and STI/STD prevention to be included in sex education programs (Sexuality Information and Education Council of the United States [SIECUS], n.d.a). With the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), the federal government allocated $50 million USD annually towards abstinence-based sex education in public schools since fiscal year 1996 (Trenholm et al, 2007). Abstinence-based programs, also referred to as abstinence-centered, abstinence-oriented, and abstinence-plus, focus on harm reduction and prioritize abstinence. However, they differ from abstinence-only and abstinence-only until marriage sex education programs with their inclusion of STIs/STDs, HIV, pregnancy, and contraceptive topics and their effectiveness (Alford, 2001; Collins, Alagiri, & Summers, 2002; Landry, Kaeser, & Richards, 1999; Thomas, 2000; Trudell, 2017; Underhill, Operario, & Montgomery, 2007). Currently, funding exceeds $80 million USD annually when taking into consideration that states must match 75% of these funds, due to the matching block grant, for abstinence-based sex education programs (Donovan, 2017; Trenholm et al, 2007). To qualify for funding, sex education programs must include instruction of sexual abstention outside of marriage, harmful effects of premarital sex and bearing children outside of marriage, rejecting sexual advances, and the importance of personal development (Trenholm et al, 2007).

With new research favoring abstinence-based and comprehensive sexuality education, President Obama and U.S. Congress created the Teen Pregnancy Prevention
Program (TPPP) in 2009 and the State Personal Responsibility Education Program (PREP) in 2010 with nearly $190 million USD in funds to prioritize evidence informed, medically accurate, and age appropriate programs that aim at reducing unintended pregnancies and includes HIV/AIDS, STI/STD, and life skills instruction (SIECUS, n.d.a). In addition to funding two new developments, the Obama administration eliminated two-thirds of the previous abstinence-only funding granted by governmental initiatives (SIECUS, n.d.a). Despite the elimination of abstinence-only funding for fiscal years 2010 and 2011, which was supported by various medical, public health, human rights, and educator groups, funding for abstinence-only until marriage programs continued to increase to $85 million USD annually by U.S. Congress in fiscal year 2016 (SIECUS, n.d.a; SIECUS, 2016). When President Obama was succeeded by President Trump, the Trump administration defunded many of the grants awarded under the Obama administration in favor of funding for abstinence-only, heterosexually-based sex education programs rather than abstinence-based programs (Henry J. Kaiser Family Foundation, 2018; Office of Adolescent Health, n.d.; 2017; Office of Management and Budget, 2017; 2018; Policy and Research, LLC et al v. Department of Health and Human Services, 2018; SIECUS, 2018). Organizations did not receive sufficient notification from the U.S. Department of Health and Human Services’s decision to prematurely cut grant funding (Policy and Research, LLC et al v. Department of Health and Human Services, 2018).

A 2004 report from the U.S. House of Representatives’ Committee on Government Reform revealed that 80% of abstinence-only education programs implemented contain inaccurate information about contraceptive effectiveness, sexual
health, and abortion risks, and do not clearly differentiate religious ideals from scientific information (U.S. House of Representatives, 2004). Due to the distorted content in the abstinence-only curriculums evaluated by the report, students may exhibit poor sexual literacy and a lack of general knowledge of how to protect their sexual health. The report also shows that information in abstinence-only programs perpetuate detrimental gender stereotypes; such as describing men as emotionally incapable and sexually aggressive, and women as dependent on men, emotionally driven, and thriving from success through relationships rather than achievement through accomplishments (U.S. House of Representatives, 2004). These representations promote sexist gender norms and distort the perception of the culture of sexual minorities. There is some evidence to suggest that sex education with instruction of HIV, STIs/STDs, delaying coitus, increasing condom usage, and avoiding unintended pregnancy has both preventative and outcome benefits that outweigh the costs of implementation (Bass, 2016; Olaiya, 2006; Thomas, 2012; Wang et al, 2000). The economic evaluation of abstinence-based sex education programs indicates that implementation of sex education topics beyond the abstinence framework may be effective in decreasing costs towards STI/STD treatment and financial assistance for pregnant teens.

Although the federal government provides partial funding for sex education programs, the standards for sex education are determined by individual states and sex education programs used in public schools are determined by the counties or districts (Department of Education, 2017). The availability of federal funds for abstinence-only and abstinence-only until marriage sex education programs makes these models more attractive for public schools than comprehensive sexuality education models. However,
allocating state funds for the implementation of comprehensive sexuality education programs would provide states with more flexibility and more academic options.

**Varying sex education state mandates.** The United States does not have any federal laws that mandate sex education in public schools. Across the United States, only 24 states and the District of Columbia have established mandates for public schools to provide sex education (Guttmacher Institute, 2018; National Conference of State Legislatures [NCSL], 2016). These states have various content requirements (NCSL, 2016), enabling some to provide sex education that is not medically accurate nor comprehensive. The Centers for Disease Control and Prevention (CDC) recommends 16 essential topics for instruction in sex education, comprising of: healthy relationships, environmental influences, benefits of abstinence, condom effectiveness, condom importance, condom usage in conjunction with other contraceptives, obtaining condoms, using condoms correctly, communications skills, goal setting and decision-making skills, HIV and STI/STD transmission, health consequences of sexual behavior, influencing others to avoid taking sexual risks, importance of sexual partner limitations, accessing reliable information and products, and preventative care (Demissie et al, 2015). Despite the age importance and developmentally appropriate approach of these 16 essential topics, only one-fifth of U.S. middle schools and less than half of U.S. high schools follow these components (CDC, 2015). The lack of consistency and quality of instruction can create disparities in the sex education offered to youth across the country.

State requirements for sex education topics and instruction procedures vary. Although states differ in the subjects they require for sex education, parents have the self-determination to control the extent of which their children participate (Guttmacher
Nationwide findings of sex education in public schools report that HIV instruction is mandated in 34 states and the District of Columbia, 13 states require content to be medically accurate, 26 states and the District of Columbia mandate content to be age appropriate, and only 8 states require content to be culturally appropriate and unbiased (Guttmacher Institute, 2018). Additionally, only 18 states and the District of Columbia require contraception instruction, 12 states address sexual orientation, 21 states and the District of Columbia require life skills of avoiding coercion, 22 states mandate healthy decision making instruction, 11 states require family communication life skills, and 20 states mandate instruction on condom usage (Guttmacher Institute, 2018). Of the states that address sexual orientation, 3 must present negative views of sexual orientation or refrain from addressing this content in a positive manner, whereas 9 states must express inclusivity (Guttmacher Institute, 2018).

Abstinence-only sex education programs, which are widely executed in the U.S., have ideological and political roots that spread messages that sexually active individuals threaten the traditional construct of marriage and family (Elia, 2000; Elia & Eliason, 2010; Trudell, 2017). Since some LGBTQ+ behaviors and values counter this heteronormative ideal, LGBTQ+ issues are often excluded or ignored in state mandates that value the abstinence-only sex education framework. When included, instruction often teaches LBGTQ+ individuals to internalize a negative self-concept (Fields, 2008; Gowen & Winges-Yanez, 2014). In addition, the value of federal funding for abstinence-only sex education reinforces and perpetuates a history of LGBTQ+ exclusion (Advocates for Youth, 2008; Donovan, 2017; Elia & Eliason, 2010; Trenholm et al, 2007).
Sex education programs in Nevada differ by school district and county jurisdictions. Within the state of Nevada, sex education in public schools must be evidence based, age appropriate, and factual in adherence with NRS 389.065 and NRS 389.036, and must include instruction of the human reproductive system, HIV/AIDS and other transmittable diseases, and education of sexual responsibility (Guttmacher Institute, 2018; NRS, 2015a). Parents with students attending public school in Nevada must be notified of sex education instruction and must provide parental consent prior to the child’s engagement in sex education (Guttmacher Institute, 2018). This notification is in accordance with NRS 389.036, which requires parents to “opt in”, or enroll, their child into the sex education program used rather than “opt out”, or decline, portions or the entirety of the sex education program (NRS, 2015a). Although this mandate supports the self-determination of parents and a tailored sex education experience, obtaining mandatory parental consent is a barrier if the parent is unavailable or if the student’s primary caregiver is not the legal guardian. Every county in the state of Nevada adheres to different standards of sex education guidelines. School districts in Nevada can interpret vague statute components differently and school boards have the authority to recognize which sex education program will be presented in public schools. Lack of state consistency of content requirements of sex education programs result in varied and insufficient sexual knowledge.

**College student knowledge and discussion of sex.** Individuals are at risk of engaging in nonconsensual sexual behaviors if they do not have adequate sexual knowledge. Participation in diverse sexual behaviors occurs throughout the lifespan, with masturbation prevalence in all age groups and over half of individuals aged 18 and older
engaging in oral or vaginal sex in casual or committed relationships (Chandra, Mosher, Copen, & Sionean, 2011; Herbenick et al, 2010; Lyons, Manning, Longmore, & Giordano, 2015). A UNR health assessment survey in spring of 2016 reported that participants had low rates of using a condom or other protective barrier mostly or always in the last 30 days during oral sex (7.6%), vaginal intercourse (50.6%), and anal intercourse (26%) (American College Health Association, 2016). Of sexually active UNR students, 19.5% reported using or having their partner use emergency contraception and 1.2% who had vaginal intercourse experienced an unintentional pregnancy or got someone pregnant within the last 12 months (American College Health Association, 2016).

Research from another college shows that senior undergraduates scored significantly higher than freshmen undergraduates in a sex information test which covered venereal disease, birth control, reproduction, sexual relations, and male and female biological features of sexuality (Franklin & Dotger, 2011). Comparing the test results of sex education between seniors and freshmen in college, it is apparent that college students had acquired more knowledge about human sexuality through the course of their college years. Students may have received additional sex education in college classes or orientations, through personal experience, or through other sources. Sex education received by students in high school may not have been adequate or as advanced as intended, requiring students to seek additional instruction at a higher level of education. This is problematic since not all graduating high school students pursue a college career. In fact, only 66.7% of 2017 nationwide high school graduates aged 16 to 24 pursued college education (Bureau of Labor Statistics, 2018).
Research also shows that students who received elementary school or no formal sex education ranked lowest in their knowledge of sexuality, whereas students who received college level sex education demonstrated the highest level of sexuality knowledge of groups tested (Franklin & Dotger, 2011; Synovitz, Hebert, Kelley, & Carlson, 2002; Yeun & Jeon, 2017). Although college students were found to have the highest levels of sexuality knowledge, they still yield low scores when tested of sexuality topics. In one study, college students on average scored significantly low for the topics of contraception (66.4%), gender topics (60.6%), anatomy (53.7%), and STIs/STDs (47.4%) (Synovitz et al, 2002). The study’s participants who received previous formal sex education scored only an average of 55.39% on a sexuality knowledge test, with participants rating their sex education experience as high quality actually performing more poorly on their levels of sexuality knowledge (Synovitz et al, 2002). The low score for knowledge of sexuality education amongst all groups indicates that sex education improvements are warranted for students of all academic levels and reflects the need to provide sexuality education to individuals who do not pursue a higher education.

UNR does not have health nor human sexuality listed as a required course for college students. UNR’s core curriculum requirements consist of writing, math, social science, fine arts, natural science, diversity, core humanities, and capstone courses (UNR, n.d.b). A human sexuality related course is not a requirement for any undergraduate college major or minor in the 2017 to 2018 calendar year and any classes pertaining to a dimension of sexuality are listed as electives and require fulfillments of prerequisites and a higher class standing. Sexuality education in public colleges and universities is not mandated by the NRS (NRS, 2015a).
LGBTQ+ Sexuality

Intersection of identities. Individuals with identities that are not consistent with the dominant group are often not represented within sex education programs. People with disabilities and LGBTQ+ people have been historically and chronically marginalized and disadvantaged to receiving relatable sex education, and are not extensively represented in available research (Duke, 2010; Marques et al, 2015; Thompson, Bryson, & de Castell, 2010; Wilson et al, 2016). Even when LGBTQ+ related topics are included, most of the content in sex education is still shaped in a heterosexual-based framework (Marques et al, 2015; Whatley, 1994). Research suggests that LGBTQ+ youth consider current sex education instruction to be exclusive and believe that programs can be improved to be more inclusive through increased education of LGBTQ+ issues, more STI/STD instruction, rather than pregnancy prevention, and increased education of healthy relationships (Gowen & Winges-Yanez, 2014). Instruction of STIs/STDs, the role of hormones in the body, and intersex sex characteristics should be taught with caution as to avoid further stigmatizing or pathologizing LGBTQ+ people. Including positive representations of LGBTQ+ people in schools is correlated with a safer and more accepting school climate, however LGBTQ+ discussion in sex education programs is minimal (GLSEN, 2011; Kosciw et al, 2010).

The literature is also limited on sexual consent practices of individuals with identities that are not consistent with the dominant culture. Instead, most sexual consent studies are heterosexually focused. Studies are also limited on how to approach individuals in which sexual consent is disproportionately more difficult to interpret, such as persons with intellectual disabilities or limited verbal or auditory capabilities (Kaeser,
Löfgren-Mårtenson, 2009; Lyden, 2007; Murphy & O’Callaghan, 2004; Spiecker & Steutel, 2002). In addition to the lack of minority identities’ representation in sexual consent studies, findings show that the dominant group’s egocentrism and prejudice towards these groups impacts how they are perceived in sexual assaults. Studies show higher levels of sexism, racism, heterosexism, ageism, classism, and religious intolerance indicate a higher rape myth acceptance (Aosved & Long, 2006; Suarez & Gadalla, 2010; White & Yamawaki, 2009). In addition, individuals with traditional or prejudicial gender role attitudes blame victims to a higher degree and are less likely to believe a perpetrator is guilty of a sexual assault (Black & McCloskey, 2013; Chapleau, Oswald, & Russell, 2008; Grubb & Turner, 2012; Murnen, Wright, & Kaluzny, 2002). Oppressive belief systems are interrelated with rape myth acceptance. High levels of racial identity and social competence reveal a decrease in rape myth acceptance, suggesting that sexuality education programs inclusive of intersecting identities and cultural norms are essential for reducing justification of nonconsensual sexual acts (Bell, Terzian, & Moore, 2012; Deming, Covan, Swan, & Billings, 2013; GLSEN, 2011; Haberland & Rogow, 2015; Kosciw et al, 2010; Vandiver & Dupalo, 2013). Increasing individuals’ ability to understand the complexity of their own and others’ worldviews and applying them to realistic situations in the environment can facilitate emotional and social learning and intelligence.

**LGBTQ+ rape profile and residual effects of rape.** Rape is one of the most costly crimes, with estimated victimization costs at $3 trillion USD a year, indicated by the 25 million people who will experience rape and calculated at the value of 2014 USD (Peterson, DeGue, Florence, & Lokey, 2017). It is estimated that each rape costs over
$100,000 USD per victim when accounting for the lifetime burden on the victim (DeLisi, 2010; Peterson et al., 2017). Government sources cover an estimated $1 trillion USD of these lifetime effects on victims (Peterson et al., 2017).

LGBTQ+ individuals disproportionately experience higher rates of sexual violence than heterosexual individuals and other groups victimized by hate crimes (Dunbar, 2006; Kann et al., 2018). Nearly half of bisexual women (46%) and transgender people (47%) are sexually assaulted in their lifetime, compared to 17% of heterosexual women and 13% of lesbian women (CDC, 2010; Herman, Rankin, Keisling, Mottet, & Anafi, 2016). Additionally, gay men (40%) and bisexual men (47%) have experienced higher rates of sexual violence, compared to heterosexual men (21%) (CDC, 2010).

Attacks on LGBTQ+ individuals decrease the community’s safety and are costly. Survivors of sexual violence may experience residual mental and physical problems following the assault. LGBTQ+ people experience greater psychological ailments and health disparities than the general population, including higher rates of attempted suicide, having insurance issues related to being transgender, having negative experiences with health care providers, having to teach health care providers about transgender people to obtain quality care, and choosing not to see a doctor because the fear of being mistreated (Herman et al., 2016). These disparities are additionally increased for LGBTQ+ individuals who are of color, have a disability, or are unauthorized immigrants (Herman et al., 2016). The barriers to obtaining appropriate care is problematic for LGBTQ+ people who desire health services after sexual violence victimization. LGBTQ+ people are also less likely to report hate crimes because of discomfort asking the police for help and the belief that there is homophobic and
transphobic bias amongst authorities (Herek, Cogan, & Gillis, 2002; Herman et al, 2016). The obstacles of reporting sexual hate crimes and obtaining treatment for a sexual assault keep LGBTQ+ people from receiving support and justice.

**LGBTQ+ rape myth acceptance and victim blame.** A victim is blamed more for a sexual assault if they are sexually attracted to the gender of the person who assaulted them (Davies & McCartney, 2003; Davies et al, 2001; Davies, Rogers, & Whitelegg, 2009; Mitchell et al, 1999; Wakelin & Long, 2003; White & Yamawaki, 2009). Female perpetrators are viewed less negatively than other groups regardless of the victim’s sexual orientation (Davies & McCartney, 2003; Davies et al, 2001). Victims of female perpetrators are viewed more negatively and are blamed more for a sexual assault, especially if they are heterosexual (Davies & McCartney, 2003). Heterosexual victims of sexual assaults by female perpetrators are attributed the most blame and heterosexual victims of a male perpetrator are assigned the least blame (Davies & McCartney, 2003). People who identify as transgender or engage in cross dressing are blamed more for their sexual assault than are heterosexual, lesbian, and gay individuals (Davies & Hudson, 2011).

Heterosexual men exhibit the most anti-victim attitudes and are more likely to endorse rape myths than heterosexual women, gay men, and lesbian women (Davies & Hudson, 2011). Gay men are the least likely among all groups to blame the victim of a sexual assault or promote rape myths (Davies & McCartney, 2003). Female perpetrators are viewed more positively than male perpetrators, regardless of the victim’s sexual orientation, and heterosexual men who are victims of female perpetrators are perceived more negatively than victims of men (Davies, Pollard, & Archer, 2006). Men view gay
men more negatively when they are the victims of a heterosexual man, however they are not viewed as negatively as a heterosexual male victim of a female perpetrator (Davies et al, 2006). Heterosexual male victims of female perpetrators were attributed the most amount of blame and the heterosexual male victims of male perpetrators were attributed the least amount of blame (Davies et al, 2006). These findings indicate that rape of a male is harder to comprehend or accept than rape of a female, and reflect the traditional norms and expectations by gender (Anderson & Lyons, 2005).

Gay men, followed by lesbian and heterosexual women, are more pro-victim, regardless of the victim’s or perpetrator’s sexual orientation, and heterosexual men are the least pro-victim of all groups (Davies & McCartney, 2003; Davies et al, 2006). Women have a more supportive perception of sexual minorities than men and men attribute more victim blame and have more negative attitudes than women towards gay men (Davies & McCartney, 2003; Gastic, 2012; Kite & Whitley, 1996; Wakelin & Long, 2003; Whatley & Riggio, 1993). Men are pro-victim, however, when the victim is a heterosexual male and the perpetrator is male (Davies et al, 2006). Gay men are also more likely than heterosexual men and women to perceive a sexual assault as more severe (Davies & McCartney, 2003). Heterosexual victims are blamed more than gay victims for not attacking their perpetrator (Davies et al, 2008). Heterosexual men portray more hostility, responsibility, and perception of pleasure towards gay victims of sexual assault than heterosexual females (Davies & Rogers, 2006; Herek, 1988; Mitchell et al, 1999).

**LGBTQ+ sexual consent communication.** LGBTQ+ individuals prescribe to a set of cultural norms that vary in their degree of conformance to traditional heterosexual
relationships. LGBTQ+ people are more likely to have had higher numbers of sexual partners and have had sexual intercourse and sexual activity at an earlier age, report inconsistent condom use, and to have consumed alcohol or engaged in drug use during their last sexual experience than their heterosexual peers (Bodnar & Tornello, 2018; Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Garofalo, Wolf, Kessel, Palfrey, & DuRant, 1998; Kann et al, 2011; Rhodes, McCoy, Hergenrather, Omli, & Durant, 2007; Saewyc, Poon, Homma, & Skay, 2008). Sexual behaviors of LGBTQ+ people may differ based on sexual orientation and gender identity. Heteronormativity and the intersection of gender and sexuality are salient to transgender relationships (Schilt & Westbrook, 2009; Warner, 1993). Transgender people tend to adopt dichotomous gender beliefs and values, which may result from a desire for validation and legitimacy in mainstream culture and the fear that less visibility reflects social rejection (Iantaffi & Bockting, 2011). Queer people often reject gendered scripts and promote egalitarianism by encouraging both partners to pay for dates, communicate interest, progress the relationship, and negotiate relationship roles (Lamont, 2017). Queer individuals deny normativity and consider their roles to be distinct from other LGBTQ+ identities, allowing for radical individualism and varied interpretations of what comprises relationships (Green, 2010; Orne, 2017).

Although both heterosexual and gay men report high participation in sexual behaviors, gay men are less likely than heterosexual men to report participation in long-term relationships exceeding 6 months, to know their sexual partners in great depth, and experience repeated sexual episodes (Barrios & Lundquist, 2011). Gay men are more likely than heterosexual men to report a higher number of sexual partners, higher rates of oral reciprocity, higher rates of internet use and dating services to meet a partner, desire
of opportunities for a long-term partner, and to view emotional support as an advantage of being in a relationship (Barrios & Lundquist, 2011). Similarly, lesbian women have shown a trend of increasing same-sex partners over the last couple of decades (Twenge, Sherman, & Wells, 2016). When responding to sexual interest and communicating consent, both MSM and WSW are more likely to use nonverbal cues than verbal cues, and MSM are even more likely to use nonverbal cues than WSW (Beres et al, 2004). In contrast, other research shows that lesbian women are more likely to use both nonverbal and verbal cues in general when communicating sexual intent or consent, with use of verbal cues for communicating interest and use of nonverbal cues for courting and signaling behaviors (Rose & Zand, 2002). MSM and WSW are both likely to show sexual consent through the absence of resisting or halting the sexual behaviors of the other person (Beres et al, 2004).

**LGBTQ+ campus climate.** Sexual minorities are latently encouraged by society to maintain a hidden identity and invisibility of the dominant culture’s norms. This invisibility is reinforced by the dominant group’s fear of and lack of understanding of diverse forms of sexual and gender identity. UNR discloses that no hate crimes have been reported to the university authorities within recent years (UNR Police Services, 2015; 2016, 2017). In addition, a recent UNR study on LGBTQ+ perception of the campus climate indicated that the majority of LGBTQ+ participants (58.7%) feel comfortable at school (Haley, 2017). The higher degree of comfortability of LGBTQ+ students at UNR compared to other schools suggest that there may be less intimidation at UNR than other universities (Haley, 2017). Analyzing the perceptions of sexual consent communication of the LGBTQ+ population and the dominant group in ambiguous sexual encounters will
identify if covert discrimination or prejudice exist at UNR and provides implications of how sexual consent is perceived among diverse groups.
Chapter III: Methods

This study adopted a quantitative descriptive approach to identify how sexual consent is perceived in ambiguous sexual relationships for LGBTQ+ and heterosexual people. A descriptive study focuses on the connections between variables or subjects in a sample or population (Hopkins, 2008). The descriptive approach was used in this study to quantify associations of perceptions of sexual consent for different social groups. The purpose of this study was to explore and better define perceptions of sexual consent for people with varying gender and sexual identities in ambiguous sexual encounters.

Perceptions of sexual consent for LGBTQ+ people has not been studied extensively and is widely unknown. Given this lack of prior research, this descriptive study sought to answer the following questions:

- Are there any differences in perceptions of LGBTQ+ and heterosexual individual’s sexual consent communication in ambiguous sexual encounters?
- Are there differences in perceptions of sexual consent based on the aggressor’s stated gender identity or sexual orientation?
- Are there differences in perceptions of sexual consent based on the victim’s stated gender identity or sexual orientation?

Due to the disproportionate prejudice and discrimination experienced by people who identify as LGBTQ+, it was hypothesized that participants would view sexual consent differently for heterosexual and LGBTQ+ people. The hypothesis of this study was that participants would view LGBTQ+ individuals as consenting at a higher degree to a nonconsensual sexual encounter in both the victim and aggressor role than cisgender,
heterosexual individuals. The null hypothesis \((H_0)\): there is no relationship between how people perceive heterosexual, cisgender sexual consent communication patterns with how sexual consent communication is perceived for LGBTQ+ people. The null hypothesis \((H_0)\) implies that an individual’s gender identity and sexual orientation do not have an influence on how people perceive sexual consent communication for that individual.

**Research Design**

A cross-sectional online survey design was utilized to test the study’s hypotheses. A cross-sectional design, which often incorporates the use of a survey or questionnaire, is conducted at a certain point in time and can used to describe the prevalence of an association or relationship between two different factors or variables (Levin, 2006; Mann, 2003). For this study, an anonymous survey was constructed and presented electronically to participants to explore the relationship of how sexual consent is perceived for cisgender, heterosexual and LGBTQ+ sexual encounters. The survey instrument contained three sections: demographic questions, vignettes, and a Likert scale section measuring participant impressions of sexual consent (see Appendix A). The demographic section included seven closed-ended questions and four open-ended questions about the participants’ sex education experience, campus affiliation, and personal identifiers.

The vignettes section included 16 scenarios followed by three Likert scale questions for each scenario to probe participants’ perception of sexual consent in the vignette. The questions for each vignette asked participants to rate whether the sexual activity in the vignette was considered to be consensual, and asked if each character in the vignette personally consented to the sexual act. The Likert scale provided response options of “Agree” (1), “Somewhat Agree” (2), “Neutral” (3), “Somewhat Disagree” (4)
and “Disagree” (5). Each vignette incorporated an LGBTQ+ based sexual encounter or a heterosexual based sexual encounter. The survey instrument was designed to randomly assign the heterosexual version (Version A) or the LGBTQ+ version (Version B) of each vignette to participants. Participants received a mix of Version A and Version B vignettes throughout the survey; however, they did not receive both versions of the same vignette.

In addition to the vignettes and corresponding questions, the final section of the survey included 26 Likert scale statements of which participants answered from the response options of “Agree” (1), “Somewhat Agree” (2), “Neutral” (3), “Somewhat Disagree” (4), or “Disagree” (5). The Likert scale statements were designed to gain an understanding of participants’ beliefs and feelings of sexual consent, university policies of sexual assault, and the sex education they have received through various sources. The Likert scale section measuring participant impressions of sexual consent also contained four open-ended questions. Three of the open-ended questions inquired about the participants’ experiences with informal and formal sex education, and the remaining open-ended question was created for general comments in which participants were given the opportunity to provide additional feedback and review a page of on-campus and off-campus resources should they have experienced discomfort with their participation in the survey.

**Vignettes**

The survey instrument was crafted by the researcher to encompass categories of ambiguous sexual consent situations that have not been featured extensively in other research studies. Consistent with other sexual consent and rape myth acceptance studies, the researcher incorporated the use of vignettes to obtain information about sexual beliefs
and values. The integration of vignettes in research has been shown to be a useful method of gaining insight of participant perception (Spalding & Phillips, 2007; Veloski, Tai, Evans, & Nash, 2005). Considering individuals interpret sexual intercourse differently (Bogart et al, 2000; Randall & Byers, 2003; Robinson et al, 1980; Sonenstein et al, 1997; Trotter & Alderson, 2007), the vignettes were crafted to contain a variety of sexual behaviors and were categorized to represent themes of ambiguous sexual consent situations (see Table 3.1).

To ensure that the produced vignettes accurately represent ambiguous sexual consent scenarios, the content of the vignettes were designed to reflect legal definitions of sexual consent (see Appendix B). Due to the limited sexual consent laws at the federal level, California’s affirmative consent law was used as one basis for explicating legal requirements for consent (Cal. EDC § 67386, 2014; Cal. S.B. 967, 2014). Vignettes were constructed to reflect the consensual, marital rape, intoxication or mental incapability, lack of response or resistance, retraction of sexual consent, and the frequency or lack of consistent inquiry themes derived from components of California’s affirmative consent law (Cal. EDC § 67386, 2014; Cal. S.B. 967, 2014). Vignettes were also modeled after the state laws of Nevada to reflect sexual situations that are identified by the court system to be nonconsensual, due to the relative locality of this study’s participants to Nevada (NRS, 2015b; c). The forcible rape, STI/STD disclosure, prostitution, marital rape, age of consent, and authority or perceived power differential themes were inspired by Nevada state laws (NRS, 2015b; c). State laws do not reference the themes of emotional dysregulation, pressure, bribe or blackmail, and specificity or selective sexual contact. Emotional dysregulation and pressure were included as themes in this study, due to the
ambiguity of whether sexual consent through peer pressure or providing sexual consent when emotionally unstable is sufficient and affirmative. Bribe or blackmail was included as a theme, due to the ambiguity of whether sexual consent in such circumstances is an autonomous and independent decision. The specificity or selective sexual contact theme was created to reflect its prominence in sexual consent definitions and to illustrate the ambiguity that occurs when sexual boundaries are not discussed. Overall, the themes extracted for the vignettes include: consensual, emotional dysregulation, forcible rape, STI/STD disclosure, prostitution, marital rape, pressure, intoxication, age of consent, lack of response or resistance, retraction of sexual consent, bribe or blackmail, rape fantasy, authority or perceived power differential, specificity or selective sexual contact, and frequency or lack of consistent inquiry.

Character names in the cisgender, heterosexual and LGBTQ+ vignettes were consistent, with gender neutral names representing the same person in Version A and Version B of the vignettes. For Version A of all vignettes, both characters were identified as heterosexual and cisgender. Version B of the vignettes included gay, lesbian, queer, questioning sexual orientation, questioning gender identity, bisexual, male to female transgender (MTF), female to male transgender (FTM), and asexual identities for one or both characters.
<table>
<thead>
<tr>
<th>Vignette</th>
<th>Theme</th>
<th>Version</th>
<th>Aggressor</th>
<th>Victim</th>
<th>State Law</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consensual</td>
<td>A</td>
<td>Robert (Heterosexual)</td>
<td>Lucia (Heterosexual)</td>
<td>California Education Code 67386 (SB 967 - 2013-2014 Legislative Session)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>Robert (Questioning Sexual Orientation)</td>
<td>Lucia (Heterosexual)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Emotional Dysregulation</td>
<td>A</td>
<td>Pablo (Heterosexual)</td>
<td>Nicole (Heterosexual)</td>
<td>Not Explicitly Stated in Law</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>Pablo (Heterosexual)</td>
<td>Nicole (MTF)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Forcible Rape</td>
<td>A</td>
<td>William (Heterosexual)</td>
<td>Alex (Heterosexual)</td>
<td>Nevada (NRS 200.366); Many States have Laws concerning Rape</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>William (Heterosexual)</td>
<td>Alex (Queer)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>STI/STD Disclosure</td>
<td>A</td>
<td>Carmen (Heterosexual)</td>
<td>Dakota (Heterosexual)</td>
<td>Nevada (NRS 201.205); Many States have Laws concerning Communicable Disease Transfer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>Carmen (Heterosexual)</td>
<td>Dakota (FTM)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Prostitution</td>
<td>A</td>
<td>Liam (Heterosexual)</td>
<td>Navya (Heterosexual)</td>
<td>Illegal in Most States; Legal in Specific County Jurisdictions in Nevada (NRS 201.354)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>Liam (Heterosexual)</td>
<td>Navya (Bisexual)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Marital Rape</td>
<td>A</td>
<td>Jamie (Heterosexual)</td>
<td>Zara (Heterosexual)</td>
<td>Nevada (NRS 200.373); California Education Code 67368 (SB 967 -2013-2014)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>Jamie (Lesbian)</td>
<td>Zara (Lesbian)</td>
<td></td>
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<tr>
<td></td>
<td>Pressure</td>
<td></td>
<td></td>
<td>Legislative Session)</td>
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<tr>
<td>7</td>
<td>A</td>
<td>Darla (Heterosexual)</td>
<td>Mohamed (Heterosexual)</td>
<td>Not Explicitly Stated in Law</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>Darla (Heterosexual)</td>
<td>Mohamed (FTM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intoxication / Mental Incapability</td>
<td>A</td>
<td>Ivan (Heterosexual)</td>
<td>Olivia (Heterosexual)</td>
<td>California Education Code 67386 (SB 967 - 2013-2014 Legislative Session)</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>Ivan (Heterosexual)</td>
<td>Olivia (Questioning Gender Identity)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Age of Consent</td>
<td>A</td>
<td>Davi (Heterosexual)</td>
<td>Blake (Heterosexual)</td>
<td>Nevada, (NRS 200.366); Many States have Varying Age of Consent Laws</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>Davi (Gay)</td>
<td>Blake (FTM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Lack of Response / Resistance</td>
<td>A</td>
<td>Jackson (Heterosexual)</td>
<td>Kalyssa (Heterosexual)</td>
<td>California Education Code 67386 (SB 967 – 2013-2014 Legislative Session)</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>Jackson (Heterosexual)</td>
<td>Kalyssa (Questioning Sexual Orientation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Retraction of Sexual Consent</td>
<td>A</td>
<td>Alvin (Heterosexual)</td>
<td>Riley (Heterosexual)</td>
<td>California Education Code 67386 (SB 967 – 2013-2014 Legislative Session)</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>Alvin (Gay)</td>
<td>Riley (Gay)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Bribe / Blackmail</td>
<td>A</td>
<td>Robin (Heterosexual)</td>
<td>Camila (Heterosexual)</td>
<td>Not Explicitly Stated in Law; California Penal Code 647(j)(4) (SB 255 – 2013-2014 Legislative Session)</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>Robin (Lesbian)</td>
<td>Camila (Lesbian)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample</td>
<td></td>
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The sampling frame included individuals who were current students of UNR and who were age 18 or older. To meet the inclusion criteria of the study, participants must have been current part time or full time students of UNR in spring of 2018. The sampling methods included recruitment through fliers on UNR campus and UNR’s Sona Systems (see Appendix C). The survey was powered by the SurveyMonkey website and was accessible to participants for approximately one month through a website link on UNR’s Sona Systems.

<table>
<thead>
<tr>
<th>13</th>
<th>Rape Fantasy</th>
<th>A</th>
<th>Aiden (Heterosexual)</th>
<th>Mia (Heterosexual)</th>
<th>Not Explicitly Stated in Law; Nevada (NRS 201.262); New Jersey Chapter 281 – Simple Assault Law</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>Aiden (Heterosexual)</td>
<td>Mia (Queer)</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>14</th>
<th>Authority / Perceived Power Differential</th>
<th>A</th>
<th>Santiago (Heterosexual)</th>
<th>Elizabeth (Heterosexual)</th>
<th>Nevada (NRS 201.540, NRS 201.550); Many States and Universities have Laws concerning Employment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>Santiago (Heterosexual)</td>
<td>Elizabeth (Asexual)</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>15</th>
<th>Specificity / Selective Sexual Contact</th>
<th>A</th>
<th>Karen (Heterosexual)</th>
<th>Carter (Heterosexual)</th>
<th>Not Explicitly Stated in Law</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>Karen (MTF)</td>
<td>Carter (Lesbian)</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>16</th>
<th>Frequency / Lack of Consistent Inquiry</th>
<th>A</th>
<th>Carson (Heterosexual)</th>
<th>Mariana (Heterosexual)</th>
<th>California Education Code 67386 (SB 967 – 2013-2014 Legislative Session)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>Carson (Questioning Gender Identity)</td>
<td>Mariana (Heterosexual)</td>
<td></td>
</tr>
</tbody>
</table>
Sona Systems is an online research subject pool management software system for social and behavioral research utilized by UNR. Sona Systems serves as the University’s online portal for connecting students with research studies for the opportunity to participate as a participant. Through Sona Systems, students were provided with the website link for this study’s survey. Students may have had the opportunity to earn extra credit in UNR courses for their participation in this research study. The professor of a college course determines the allocation of extra credit for research participation through Sona Systems. For participation in research studies, students earn “Sona credits” in Sona systems, which are referenced by professors for extra credit for students in their courses. Sona Systems allocates one Sona credit for a survey length of 60 minutes or less. Participants who took the survey of this study were granted one Sona credit, due to the survey completion time of 25 minutes. In addition to Sona Systems, recruitment fliers were posted on all UNR campus buildings where instruction occurs to promote participation of a diverse sample of students from various academic disciplines. The recruitment fliers invited students to participate in the study and described the study purpose, eligibility requirements, anticipated time commitment, and incentive. The flier also included directions for accessing the online survey through Sona Systems and the contact information of the researcher.

To protect the anonymity of research participants, the participants in the study were not asked to disclose personally identifiable information. Participants were provided an information sheet which included the study purpose, procedures, and privacy entitlements. The information sheet also asserted that participants could activate their right to stop the survey at any time without punishment or disqualification of incentive.
Participants were able to access the survey after reading the informational sheet and verifying they were current UNR students and age 18 or older. Data from the survey was downloaded from the SurveyMonkey website and stored in an aggregate form (SPSS and Excel file) on the researcher’s laptop, which was password protected and was not shared with other persons. All procedures were reviewed and approved by the UNR Institutional Review Board (IRB) prior to the collection of data.

**Data Analysis**

SPSS was utilized to analyze the data. Descriptive statistics were used to analyze the demographic questions. The frequency of responses to the consent questions of Version A and Version B of the vignettes were calculated to identify the response options that were selected most often by participants. Independent t-tests were run to compare the responses to the consent questions of Version A with Version B of the vignettes. Independent t-tests were utilized during analysis to calculate the statistical evidence that determines differences between responses to Version A and Version B. Responses to the open-ended questions were analyzed using a simple summative content analysis approach. Summative content analysis involves identifying the frequency of common responses (Hsieh & Shannon, 2005). Open-ended questions were asked in relation to the participants’ perception of the sex education they received in high school or equivalent, sex education they received in college, sex education they received in a setting other than high school and college, and final participant comments or feedback. Trends in responses were identified and recorded.
Participants

A total of 103 participants took the survey with 100 of those participants completing the survey in its entirety. Due to the small sample size, the available responses of the three participants who did not finish the survey were included. The reported gender identities of the participants was largely female ($N = 79$), with remaining participants identifying as male ($N = 22$), and other ($N = 1$). The “other” category contained the response identification of “non-binary female”. The participants identified their sexual orientations to be mostly heterosexual ($N = 94$), followed by bisexual ($N = 6$), gay ($N = 1$), and pansexual ($N = 1$). Roughly half of the participants ($N = 46$) reported that they have lived or currently live on UNR campus.
Chapter IV: Results

Participants were asked open-ended questions to describe the sex education they received in high school or equivalent, college, and from sources besides high school and college. Participants who responded to the open-ended question about having received sex education in high school or equivalent (N = 85) described their sex education instruction experience as being in person (N = 35) with abstinence-based content (N = 26), and in a health class (N = 19). A few participants relayed that they had sex education online (N = 4), in a religion class (N = 1), and by parents during homeschooling (N = 1). The length of instruction ranged in response from one class period (N = 7) to an entire semester (N = 12). Participants mentioned receiving instruction of several topics, including: reproduction (N = 3), female and male anatomy (N = 8), protection or contraception (N = 13), STIs/STDs or AIDS (N = 13), sexual consent (N = 2), boundaries (N = 1), abstinence (N = 3), consequences (N = 2), pregnancy (N = 3), child birth (N = 1), doctors (N = 1), resources (N = 1), nutrition (N = 1) and puberty (N = 3). Participant feedback of their high school or equivalent sex education experience varied widely, with reported perceptions of the sex education quality including: “not helpful at all” (N = 1), “not very effective” (N = 4), “broad”, “basic”, “not in depth” or “little elaboration” (N = 5), “pathetically taught” (N = 1), “lacked intersectionality” (N = 1), “very little information” (N = 1), “somewhat or kind of effective” (N = 2), “very thorough” (N = 1), “informative” (N = 1), and “very effective” (N = 3). The remaining participants (N = 17) indicated that they did not receive sex education in high school or equivalent.

Participants who responded to the open-ended question about having received sex education in college (N = 28) frequently described taking a human development and
family studies (HDFS) advanced human sexuality course ($N = 13$). Some participants recalled other instruction through a biology class ($N = 1$), a sexual history class ($N = 1$), a program during orientation ($N = 2$), through the Title 9 office ($N = 2$), and through the Greek system’s mandatory speakers or speakers in person ($N = 2$). Participants described the sex education as “detailed and having covered everything” ($N = 2$), “mandatory” ($N = 1$), “very effective” ($N = 1$), “amazing” ($N = 1$), and being “highly recommended” ($N = 1$). The sex education received in college covered reproduction ($N = 2$), body anatomy ($N = 2$), protection ($N = 1$), sexual consent ($N = 2$), STIs ($N = 1$), sex, sexual practices, and sexual response ($N = 3$), relationships ($N = 1$), and the college’s views on sexual behavior ($N = 1$). The remaining participants ($N = 74$) indicated that they did not receive sex education in college.

Participants who responded to the open-ended question about having received sex education in a setting other than high school and college ($N = 31$) mentioned various sources, including elementary and middle school ($N = 8$), at church ($N = 1$), at home ($N = 4$), at addiction meetings ($N = 1$), at doctor’s offices and women’s health centers ($N = 4$), online, and from parents, friends, and family ($N = 13$). Some participants mentioned they overheard the information from others and some actively sought information on their own ($N = 3$). Participants who received sex education in elementary or middle school reported they were taught about contraception ($N = 1$), STIs/STDs ($N = 3$), puberty ($N = 2$), anatomy or reproductive systems ($N = 3$), pregnancy ($N = 1$), basic information about the body ($N = 1$), and abstinence ($N = 1$). Participants who received sex education outside of the school system were taught about basic anatomy ($N = 1$), post-partum care ($N = 1$), contraception ($N = 1$), family planning ($N = 1$), and safety about the spread of infections
Some participants described their sex education outside of high school to be “very covered and effective” ($N = 1$), “not very effective” ($N = 2$), “still not enough” ($N = 1$), and “very broad or basic” ($N = 1$). The remaining participants ($N = 71$) indicated that they did not receive sex education in a setting other than high school or college.

When given the open-ended option to provide additional feedback or comments, participants took the opportunity to disclose that they had difficulty identifying which vignettes were consensual or nonconsensual ($N = 3$) and/or stated that they felt they needed more education about sexual consent ($N = 9$) (see Appendix D). For example, one participant stated,

“I feel like as a woman, I need to be more educated on this topic. It is scary that I do not know much about it and the different scenarios left me confused as to what is considered consensual and nonconsensual.”

Another participant reported,

“In participating in this study, I realize I am in need of more sexual education. I am particularly concerned with my limited knowledge given that I have two minor sons, and I feel they may be at risk as they get older”.

Participants also described the desire to learn more about Nevada laws and UNR policies. For example, one participant noted,

“I realized that despite knowing consensual situations for myself and rape cases I found it hard to identify consent in the examples that were given. I realized also
that I know nothing about the University of Nevada’s or the state of Nevada’s policies”.

Another participant relayed,

“While I feel [I] somewhat know the laws of sexual consent of Nevada and UNR I would like to know more”.

In addition to their responses for open-ended questions, participants provided Likert scale responses regarding their perception and understanding of sexual consent, as well as the necessity of sexual consent under nontraditional contexts and varied heterosexual and LGBTQ+ identifiers (see Table 4.1). The vast majority of participants reported that they agree or somewhat agree that they understand sexual consent very well ($N = 93$), reported that sexual consent is needed for every sexual act ($N = 92$), feel confident asking for sexual consent ($N = 90$) and feel they can distinguish between consensual and nonconsensual sexual behavior ($N = 96$). When asked about perception of LGBTQ+ and cisgender, heterosexual sexual behaviors, participants generally disagreed or strongly disagreed that sexual consent looks differently between LGBTQ+ sexual encounters and cisgender, heterosexual sexual encounters ($N = 68$).
Table 4.1

*Frequency of Sexual Consent Self-Perception & Beliefs*

<table>
<thead>
<tr>
<th></th>
<th>Agree (1)</th>
<th>Somewhat Agree (2)</th>
<th>Neutral (3)</th>
<th>Somewhat Disagree (4)</th>
<th>Disagree (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand sexual consent well</td>
<td>67</td>
<td>26</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Sexual consent is needed for every sexual act</td>
<td>92</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Confidence asking for sexual consent</td>
<td>78</td>
<td>12</td>
<td>8</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Can distinguish between consensual and nonconsensual sexual behavior</td>
<td>66</td>
<td>30</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Consent looks different between LGBTQ+ sexual encounters and heterosexual sexual encounters</td>
<td>5</td>
<td>7</td>
<td>20</td>
<td>11</td>
<td>57</td>
</tr>
</tbody>
</table>

Participant perception of which vignettes featured a consensual or a nonconsensual sexual relation varied based on the theme of the vignettes (see Table 4.2).

In looking at overall agreement that consent was present without separating out vignette versions, participants perceived the themes of consensual (Version A = 98%; Version B = 98%) and prostitution (Version A = 96%; Version B = 87%) to be consensual.

Additionally, more participants perceived the STI/STD disclosure (Version A = 56%; Version B = 58%), marital rape (Version A = 58%; Version B = 66%), intoxication/mental incapability (Version A = 69%; Version B = 66%), and age of consent (Version A = 53%; Version B = 65%) themes to be consensual.
Observing the overall agreement that consent was not present without separating out vignette versions, participants perceived the themes of emotional dysregulation (Version A = 77%; Version B = 80%), forcible rape (Version A = 98%; Version B = 100%), pressure (Version A = 73%; Version B = 70%), lack of response or resistance (Version A = 62%; Version B = 76%), retraction of sexual consent (Version A = 79%; Version B = 68%), bribe or blackmail (Version A = 80%; Version B = 91%), specificity or selective sexual contact (Version A = 66%; Version B = 73%), and frequency or lack of consistent inquiry (Version A = 87%; Version B = 71%) themes to be nonconsensual.

Evaluating the overall agreement of consent when separating out vignettes, participants had mixed perceptions for whether the rape fantasy and the authority or perceived power differential themes were more consensual or nonconsensual. Participants perceived the rape fantasy theme for Version A (57%) to be more consensual, but perceived Version B to be neither more consensual nor more nonconsensual. Participants perceived the authority or perceived power differential theme to be neither more consensual nor more nonconsensual for both Version A and Version B.
Table 4.2

Frequency of Vignettes as Fully Consensual

<table>
<thead>
<tr>
<th>Theme</th>
<th>Version</th>
<th>Agree (1)</th>
<th>Somewhat Agree (2)</th>
<th>Neutral (3)</th>
<th>Somewhat Disagree (4)</th>
<th>Disagree (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consensual</td>
<td>A</td>
<td>48</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>49</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Emotional Dysregulation</td>
<td>A</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>15</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>16</td>
<td>23</td>
</tr>
<tr>
<td>Forcible Rape</td>
<td>A</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>STI/STD Disclosure</td>
<td>A</td>
<td>16</td>
<td>12</td>
<td>4</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>22</td>
<td>8</td>
<td>4</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Prostitution</td>
<td>A</td>
<td>30</td>
<td>14</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>34</td>
<td>14</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Marital Rape</td>
<td>A</td>
<td>14</td>
<td>11</td>
<td>5</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>25</td>
<td>13</td>
<td>4</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Pressure</td>
<td>A</td>
<td>6</td>
<td>5</td>
<td>0</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>7</td>
<td>8</td>
<td>4</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>Intoxication / Mental Incapability</td>
<td>A</td>
<td>28</td>
<td>7</td>
<td>4</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>20</td>
<td>13</td>
<td>5</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Age of Consent</td>
<td>A</td>
<td>23</td>
<td>6</td>
<td>8</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>25</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Lack of Response / Resistance</td>
<td>A</td>
<td>3</td>
<td>12</td>
<td>6</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>2</td>
<td>7</td>
<td>2</td>
<td>13</td>
<td>21</td>
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<tr>
<td>Retraction of Sexual Consent</td>
<td>A</td>
<td>1</td>
<td>7</td>
<td>4</td>
<td>7</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>3</td>
<td>8</td>
<td>3</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Bribe / Blackmail</td>
<td>A</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>4</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Rape Fantasy</td>
<td>A</td>
<td>15</td>
<td>14</td>
<td>4</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>10</td>
<td>12</td>
<td>10</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Authority / Perceived Power Differential</td>
<td>A</td>
<td>16</td>
<td>11</td>
<td>4</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>13</td>
<td>9</td>
<td>5</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Specificity / Selective Sexual Contact</td>
<td>A</td>
<td>7</td>
<td>5</td>
<td>7</td>
<td>13</td>
<td>24</td>
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<td></td>
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<td>4</td>
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<td>4</td>
<td>13</td>
<td>19</td>
</tr>
<tr>
<td>Frequency / Lack of Consistent Inquiry</td>
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<td>1</td>
<td>2</td>
<td>11</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>11</td>
<td>28</td>
</tr>
</tbody>
</table>
Perception of LGBTQ+ and Heterosexual Sexual Consent Communication

- Are there any differences in perception of LGBTQ+ and heterosexual individuals’ sexual consent communication in ambiguous sexual encounters?

An independent-samples t-test was conducted to compare participant responses of Version A and Version B to determine if gender identity and/or sexual orientation impacts how participants perceive whether or not consent was present in the vignettes (see Table 4.3). Overall, there was a statistically significant difference in the vignette perceptions of only one theme, retraction of sexual consent, for Version A ($M = 4.29$, $SD = 1.16$) and Version B ($M = 3.93$, $SD = 1.42$); $t(98) = 0.037$, $p = .05$. In the retraction of sexual consent theme, both characters, “Alvin” and “Riley” identified as cisgender and heterosexual in Version A and gay in Version B. There was not a statistically significant difference between Version A and B for any other vignette theme.
Table 4.3

*LGBTQ+ and Heterosexual Differences for Fully Consensual Sexual Contact*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Version</th>
<th>Mean (M)</th>
<th>Standard Deviation (SD)</th>
<th>Significance (p = .05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consensual</td>
<td>Heterosexual</td>
<td>1.08</td>
<td>0.44</td>
<td>.90</td>
</tr>
<tr>
<td></td>
<td>LGBTQ+</td>
<td>1.08</td>
<td>0.33</td>
<td></td>
</tr>
<tr>
<td>Emotional Dysregulation</td>
<td>Heterosexual</td>
<td>4.06</td>
<td>1.22</td>
<td>.97</td>
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<td></td>
<td>LGBTQ+</td>
<td>4.02</td>
<td>1.25</td>
<td></td>
</tr>
<tr>
<td>Forcible Rape</td>
<td>Heterosexual</td>
<td>4.94</td>
<td>0.42</td>
<td>.20</td>
</tr>
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<td></td>
<td>LGBTQ+</td>
<td>4.98</td>
<td>0.14</td>
<td></td>
</tr>
<tr>
<td>STI/STD Disclosure</td>
<td>Heterosexual</td>
<td>2.72</td>
<td>1.60</td>
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<td></td>
<td>LGBTQ+</td>
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<td>1.64</td>
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</tr>
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<td>Prostitution</td>
<td>Heterosexual</td>
<td>1.46</td>
<td>0.81</td>
<td>.20</td>
</tr>
<tr>
<td></td>
<td>LGBTQ+</td>
<td>1.60</td>
<td>0.96</td>
<td></td>
</tr>
<tr>
<td>Marital Rape</td>
<td>Heterosexual</td>
<td>2.53</td>
<td>1.45</td>
<td>.90</td>
</tr>
<tr>
<td></td>
<td>LGBTQ+</td>
<td>2.33</td>
<td>1.49</td>
<td></td>
</tr>
<tr>
<td>Pressure</td>
<td>Heterosexual</td>
<td>3.80</td>
<td>1.54</td>
<td>.62</td>
</tr>
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<td>LGBTQ+</td>
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</tr>
<tr>
<td>Intoxication / Mental Incapability</td>
<td>Heterosexual</td>
<td>2.10</td>
<td>1.45</td>
<td>.78</td>
</tr>
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<td></td>
<td>LGBTQ+</td>
<td>2.36</td>
<td>1.51</td>
<td></td>
</tr>
<tr>
<td>Age of Consent</td>
<td>Heterosexual</td>
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<td>1.61</td>
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<td>LGBTQ+</td>
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<td>1.56</td>
<td></td>
</tr>
<tr>
<td>Lack of Response / Resistance</td>
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<td>.11</td>
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<td></td>
<td>LGBTQ+</td>
<td>3.98</td>
<td>1.25</td>
<td></td>
</tr>
<tr>
<td>Retraction of Sexual Consent</td>
<td>Heterosexual</td>
<td>4.29</td>
<td>1.16</td>
<td>.037*</td>
</tr>
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<td></td>
<td>LGBTQ+</td>
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<td></td>
</tr>
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<td>Bribe / Blackmail</td>
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<td>1.16</td>
<td>.082</td>
</tr>
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<td>LGBTQ+</td>
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<td>0.90</td>
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</tr>
<tr>
<td>Rape Fantasy</td>
<td>Heterosexual</td>
<td>2.65</td>
<td>1.48</td>
<td>.22</td>
</tr>
<tr>
<td></td>
<td>LGBTQ+</td>
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<td></td>
</tr>
<tr>
<td>Authority / Perceived Power Differential</td>
<td>Heterosexual</td>
<td>2.91</td>
<td>1.61</td>
<td>.71</td>
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<tr>
<td></td>
<td>LGBTQ+</td>
<td>2.87</td>
<td>1.59</td>
<td></td>
</tr>
<tr>
<td>Specificity / Selective Sexual Contact</td>
<td>Heterosexual</td>
<td>3.75</td>
<td>1.42</td>
<td>.31</td>
</tr>
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<td></td>
<td>LGBTQ+</td>
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<td>1.32</td>
<td></td>
</tr>
<tr>
<td>Frequency / Lack of</td>
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<td>1.13</td>
<td>.29</td>
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<td></td>
<td>LGBTQ+</td>
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</tr>
<tr>
<td>Consistent Inquiry</td>
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<tr>
<td>-------------------</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant at the $p < .05$ level

**Perception of Sexual Consent of the Aggressor**

- Are there differences in perception of sexual consent based on the aggressor’s stated gender identity or sexual orientation?

An independent-samples t-test was also conducted to examine whether participants perceived consent of the characters in the aggressor role differently based on their stated sexual orientation or gender identity (see Table 4.4). In the emotional dysregulation themed vignette, there was a statistically significant difference in the scores for the character, “Pablo”, between Version A ($M = 1.30, SD = 0.89$) and Version B ($M = 1.59, SD = 1.15$); $t(100) = 0.032, p = .05$. “Pablo” identified as cisgender and heterosexual in Version A, and cisgender and heterosexual in Version B (victim = MTF). In the retraction of sexual consent themed vignettes, there was a significant difference in the scores for the character, “Alvin”, between Version A ($M = 1.20, SD = 0.62$) and Version B ($M = 1.50, SD = 1.02$); $t(98) = 0.002, p = .05$. “Alvin” identified as cisgender and heterosexual in Version A and gay in Version B. In the bribe or blackmail themed vignettes, there was a significant difference in the scores for the character, “Robin”, between Version A ($M = 1.54, SD = 0.99$) and Version B ($M = 1.91, SD = 1.52$); $t(98) = 0.006, p = .05$. “Robin” identified as cisgender and heterosexual in Version A and lesbian in Version B. In the rape fantasy themed vignettes, there was a significant difference in the scores for the character, “Aiden”, between Version A ($M = 1.41, SD = 0.78$) and Version B ($M = 1.86, SD = 1.12$); $t(98) = 0.007, p = .05$. “Aiden” identified as cisgender and heterosexual in
Table 4.4

LGBTQ+ and Heterosexual Differences for the Aggressor Role

<table>
<thead>
<tr>
<th>Theme</th>
<th>Aggressor</th>
<th>Version</th>
<th>Mean (M)</th>
<th>Standard Deviation (SD)</th>
<th>Significance (p = .05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consensual</td>
<td>Robert</td>
<td>Heterosexual</td>
<td>1.10</td>
<td>0.46</td>
<td>.51</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LGBTQ+</td>
<td>1.13</td>
<td>0.49</td>
<td></td>
</tr>
<tr>
<td>Emotional Dysregulation</td>
<td>Pablo</td>
<td>Heterosexual</td>
<td>1.30</td>
<td>0.89</td>
<td>.032*</td>
</tr>
<tr>
<td></td>
<td></td>
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Perception of Sexual Consent of the Victim

- Are there differences in perception of sexual consent based on the victim’s stated gender identity or sexual orientation?

An independent-samples t-test was also conducted to examine differences in perception of consent given by characters in the victim role based on their stated sexual orientation and gender identity (see Table 4.5). In the consensual themed vignettes, there was a statistically significant difference in the scores for the character, “Lucia”, between Version A ($M = 1.12, SD = 0.48$) and Version B ($M = 1.02, SD = 0.14$); $t(100) = 0.004, p = .05$. “Lucia” identified as heterosexual and cisgender in Version A, and heterosexual and cisgender in Version B (victim = questioning sexual orientation). The consensual theme does not categorize “Lucia” as a victim, as the sexual interaction within the vignette for both characters demonstrates affirmative consent. The remaining vignette themes did not show statistical significance between Version A and Version B for characters in the victim role.
Table 4.5

**LGBTQ+ and Heterosexual Differences for the Victim Role**

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<tr>
<th>Theme</th>
<th>Victim</th>
<th>Version</th>
<th>Mean (M)</th>
<th>Standard Deviation (SD)</th>
<th>Significance (p = .05)</th>
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*Significant at the $p < .05$ level
Chapter V: Discussion

The purpose of this study was to identify how cisgender, heterosexual and LGBTQ+ sexual encounters are perceived when sexual consent communication is ambiguous. This research study sought to identify any differences in perception for individuals of varying sexual orientations and gender identities for overall consent communication and in the roles as victims and aggressors in a nonconsensual sexual encounter. It was hypothesized that participants would perceive LGBTQ+ people as consenting at a higher degree to a nonconsensual sexual encounter than cisgender, heterosexual people in both the role of the victim and the role of the aggressor in the sexual encounter. The study’s findings rejected the null hypothesis that indicated there is no relationship between how people perceive cisgender, heterosexual and LGBTQ+ people sexual consent communication patterns. The rejection of the null hypothesis suggests a possible relationship between how people perceive cisgender, heterosexual sexual consent communication patterns and how sexual consent communication is perceived for LGBTQ+ people. The study illustrated that participants perceived LGBTQ+ characters and heterosexual, cisgender characters in the vignettes differently for the retraction of sexual consent, emotional dysregulation, bribe or blackmail, rape fantasy, and consensual themes, providing insight as to how sexual communication is perceived for groups of diverse sexual orientations and gender identities. More research is needed to explore the association between the perception of how heterosexual, cisgender and LGBTQ+ people communicate sexual consent.

Participants reported diverse experiences with sex education, varying in the sex education source, sex education content, length of program or instruction, and perceived
effectiveness of the program or instruction. Participants reported to have received high school sex education at higher rates than sex education in college or from outside sources, and higher rates of sex education from sources outside of college than through college sources. Participants reported that the sex education they received covered topics similarly taught in abstinence-based programs, which is consistent with the type of education frequently taught in the U.S. Participants described variations of the length of instruction received and how effective they perceived their education to have been. No participants mentioned having received instruction of gender identity or sexual orientation, however participants mentioned receiving instruction about sexual consent. Despite reporting that they understand sexual consent and feel confident they can distinguish between consensual and nonconsensual sexual activity, several participants mentioned that they experienced difficulty with identifying whether the vignettes were consensual or nonconsensual. These results are consistent with other research findings that individuals feel like they understand consent, however struggle identifying sexual consent when it is presented with situational ambiguity (Jozkowski et al, 2014; Pollard, 1992). Some participants also reported a need for more sexual consent education, sex education that is comprehensive and inclusive of diverse sexualities and identities, and more information about state laws and university policies.

Participants varied in their perception of the vignette themes, reporting some themes to be consensual overall and others to be nonconsensual overall. In observing the vignette themes, participants perceived the consensual, prostitution, STI/STD disclosure, marital rape, intoxication or mental incapability, and age of consent themes to be consensual, regardless of whether they received the cisgender, heterosexual or the
LGBTQ+ version. Considering the vignettes were designed to reflect nonconsensual sexual encounters, with the exception of the consensual theme, it is alarming that participants believe the themes to be consensual. Participants may not know or understand the laws regarding nonconsensual sexual behavior, may disregard or disagree with the laws, or may perceive that the unique circumstances in the sexual scenario have more importance than the law’s inferences.

Participants perceived the emotional dysregulation, forcible rape, pressure, lack of response or resistance, retraction of sexual consent, bribe or blackmail, specificity or selective sexual contact, and the frequency or lack of consistent inquiry themes to be nonconsensual, regardless of whether they received the cisgender, heterosexual or the LGBTQ+ version. Interestingly, participants perceived the emotional dysregulation, pressure, and specificity or selective sexual contact themes as nonconsensual, despite their lack of representation in state laws. Without separating the cisgender, heterosexual and LGBTQ+ versions of the vignettes, participants had mixed perceptions of the authority or perceived power differential theme and the rape fantasy theme. Whether or not differences between perceptions of the themes were due to the gender identity or sexual orientation of the vignette characters or other circumstances is explored further below.

**Perception of LGBTQ+ and Heterosexual Sexual Consent Communication**

Participant responses to the study’s survey indicated a perception that LGBTQ+ people consent to a higher degree than their cisgender, heterosexual counterparts to a sexual interaction in which sexual consent has been revoked. Withdrawal of sexual consent is a valid sexual demand for people of all gender and social categorical
identifiers. The study results may have revealed an assumption that retracting sexual consent is more important or should be taken more seriously for cisgender, heterosexual individuals than LGBTQ+ individuals. Participants may have preconceived beliefs that LGBTQ+ people do not need to provide sexual consent as frequently as cisgender, heterosexual people, due to culturally misguided negative assumptions of LGBTQ+ people’s sexual behaviors (Garofalo et al, 2006; Garofalo et al, 1998; Kann et al, 2011; Rhodes et al, 2007; Saewyc et al, 2008). These judgments may impact how people perceive the sexual practices of LGBTQ+ people compared with the sexual behaviors of cisgender, heterosexual people. More research is needed on how seriously retracting sexual consent is perceived for various social groups to identify cultural assumptions and prejudices between groups.

**Perception of Sexual Consent of the Aggressor**

The study’s results illustrated that characters in the aggressor role for cisgender, heterosexual versions of the vignettes consented more than characters in the LGBTQ+ versions for the emotional dysregulation, retraction of sexual consent, bribe or blackmail, and rape fantasy themes. These results imply that the cisgender, heterosexual characters agreed to consent in higher degrees than their LGBTQ+ counterparts in the role of the aggressor, or that LGBTQ+ characters in the vignettes did not consent as much as the cisgender, heterosexual characters in the role of the aggressor.

There are numerous considerations for how the results can be interpreted. The results may indicate that cisgender, heterosexual people agree to consent in higher degrees than LGBTQ+ people, reinforcing participant beliefs of cultural stigmas that assume that gay men are less masculine than heterosexual men and that lesbian women
are less feminine than heterosexual women (Blashill & Powelishta, 2009; Kite, Deaux, & Haines, 2008). In the retraction of sexual consent theme, participants perceived the cisgender, heterosexual aggressor of Version A to consent more to the nonconsensual sexual act than the LGBTQ+ aggressor in Version B. Participants may have perceived the cisgender, heterosexual characters of Version A as being more aggressive and making more assertive decisions, traits which are associated with being stereotypically more masculine or less feminine (Kite et al, 2008). Participants may have perceived the gay characters of Version B to be lacking the capacity to make strong decisions or to commit to decisions with firm rational intent rather than motivated by emotion, both of which are traits that are considered to be stereotypically more feminine or less masculine (Kite et al, 2008). As such, participants may have revealed perceptions consistent with societal stigmas of gay men as being effeminate or lacking the stereotypical traits of masculinity that are culturally valued in heterosexual men.

In the bribe or blackmail theme, participants perceived the cisgender, heterosexual aggressor of Version A to consent more to the nonconsensual sexual act than the LGBTQ+ aggressor of Version B. Participants may have perceived the cisgender, heterosexual aggressor of Version A to be more accountable, competent, or responsible than the LGBTQ aggressor of Version B, a trait which is also associated with traditional ideals of masculinity (Ellemers, 2018). The vignettes, with the exception of the consensual theme, are designed to be nonconsensual sexual situations. Participants may have perceived the cisgender, heterosexual aggressor to be held to a higher moral standard, due to their dominance in society and the misled assumption that LGBTQ+ people are not as noble or valuable as cisgender, heterosexual people. Participants may
also have perceived the cisgender, heterosexual aggressor in Version A to consent more than the LGBTQ aggressor in Version B because of the victims’ sexual orientations. Participants may have ascribed to a derogatory cultural belief that lesbian women are perceived to be more masculine than their heterosexual women counterparts (Kite et al, 2008). The perception that the cisgender, heterosexual aggressor engages in nonconsensual sexual activity with another cisgender, heterosexual person, rather than an LGBTQ+ person, may suggest that the chosen victim of the aggressor is more feminine and thus is perceived by cultural stigmas to be less likely to fight back or is more likely to be distressed from the experience. The chosen victim of the aggressor may have implications of how the aggressor is perceived in their role and may dictate how consent is perceived for the aggressor in that role.

In the emotional dysregulation and rape fantasy themes, participants perceived the cisgender, heterosexual aggressors in Version A of both themes to consent to the nonconsensual sexual act at higher degrees than the LGBTQ+ aggressors in Version B of both themes. In both themes, the aggressor’s gender identity and sexual orientation is consistent between both versions, suggesting that their chosen victims have implications as to the degree of how much the aggressors were perceived to have consented to the sexual activity. Participants perceived the aggressors in Version A to have consented to a higher degree to the sexual act with their partner than the aggressors in Version B, signifying a perception that cisgender, heterosexual people consent more to sexual acts with another cisgender, heterosexual partner than they do with an LGBTQ+ person. These results may have indicated a prejudiced perception that LGBTQ+ people are not the desired partners for cisgender, heterosexual people, or that LGBTQ+ people are
deceptive with their gender identity and/or sexual orientation to cisgender, heterosexual people in sexual relationships. These findings may be consistent with the derogatory cultural attitudes and beliefs that transgender people trick heterosexual people into engaging in sexual activity or intimate relationships by hiding or masking their biological sex with their differing gender identity (McNally v. Regina, 2013; Nadal, Skolnik, & Wong, 2012; Sharpe, 2016; Tsai, 2010). Participants may be accustomed to heteronormativity and may perceive the LGBTQ+ sexual interactions to be less normal, indicating that an LGBTQ+ partner choice for a cisgender, heterosexual person is unnatural. More research is needed to determine how the identity of the victim reflects on how the aggressor is perceived.

The results can also be interpreted as the LGBTQ+ characters consenting less to a nonconsensual situation as the aggressor compared to their cisgender, heterosexual counterparts, contradicting the higher rates of prejudices, biases, discrimination and rape myth acceptance towards sexual minority groups (Grant et al, 2011; Herek, 2008). Research suggests that increased social competence equates to a decrease in rape myth acceptance (Aosved & Long, 2006; Suarez & Gadalla, 2010). This study was conducted at UNR which has been found to be a less intimidating college campus than others studied (Haley, 2017). The higher levels of acceptance and social competence on UNR’s campus may account for this study’s findings.

Another potential reason for this study’s findings involve the social identifiers of the participants. LGBTQ+ people, as a hidden population, may have been perceived as such in the vignettes as well, with participants potentially indifferent or non-cognizant of an LGBTQ+ identity in the vignettes. Participants may have been unaware or may have
ignored the difference of gender identity and sexual orientation between the vignette versions. The majority of participants were cisgender and heterosexual and may have identified with the cisgender, heterosexual character in the vignette. The lack of identity and knowledge about sexual minority groups may have served as a barrier for participants to connect with the LGBTQ+ characters in the vignettes. In addition to the identification of participants with the cisgender, heterosexual characters, cisgender, heterosexual participants may have also had the assumption that sexual consent is more important for heterosexual, cisgender people than LGBTQ+ people and therefore judged the cisgender, heterosexual character more harshly to maintain the integrity of the cisgender, heterosexual persona or cultural ideal.

The majority of this study’s participants were also self-identified women. Research has shown that women do not judge LGBTQ+ people as harshly and subscribe to less victim blame than heterosexual men (Davies & McCartney, 2003; Gastic, 2010; Kite & Whitley, 1996; Wakelin & Long, 2003; Whatley & Riggio, 1993). The vast sample size of participants in this study that identify as a woman may be attributable to the findings, suggesting that the demographics of the participant sample for this study reflect the profiles of individuals found to be more pro-victim than anti-victim in rape case scenarios.

**Perception of Sexual Consent of the Victim**

The study’s results revealed a difference in perception for the fully consensual themed vignette, with the victim in the cisgender, heterosexual vignette disagreeing to the sexual act at a higher degree than the victim in the LGBTQ+ vignette. Although this vignette portrayed a fully consensual sexual situation, the study’s participants considered
the cisgender, heterosexual character to disagree more to the sexual act than the LGBTQ+ character. The study findings may indicate that participants believe that LGBTQ+ individuals are more sexually permissive or promiscuous than cisgender, heterosexual individuals, and agree more to sexual acts of all kind at a higher rate than cisgender, heterosexual people. The lack of results for LGBTQ+ characters in the victim role, despite the prevalence of cisgender, heterosexual characters in the aggressor role, and the assumption that cisgender, heterosexual people disagree more than LGBTQ+ people in a consensual sexual situation may suggest that LGBTQ+ individuals are not considered to be as worthy victims as cisgender, heterosexual people. The results may indicate a belief that LGBTQ+ people should be blamed more for their rape, which is consistent of other research findings that LGBTQ+ people are subjected to a higher rape myth acceptance (Davies & Hudson, 2011; Davies & McCartney, 2003; Mitchell et al, 1999; Wakelin & Long, 2003). Assumptions of how LGBTQ+ people communicate sexual consent and the influence of the victim’s identity on how they are perceived in a nonconsensual sexual situation needs to be researched further.

Cultural Implications

The study’s results indicate that participants who received sex education in high school describe the content to be more abstinence-based than abstinence-only or comprehensive, and described their sex education experience in high school to be more ineffective and lacking in depth than effective and thorough. Fewer participants report receiving sex education in college or another source outside of college and high school than they did from high school. Participants did not report gender identity and sexual orientation as topics discussed in any source of sex education. Participants reported
difficulty with identifying whether the vignettes were consensual and reported that they believe more sex education is needed. These responses signify that higher quality sex education is needed in schools and access to sex education post high school may positively impact how individuals perceive, interpret, and communicate sexual consent. Increasing the content taught through sex education sources to include gender identity and sexual orientation topics may decrease prejudice and stigma of sexual minority groups and increase the effectiveness of sexual education.

The study’s potential findings of prejudices or negative assumptions of how gender identity and sexual orientation influence sexual consent communication indicates that a culture shift is warranted to normalize sexual behaviors of cisgender, heterosexual people and LGBTQ+ people and to increase the comfort of sexual consent discussion. The traditional perception of sex as immoral, sinful, or shameful impacts how individuals view themselves and others as sexual beings. Recognizing sex as positive and inclusive may decrease anxieties of individuals who are having sex, change how gender identity and sexual orientation are conflated with sex, and alter the trends of risky sexual engagement. Liberating female sexuality and legitimatizing the sexual interests of women and people of sexual minority groups may improve sex role stereotypes and improve sexual communication. The feminine identity is interwoven with the importance of relationships, and women may consent to unwanted sex or deny a rape occurred to maintain the values of this gender identity (Chung, 2005; Katz & Tirone, 2009; Walker, 1997). Challenging the cultural identity of women may confront sexual expectations, gender norms, and male sexual privileges, and increase discussion of the concepts of masculinity and femininity. Altering cultural constructs of masculinity and femininity can
impact how various and diverse gender identities and sexual identities are perceived and may decrease sexual stigmas and prejudices.

As mentioned in the literature review, the word “rape” has an effect on how men perceive their sexual conduct to be consensual or nonconsensual (Edward et al., 2014). Society has the tendency to perceive rape as forcible and clearly unwanted, whereas nonconsensual sex in real circumstances is more ambiguous. This is problematic, as the definition of sexual activity is not universal; the determinants of sexual activity are perceived and defined differently and on an individual basis (Bogart et al., 2000; Randall & Byers, 2003; Robinson et al, 1980; Sonenstein et al, 1997; Trotter & Alderson, 2007). The uncertainty of whether nonconsensual sex is acute enough to match the state definition of rape may be an obstacle to reporting a sexual assault or to prosecuting or convicting offenders, due to the belief that the crime was not intense enough. To reduce reporting fears of clients, it is crucial that practitioners do not discredit or disregard stories of sexual assault and are proactive about connecting the client with appropriate services.

Studies show that individuals can similarly define sexual consent, however experience difficulty when sexual consent situations are unclear and when they are expected to interpret sexual communication cues (Jozkowski et al, 2014; Pollard, 1992). In addition to these challenges, teens are more biologically prepared for sex at younger ages than in the past and are postponing marriage, creating a sexual drive at younger ages and a social gap in which premarital sex is occurring for longer periods of time (Bellis, Downing, & Ashton, 2006; Cohn, Passel, Wang, & Livingston, 2011; Herman-Giddens, 2006; Marceau, Ram, Houts, Grimm, & Susman, 2011; Pierce & Hardy, 2012; Susman et
al, 2010). Considering the open-ended responses from this study reflect the difficulty of college students in identifying nonconsensual sexual encounters and behaviors, it is apparent that more education on sexual consent and advancements in learning techniques of sex education can be beneficial at all ages and stages of the life course.

Social and emotional learning can be useful in helping individuals manage their emotional arousal during sexual activity and skillfully discussing consent appropriately with a partner. Interactive, rather than lecture based, engagement of practicing communication of sexual consent in a safe environment and defining sexual consent in ambiguous scenarios can be a helpful strategy in sex education programs. Technology, interactive videos, and computer programs that virtually train individuals to control their implicit impulses may be an effective strategy for decreasing sexual risk engagement (Chu et al, 2015; Davidson, 2004; Downs et al, 2004; Falk, Berkman, & Lieberman, 2012; Kamel Boulos & Toth-Cohen, 2009; Riva et al, 2007; Suleiman & Brindis, 2014; Wiers, Rinck, Kordts, Houben, & Strack, 2010). Innovative advancements are needed to alter the current traditional and rational-based structure of sex education programs to incorporate elements of instinctive and emotion-based learning. In addition, a focus on culture and gender roles may be effective in fostering positive sexual behaviors and interactions (Bell et al, 2012). More research and evidence informed developments on the emotional and gender component of communicating sexual consent are needed prior to pursuing and testing teaching methods.

Comprehensive sexuality education principles, which are reflective of the Nationality Sexuality Standards and the Standards for Sexually Education in Europe, have been reinforced by research and professionals to reduce sexual health risks in
society (Alford, Bridges, Gonzalez, Davis, & Hauser, 2008; Chin et al, 2012; Kirby, Laris, & Rolleri, 2007; BZgA, 2010; FoSE, 2012). However, most public schools aren’t even following the basic recommendations for sex education proposed by the CDC (CDC, 2015). In addition, sources for sex education are limited for adults who are no longer in the public school system. A few college courses are available, however they are costly and require that students enroll and attend college to access the material. The federal budget does not currently financially support comprehensive sexuality education programs nor any sexuality standards, creating a barrier for increased sexual knowledge and inclusivity of students and encouraging online browsing and media referrals for information that may not be accurate. The research suggests that sex education including HIV, STIs/STDs, and avoiding unintended pregnancy has benefits that outweigh the costs of implementation (Thomas, 2012; Wang et al, 2000). Considering rape is one of the most costly crimes, reassigning abstinence-only funds or investing additional funds into effective sexuality programs for students and non-students that combine instruction of venereal diseases, pregnancy, and sexual consent and sexual responsibility can improve society’s sexual culture (Miller, Cohen, & Wiersema, 1996).

Most states do not mandate instruction of sexual orientation, gender identity, and LGBTQ+ sexual practices, enabling sex education programs to promote traditional and heterosexual sexual practices, and negating sexual conduct of people who don’t identify with the dominant group. When assumptions are instilled that every individual is traditionally, monogamously, and heterosexually grounded, sex education oppresses diverse identities of sexual minority groups. When sex education programs are not inclusive, dominant social groups are privileged and sexual minority groups are further
marginalized and encouraged to remain hidden. Increasing the range of sex education topics can complement the diversity of identities in America and facilitate the comprehension of various identity forms, which may in effect create a safer environment for LGBTQ+ individuals, decrease sexual health disparities, and decrease sexual stigmas of people of sexual minority groups.

Federal and state sexual assault and affirmative consent legislation is continuously revamped. Individuals in society need ongoing education to understand how the law has changed and should be informed of the research that drives sex education practices. Civic engagement of community, state, and federal leaders and change agents can work to clarify laws regarding sexual consent in sexual scenarios similar to the themes of this study and to increase the consistency of education standards for sexual consent. Encouraging sex education instruction and the discussion of ambiguous sexual consent scenarios, gender roles and sexual identity, sexuality, and culturally accepted and culturally taboo or deviant sexual behaviors may intellectualize the understanding of various forms and conditions of sexual consent, sexual communication, perception, and social identity.

**Limitations, Delimitations, and Future Recommendations**

The lack of a more diverse participant sample is a limitation of this study. Responses to the survey questions may have had different outcomes with more participants who identify as LGBTQ+ and with participants of various backgrounds and cultures. Due to the smaller sample size of this study, demographic questions regarding culture and ethnicity were not obtained, however a larger sample size with more diversity may have different responses. The study’s participants were all university students, which
may yield different results if the study included individuals who have not had any college experience. A delimitation of the study is the exclusion of other diverse vignette characters and sexual situations. This study did not explore certain sexual partner configurations and personal experiences that may have impacted responses to the vignettes or closing statements. The study also did not incorporate characters with more than one LGBTQ+ identity, for example; a character who is both transgender and gay. The study theme for intoxication/mental incapability can be broken up into multiple themes, however was combined to maintain an appropriate survey length as to avoid fatiguing the participants. The study provided a glimpse of group sex and BDSM scenarios with sexual consent, however did not reflect them in their entirety or complexity. Another delimitation of the study is the need for validity testing of the vignettes. The vignettes incorporated in the study were not tested for how accurate they were as a tool to measure sexual consent.

To gain more knowledge about the sexual behaviors of cisgender, heterosexual and LGBTQ+ people, the perceptions of LGBTQ+ by cisgender, heterosexual people, and the role of sexual consent for LGBTQ+ and cisgender, heterosexual people, more research needs to be conducted. The literature is lacking in studies of sexual consent communication of LGBTQ+ individuals. To build on this study, future research can explore nonverbal and verbal sexual consent patterns of LGBTQ+ people and identify sex education practices that are effective with the discussion of sexual consent. Research on the effectiveness of impulse control and social emotional learning in sexual situations is warranted to improving how sexual consent is communicated and understood. This study
provided clarification about how people perceive LGBTQ+ and cisgender, heterosexual individuals differently in ambiguous sexual consent scenarios.
Chapter VI: Conclusion

To preserve sexual and human rights, individuals must be informed of how to advocate for their own boundaries as well as how to identify and discuss the boundaries with a sexual partner. School based sex education is an ideal setting for consistency in teaching and to reach large audience who are generally at the developmental age in which they experience puberty and an increased sex drive. However, sex education programs in schools fall short of providing basic and essential information about sexuality and do not represent people of who identify with a minority group. To accurately represent individuals of sexual minority groups, sex education programs must include information that is relevant to a wide and diverse audience. The research is minimal on the sexual practices and sexual communication patterns of individuals of non-dominant gender identities and sexual orientations. Although there may be some evidence to suggest that sexual consent communication varies among cisgender, heterosexual and LGBTQ+ people, there is limited research of how gender identity and sexual orientation impact individuals’ assumptions of these differences. The preconceived notions that individuals have about sexual consent communication for sexual minority groups may have an influence on how this information is interpreted for and delivered to individuals of a sexual minority.

This study examined how sexual consent is perceived for cisgender, heterosexual and LGBTQ+ people. The findings alluded that individuals self-report a clear understanding of sexual consent and report confidence to discuss sexual consent and distinguish between consensual and nonconsensual sexual activity. Although participants reported that sexual consent does not look different for cisgender, heterosexual and
LGBTQ+ people, participant responses to the vignettes revealed a perceptual difference of retracting sexual consent among the two groups. Participants reported that cisgender, heterosexual people consent to a sexual situation in which consent was retracted at a higher degree than LGBTQ+ people. When analyzing vignette characters of the aggressor role, participants also perceived cisgender, heterosexual people to be consenting at higher degrees than their LGBTQ+ counterparts. However, in looking at the vignette characters in the victim role, participants perceived the LGBTQ+ character of the consensual theme to agree to the sexual act at a higher degree than its cisgender, heterosexual counterpart. Although there were no major perceptual differences, due to the consensual theme demonstrating affirmative consent, there was an assumption of the participants that the LGBTQ+ character agrees more to a consensual sexual situation than the cisgender, heterosexual character. The study’s findings illustrate that participants may be perceiving cisgender, heterosexual individuals more negatively than LGBTQ+ individuals, may consider sexual consent to be more important for cisgender, heterosexual people than LGBTQ+ people, may assume that LGBTQ+ people do not need to provide or receive sexual consent as frequently as cisgender, heterosexual people, or assume that LGBTQ+ people are not worthy victims of a nonconsensual sexual encounter. The results of this study can be used to demonstrate the need for political change and legislative action of making sex education programs more inclusive of sexual minorities, to inform sex education curriculum developments and advancements, and as a foundation to build on future research.
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Appendix A

Survey Instrument

Sexual Consent Communication Survey

Informed Consent for Participation

University of Nevada, Reno

Consent to Participate in Research

TITLE OF STUDY:

Sexual Consent: Perception of Ambiguous Sexual Encounters of LGBTQ+ and Cisgender Heterosexual Individuals

INVESTIGATORS:
Mary Hylton, Ph.D., M.S.W. & Laura J. Blauenstein, M.S.W. Student

IRBNet PROJECT NUMBER:
1163014-1

You are being invited to participate in a research study.

The purposes of the study are to 1) identify how sexual consent is perceived for cisgender, heterosexual sexual encounters, 2) identify how sexual consent is perceived for lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) sexual encounters, and 3) identify the quality of sexual consent content taught through sex education sources. The goal of this study is to gain a better understanding of how sexual encounters, in which sexual consent communication is ambiguous, is perceived for LGBTQ+ and cisgender, heterosexual groups.

If you agree to participate in this study, you will be asked to complete three parts: answering a series of demographic questions, answering questions about the consensual or non-consensual degree of sexual contact in scenarios, and answering closing questions about your opinions of sexual consent and sex education. The survey will contain open-ended and close-ended response options.

Your participation in the survey should take less than 25 minutes to complete. It is recommended that this survey is completed in a private area, due to the sensitive nature of the content.

The information obtained from this survey is intended to improve sex education programs, campus
orientation programs, and sexual assault bystander intervention trainings by adding to the current knowledge of sexual consent communication in the literature. Applying the information gathered from the survey to these programs is not guaranteed, however the results will contribute to sexual consent research.

Professional standards of privacy will be upheld by the researchers and the University of Nevada, Reno. Participants' identities will be anonymous and no identifying information will be asked or published in any reports. Responses to the survey will be protected to the full extent of the law. The University of Nevada, Reno, Research Integrity Office and the researchers of this survey will have access to the information submitted.

The following survey contains sexually explicit material that may be triggering or cause discomfort to participants. Please print or make a note of the campus resource information listed at the end of the survey.

You will earn 1 SONA credit for your participation in this study. Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop prior to survey completion. If you agree now but change your mind, you may quit the study at any time by exiting the webpage.

You may contact Laura Blauenstein, the co-investigator, at (775) 762-2204 or Mary Hylton, Ph.D., M.S.W., the principle investigator, at (775) 682-8708 any time you have questions about the research or you wish to report an injury associated with this study. You may anonymously contact the University of Nevada, Reno, Research Integrity Office at (775) 327-2368 if you have a complaint about the research or questions about your rights as a research subject.

Thank you for your interest in the survey. Your feedback is important.

1. Proceeding with this survey implies that you understand the above information and certify that you are at least 18 years of age or older and a current student at the University of Nevada, Reno.

- Yes, Proceed with Survey
- No, Exit Survey Now

Sexual Consent Communication Survey
I. Demographics

Please answer the questions below.

2. Which category best describes your gender identity?
   - Male
   - Female
   - Male to Female Transgender (MTF)
   - Female to Male Transgender (FTM)
   - Gender Fluid, Genderqueer or Agendered
   - Prefer not to answer
   - Other (please specify)

3. Which category best describes your sexual orientation?
   - Straight
   - Gay
   - Lesbian
   - Bisexual
   - Pansexual
   - Asexual
   - Demisexual
   - Prefer not to answer
   - Other (please specify)
4. Which best describes your semester level?
- Undergraduate 1st Year
- Undergraduate 2nd Year
- Undergraduate 3rd Year
- Undergraduate 4th Year
- Undergraduate 5th Year+
- Graduate
- Prefer not to answer

5. Have you ever lived or do you currently live on campus?
- Yes
- No
- Prefer not to answer

6. Have you received sex education of some sort in high school or equivalent?
- Yes
- No
- I can't remember
- Prefer not to answer

7. Please describe the sex education you received in high school or equivalent (content, effectiveness, length, online vs. in person instruction, etc). Please write "N/A" if you did not receive sex education in high school or equivalent.

8. Have you received sex education of some sort in college?
- Yes
- No
- I can't remember
- Prefer not to answer

9. Please describe the sex education you received in college (content, effectiveness, length, online vs. in person instruction, etc). Please write "N/A" if you did not receive sex education in college.
10. Have you received sex education in any other setting besides high school and college?
- Yes
- No
- I can't remember
- Prefer not to answer

11. Please describe the sex education you received in a setting other than high school and college (content, effectiveness, length, online vs. in person instruction, etc). Please write "N/A" if you did not receive sex education in any other setting besides high school and college.

Sexual Consent Communication Survey

II. Vignette / Scenario Questions

Please read the scenarios below and answer the questions that follow.

12. A 50.0% Robert, a heterosexual male, and Lucia, a heterosexual female, met at a local bookstore during a poetry reading. They talked all night and Robert invited Lucia to his house so he could read some of his own written poetry to her. At the house, Lucia and Robert shared their personal poetry and began to cuddle on the couch. They moved from the couch to his bed and started to kiss. Robert asked Lucia if she wanted to have sex with him. She stated that she did. Robert pulled out a condom from his nightstand and they proceeded to have vaginal intercourse.

B 50.0% Robert, a male who is questioning his sexual orientation, and Lucia, a heterosexual female, met at a local bookstore during a poetry reading. They talked all night and Robert invited Lucia to his house so he could read some of his own written poetry to her. At the house, Lucia and Robert shared their personal poetry and began to cuddle on the couch. They moved from the couch to his bed and started to kiss. Robert asked Lucia if she wanted to have sex with him. She stated that she did. Robert pulled out a condom from his nightstand and they proceeded to have vaginal intercourse.

- Refer to the scenario above for the below 3 questions.

13. The sexual contact was fully consensual.
- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

15. Lucia consented to the sexual act.

- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

Sexual Consent Communication Survey

II. Vignette / Scenario Questions

Please read the scenarios below and answer the questions that follow.

16. Pablo identifies as a heterosexual male and Nicole identifies as a heterosexual female.
   Pablo has been dating his girlfriend for three months and Nicole has been dating her
   boyfriend for one month. Pablo and Nicole have been flirting for over six months and
   have agreed to meet up at Pablo's house. Pablo and Nicole kiss as Pablo begins to
   undress Nicole. Pablo performs oral sex on Nicole and asks Nicole if she is interested in
   sex. Nicole begins to cry and states she feels bad about their actions and feels that
   cheating is wrong. Pablo tells her that they have already cheated through kissing and
   oral sex and that they might as well engage in intercourse since they have already
   crossed the boundaries of cheating. Nicole begins to cry as Pablo initiates intercourse. Nicole
   holds Pablo close and they continue having vaginal intercourse.

17. The sexual contact was fully consensual.

- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree
18. Pablo consented to the sexual act.
- Agree  
- Somewhat Agree  
- Neither Agree Nor Disagree  
- Somewhat Disagree  
- Disagree

19. Nicole consented to the sexual act.
- Agree  
- Somewhat Agree  
- Neither Agree Nor Disagree  
- Somewhat Disagree  
- Disagree

Sexual Consent Communication Survey

II. Vignette / Scenario Questions

Please read the scenario below and answer the questions that follow.

20. Alex, a heterosexual female, and William, a heterosexual male, have worked together in a restaurant for 3 years. William tells Alex that he is having a birthday party at his house and wants Alex to attend. Alex goes to William's birthday party and stays until everyone else has left to help William clean. After they are done cleaning, they sit on the couch and talk about work. William tries to kiss Alex, but she pulls away. He tells Alex that it is his birthday and he makes the rules. William uses his body weight to hold Alex down and forces her to give him oral intercourse.

21. The sexual contact was fully consensual.
- Agree  
- Somewhat Agree  
- Neither Agree Nor Disagree  
- Somewhat Disagree  
- Disagree

22. William consented to the sexual act.
- Agree  
- Somewhat Agree  
- Neither Agree Nor Disagree  
- Somewhat Disagree  
- Disagree
23. Alex consented to the sexual act.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

II. Vignette / Scenario Questions

Please read the scenario below and answer the questions that follow.

24. **50.0%** Dakota identifies as a heterosexual male and Carmen identifies as a heterosexual female. Carmen and Dakota met through a volunteer program in a foreign country. Having worked together for the last three weeks, Carmen and Dakota have grown their intimate connection. One night, Carmen and Dakota begin to kiss heavily in Carmen's bed and proceed quickly to sexual intercourse. As Dakota and Carmen start sexual intercourse, Carmen remembers a recent herpes diagnosis she has received. She decides not to bring up her STD status in fear that this disclosure will ruin the mood. She tells herself that she missed her opportunity since they had already initiated contact and that Dakota would have asked her of her STD status if he really cared.

25. **50.0%** Dakota identifies as a transgender male and Carmen identifies as a heterosexual female. Carmen and Dakota met through a volunteer program in a foreign country. Having worked together for the last three weeks, Carmen and Dakota have grown their intimate connection. One night, Carmen and Dakota begin to kiss heavily in Carmen's bed and proceed quickly to sexual intercourse. As Dakota and Carmen start sexual intercourse, Carmen remembers a recent herpes diagnosis she has received. She decides not to bring up her STD status in fear that this disclosure will ruin the mood. She tells herself that she missed her opportunity since they had already initiated contact and that Dakota would have asked her of her STD status if he really cared.

   - Refer to the scenario above for the below 3 questions.

25. The sexual contact was fully consensual.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

26. Dakota consented to the sexual act.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree
27. Carmen consented to the sexual act.

- Agree  - Somewhat Agree  - Neither Agree Nor Disagree  - Somewhat Disagree  - Disagree

Sexual Consent Communication Survey

II. Vignette / Scenario Questions

Please read the scenario below and answer the questions that follow.

28.  A 50.0%  Liam identifies as a heterosexual male and Navya identifies as a heterosexual female. For the last three months, Liam has seen Navya in short dresses and stilettos propositioning males for sex in exchange for money on his way to work. Every morning when Liam leaves for work, Navya waves and winks at him from the sidewalk. Liam has been single for five years and has not engaged in sex for three years. Navya has an intriguing quality about her that Liam finds comforting. On his day off from work, Liam decides to approach Navya. After talking for a couple of minutes, Navya asks him if he would like to pay for some of her services. Hesitant, Liam agrees to a discounted price and the two have vaginal intercourse in Liam’s car.

B 50.0%  Liam identifies as a heterosexual male and Navya identifies as a bisexual female. For the last three months, Liam has seen Navya in short dresses and stilettos propositioning males for sex in exchange for money on his way to work. Every morning when Liam leaves for work, Navya waves and winks at him from the sidewalk. Liam has been single for five years and has not engaged in sex for three years. Navya has an intriguing quality about her that Liam finds comforting. On his day off from work, Liam decides to approach Navya. After talking for a couple of minutes, Navya asks him if he would like to pay for some of her services. Hesitant, Liam agrees to a discounted price and the two have vaginal intercourse in Liam’s car.

- Refer to the scenario above for the below 3 questions.

29. The sexual contact was fully consensual.

- Agree  - Somewhat Agree  - Neither Agree Nor Disagree  - Somewhat Disagree  - Disagree

30. Liam consented to the sexual act.

- Agree  - Somewhat Agree  - Neither Agree Nor Disagree  - Somewhat Disagree  - Disagree
31. Navya consented to the sexual act.

- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

Sexual Consent Communication Survey

II. Vignette / Scenario Questions

Please read the scenario below and answer the questions that follow.

32. Jamie identifies as a heterosexual male and Zara identifies as a heterosexual female. Zara and Jamie have been married for ten years and have two children. They have vaginal intercourse two times a week and express the desire to increase their frequency of sex. Zara and Jamie find it difficult to have more sex because their children are in the home and require intensive care. On Zara and Jamie's eleventh wedding anniversary, a friend of the couple decided to watch the kids so Jamie and Zara could have more intimate time together. After eating dinner, Zara and Jamie have vaginal intercourse in their bed. During sex, Zara begins to fall asleep as the couple is exhausted from having to attend to their children all week. Even though Zara falls asleep, Jamie continues with intercourse because he is close to orgasm. The next day, Zara and Jamie both agree that they had a fantastic anniversary.

- Refer to the scenario above for the below 3 questions.

33. The sexual contact was fully consensual.

- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree
34. Zara consented to the sexual act.
- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

35. Jamie consented to the sexual act.
- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

Sexual Consent Communication Survey

II. Vignette / Scenario Questions

Please read the scenario below and answer the questions that follow.

36. A 50.0% Darla identifies as a heterosexual female. Mohamed identifies as a heterosexual male. Mohamed and Darla have been dating for one week and have not been physically intimate besides kissing. Darla has encouraged Mohamed to have sex with her throughout the week but has respected his decision to wait until they have been dating longer. After going on a dinner date, Darla and Mohamed head back to Darla’s apartment. After a period of heavy kissing, Darla asks Mohamed if he would like to have sex. Mohamed tells Darla that he does not feel ready for sex at this point in their relationship. Darla replies that she is getting bored of the relationship and plans to break up with him if he will not have sex with her. Mohamed is infatuated with Darla and agrees to have sex with her in hopes this will prevent her from leaving.

37. The sexual contact was fully consensual.
- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

- Refer to the scenario above for the below 3 questions.
38. Mohamed consented to the sexual act.
- Agree □ Somewhat Agree □ Neither Agree Nor Disagree □ Somewhat Disagree □ Disagree

39. Darla consented to the sexual act.
- Agree □ Somewhat Agree □ Neither Agree Nor Disagree □ Somewhat Disagree □ Disagree

Sexual Consent Communication Survey

II. Vignette / Scenario Questions

Please read the scenario below and answer the questions that follow.

40. Ivan identifies as a heterosexual male and Olivia identifies as a heterosexual female. Olivia and Ivan have been dating for about a year and have had sexual intercourse on numerous occasions. After a night of heavy drinking at a local bar, Olivia and Ivan head back to Ivan's dorm room. Olivia starts to feel dizzy and pukes into the toilet. Ivan caresses her back and gets her water to make her feel better. Once Olivia feels like she doesn't have to puke anymore, the two head to Ivan's bed and begin to cuddle. Olivia tells Ivan she feels better and asks Ivan if he would like to have sex, in which they proceed to have vaginal intercourse.

41. The sexual contact was fully consensual.
- Agree □ Somewhat Agree □ Neither Agree Nor Disagree □ Somewhat Disagree □ Disagree

42. Ivan consented to the sexual act.
- Agree □ Somewhat Agree □ Neither Agree Nor Disagree □ Somewhat Disagree □ Disagree
43. Olivia consented to the sexual act.

- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

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**Sexual Consent Communication Survey**

**II. Vignette / Scenario Questions**

Please read the scenario below and answer the following questions.

**44. Davi identifies as a heterosexual male and Blake identifies as a heterosexual female.**
Davi is eighteen years old and Blake is fifteen years old. Davi and Blake have grown up together, as Blake's brother is one of Davi's best friends. Blake and Davi have been dating for six months and have decided that they want to have intercourse for the first time. They planned a night when Blake's family would be out of town and they could have some privacy. After cooking a romantic dinner with each other, the couple had oral intercourse on the couch and in the bedroom.

- Davi identifies as a gay male and Blake identifies as a trans male. Davi is eighteen years old and Blake is fifteen years old. Davi and Blake have grown up together, as Blake's brother is one of Davi's best friends. Blake and Davi have been dating for six months and have decided that they want to have intercourse for the first time. They planned a night when Blake's family would be out of town and they could have some privacy. After cooking a romantic dinner with each other, the couple had oral intercourse on the couch and in the bedroom.

- Refer to the scenario above for the below 3 questions.

**45. The sexual contact was fully consensual.**

- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

**46. Blake consented to the sexual act.**

- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

**47. Davi consented to the sexual act.**

- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree
II. Vignette / Scenario Questions

Please read the scenario below and answer the questions that follow.

46. Jackson identifies as heterosexual male and Kalyssa is questioning her sexual orientation. Jackson and Kalyssa have had a sexual relationship with each other for two months and do not have any desire to start dating. Oral and vaginal sex usually take place during their intimate encounters. On their weekly meeting at Jackson's apartment, Jackson begins to take Kalyssa's clothes off. Kalyssa tells him not to go too fast and that they need to slow down. Jackson is under time constraints and wants to have sex quickly before he goes to work. Jackson complies with Kalyssa's wishes but escalates sexual contact again after a couple of minutes. Kalyssa lightly nudges Jackson away from her body so Jackson arranges his positioning and initiates vaginal intercourse.

47. Jackson identifies as a heterosexual male and Kalyssa identifies as a heterosexual female. Jackson and Kalyssa have had a sexual relationship with each other for two months and do not have any desire to start dating. Oral and vaginal sex usually take place during their intimate encounters. On their weekly meeting at Jackson's apartment, Jackson begins to take Kalyssa's clothes off. Kalyssa tells him not to go too fast and that they need to slow down. Jackson is under time constraints and wants to have sex quickly before he goes to work. Jackson complies with Kalyssa's wishes but escalates sexual contact again after a couple of minutes. Kalyssa lightly nudges Jackson away from her body so Jackson arranges his positioning and initiates vaginal intercourse.

- Refer to the scenario above for the below 3 questions.

49. The sexual contact was fully consensual.

- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

50. Jackson consented to the sexual act.

- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

51. Kalyssa consented to the sexual act.

- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree
II. Vignette / Scenario Questions

Please read the scenario and answer the questions that follow.

52. __ A 50.0% __
Alvin identifies as a heterosexual male and Riley identifies as a heterosexual female. Alvin and Riley have been dating for a month. While engaging in petting, Alvin asks Riley if she would like to have sex. Riley states that she wants to have sex with Alvin and they have anal intercourse. In the middle of sexual intercourse, Riley tells Alvin to stop. Alvin kisses her and continues penetration. Riley’s body becomes still and she doesn’t move until Alvin has finished ejaculating.

53. __ B 50.0% __
Alvin identifies as a gay male and Riley identifies as a gay male. Alvin and Riley have been dating for a month. While engaging in petting, Alvin asks Riley if he would like to have sex. Riley states that he wants to have sex with Alvin and they have anal intercourse. In the middle of sexual intercourse, Riley tells Alvin to stop. Alvin kisses him and continues penetration. Riley’s body becomes still and he doesn’t move until Alvin has finished ejaculating.

☐ Refer to the scenario above for the below 3 questions.

53. The sexual contact was fully consensual.

☐ Agree ☐ Somewhat Agree ☐ Neither Agree Nor Disagree ☐ Somewhat Disagree ☐ Disagree

54. Alvin consented to the sexual act.

☐ Agree ☐ Somewhat Agree ☐ Neither Agree Nor Disagree ☐ Somewhat Disagree ☐ Disagree

55. Riley consented to the sexual act.

☐ Agree ☐ Somewhat Agree ☐ Neither Agree Nor Disagree ☐ Somewhat Disagree ☐ Disagree
Sexual Consent Communication Survey

II. Vignette / Scenario
Questions

Please read the scenario and answer the questions that follow.

56. A 50.0% Robin, a heterosexual male, and Camila, a heterosexual female, are classmates in high school. Robin has been making sexual comments to Camila and threatens to send naked pictures of Camila that he received from her ex-boyfriend around school. Camila, worried about her reputation if the photos were released, asks Robin what she can do to prevent him from sending the nude photos to their peers. Robin states that he wants to fondle her breasts and touch her genitalia. Robin promises he will delete the photos off of his phone if she agrees to let him touch her. Camila agrees and Robin deletes the pictures after they make sexual contact.

B 50.0% Robin, a lesbian female, and Camila, a lesbian female, are classmates in high school. Robin has been making sexual comments to Camila and threatens to send naked pictures of Camila that she received from her ex-girlfriend around school. Camila, worried about her reputation if the photos were released, asks Robin what she can do to prevent her from sending the nude photos to their peers. Robin states that she wants to fondle her breasts and touch her genitalia. Robin promises she will delete the photos off of her phone if she agrees to let her touch her. Camila agrees and Robin deletes the pictures after they make sexual contact.

☐ Refer to the scenario above for the below 3 questions.

57. The sexual contact was fully consensual.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

58. Robin consented to the sexual act.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

59. Camila consented to the sexual act.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

Sexual Consent Communication Survey

II. Vignette / Scenario
Questions

Please read the vignette below and answer the questions that follow.

60. Aiden identifies as a heterosexual male and Mia identifies as queer, preferring the personal pronoun “ze”. Aiden and Mia have been married for two years and are experimenting sexually. Mia tells Aiden that ze has always had a sexual fantasy of being raped and that they should engage in roleplay during their intimate encounters. Aiden asks Mia how ze would like him to dominate ze during sex and Mia tells Aiden what ze wants him to do. During their next sexual experience, Aiden acts aggressively as Mia had requested. Mia feels as though Aiden is crossing the boundaries they have discussed, however Aiden believes Mia’s reaction of displeasure is part of the fantasy roleplay. The pair play out the rape fantasy during the entirety of the sexual encounter.

B 50% Aiden identifies as a heterosexual male and Mia identifies as a heterosexual female. Aiden and Mia have been married for two years and are experimenting sexually. Mia tells Aiden that she has always had a sexual fantasy of being raped and that they should engage in roleplay during their intimate encounters. Aiden asks Mia how she would like him to dominate her during sex and Mia tells Aiden what she wants him to do. During their next sexual experience, Aiden acts aggressively as Mia had requested. Mia feels as though Aiden is crossing the boundaries they have discussed, however Aiden believes Mia’s reaction of displeasure is part of the fantasy roleplay. The pair play out the rape fantasy during the entirety of the sexual encounter.

Refer to the scenario above for the below 3 questions.

61. The sexual contact was fully consensual.
   - Agree □ Somewhat Agree □ Neither Agree Nor Disagree □ Somewhat Disagree □ Disagree

62. Aiden consented to the sexual act.
   - Agree □ Somewhat Agree □ Neither Agree Nor Disagree □ Somewhat Disagree □ Disagree

63. Mia consented to the sexual act.
   - Agree □ Somewhat Agree □ Neither Agree Nor Disagree □ Somewhat Disagree □ Disagree
Please read the scenario below and answer the questions that follow.

64. Santiago identifies as a heterosexual male and Elizabeth identifies as a heterosexual female. Santiago and Elizabeth both work at a newspaper agency and have been flirting for four months. Santiago is the boss of Elizabeth and the lower level employees at the agency. A higher level journalist retires from the company, leaving a prestigious open for current employees. Elizabeth and other lower level employees apply for the position, as this job title includes a raise and the ability to write on any section of the newspaper. Santiago notices that Elizabeth applied for the job and asks her how much she wants it and what she is willing to do to make sure she gets the job. Elizabeth suggestively tells Santiago she will do whatever she has to do to get the job. Santiago tells her that if she has sex with him, he can make sure she gets the new position. Elizabeth agrees and they engage in oral and vaginal intercourse.

65. The sexual contact was fully consensual.
- [ ] Agree
- [ ] Somewhat Agree
- [ ] Neither Agree Nor Disagree
- [ ] Somewhat Disagree
- [ ] Disagree

66. Elizabeth consented to the sexual act.
- [ ] Agree
- [ ] Somewhat Agree
- [ ] Neither Agree Nor Disagree
- [ ] Somewhat Disagree
- [ ] Disagree

67. Santiago consented to the sexual act.
- [ ] Agree
- [ ] Somewhat Agree
- [ ] Neither Agree Nor Disagree
- [ ] Somewhat Disagree
- [ ] Disagree
Questions

Please read the vignette below and answer the questions that follow.

68. Carter, a lesbian female, and Karen, a transgender female, have been dating for about a year. On the night of their anniversary, Karen surprises Carter with a room at a hotel a couple of miles out of town. Once they reach their suite, they immediately begin to engage in oral intercourse. During their activity, Karen grabs a vibrator sex toy from the nightstand and inserts it into Carter’s anus. She is visibly caught off guard and jerks away from her. Karen laughs and continues to engage in oral intercourse. Carter feels uncomfortable continuing with the oral sex and fakes an orgasm in order to discontinue sex.

69. The sexual contact was fully consensual.

   Agree □  Somewhat Agree □  Neither Agree Nor Disagree □  Somewhat Disagree □  Disagree □

70. Carter consented to the sexual act.

   Agree □  Somewhat Agree □  Neither Agree Nor Disagree □  Somewhat Disagree □  Disagree □

71. Karen consented to the sexual act.

   Agree □  Somewhat Agree □  Neither Agree Nor Disagree □  Somewhat Disagree □  Disagree □
Please read the scenario and answer the questions that follow.

72. Carson, a heterosexual male, and Mariana, a heterosexual female, are both in the Greek system and often frequent parties around the college campus. During a social between their fraternity and sorority groups, Carson and Mariana engaged in vaginal intercourse. A few weeks later, they reunited at a party and were kissing all night. Carson takes Mariana back to his fraternity house and starts touching her. Mariana tells him to slow down. Carson tells her to calm down and that they have already had sex in the past, so they can do it again. He tells her that sleeping with him won't make her a slut. Mariana doesn't say anything so Carson initiates vaginal intercourse.

73. The sexual contact was fully consensual.

- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

74. Carson consented to the sexual act.

- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

75. Mariana consented to the sexual act.

- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

Sexual Consent Communication Survey

III. Closing Sexual Consent Statements

Please read the statements below and choose a response.
76. I feel confident asking for sexual consent.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

77. I feel confident that I can distinguish between consensual and non-consensual sexual behavior.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

78. I understand sexual consent very well.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

79. I feel comfortable talking with friends about sexual consent.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

80. My parents and I have talked about sexual consent.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

81. I believe my parents are knowledgeable about sexual consent.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

82. I remember what I learned about sex education in high school or equivalent.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

83. I remember what I learned about sex education in college.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

84. I remember what I learned about sex education from a source other than college and high school.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

85. I was taught how to identify verbal consent cues.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

86. I was taught how to identify nonverbal consent cues.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree

87. I was taught about the sexual behavior of heterosexual people.
   - Agree
   - Somewhat Agree
   - Neither Agree Nor Disagree
   - Somewhat Disagree
   - Disagree
88. I was taught about the sexual behaviors of LGBTQ+ people.
   ○ Agree ○ Somewhat Agree ○ Neither Agree Nor Disagree ○ Somewhat Disagree ○ Disagree

III. Closing Sexual Consent Statements

Please read the statements below and choose a response.

89. Consent is needed for every sexual act.
   ○ Agree ○ Somewhat Agree ○ Neither Agree Nor Disagree ○ Somewhat Disagree ○ Disagree

90. Consent looks different between LGBTQ+ sexual encounters and heterosexual sexual encounters.
   ○ Agree ○ Somewhat Agree ○ Neither Agree Nor Disagree ○ Somewhat Disagree ○ Disagree

91. You can enjoy sex that is forced upon you.
   ○ Agree ○ Somewhat Agree ○ Neither Agree Nor Disagree ○ Somewhat Disagree ○ Disagree

92. I believe that talking about consent is more important for group sex than sex between two people.
   ○ Agree ○ Somewhat Agree ○ Neither Agree Nor Disagree ○ Somewhat Disagree ○ Disagree

93. I prefer to communicate sexual consent through nonverbal body language.
   ○ Agree ○ Somewhat Agree ○ Neither Agree Nor Disagree ○ Somewhat Disagree ○ Disagree

94. I know the difference between sexual assault and sexual battery.
   ○ Agree ○ Somewhat Agree ○ Neither Agree Nor Disagree ○ Somewhat Disagree ○ Disagree

95. I know Nevada’s sexual assault and statutory rape laws.
   ○ Agree ○ Somewhat Agree ○ Neither Agree Nor Disagree ○ Somewhat Disagree ○ Disagree
96. I agree with Nevada’s sexual assault and statutory rape laws.
- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

97. I know the policies of student conduct at the University of Nevada, Reno.
- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

98. I agree with the policies of student conduct at the University of Nevada, Reno.
- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

99. I know the policies regarding sexual assault at the University of Nevada, Reno.
- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

100. I agree with the policies regarding sexual assault at the University of Nevada, Reno.
- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

101. I believe sexual assault cases are handled appropriately at the University of Nevada, Reno.
- Agree
- Somewhat Agree
- Neither Agree Nor Disagree
- Somewhat Disagree
- Disagree

IV. Comments / Discussion

102. Please record any final thoughts or comments below.


Thank you for your completion of the survey. Please click the "Done" button below to submit your responses.

University of Nevada, Reno, Campus and Community Resources

Counseling Services
1664 N. Virginia Street
Reno, NV 89557
Phone: (775) 784-4648
Fax: (775) 327-2293
Pennington Student Achievement Center, Suite 420

Sexual Assault Support Services
-University of Nevada, Reno Equal Opportunity and Title IX Office: (775) 784-1547
-Sexual Assault 24-Hour Crisis Line: (775) 221-7600 or (800) 992-5757
-National Suicide Prevention Lifeline: (800) 273-8255
-Crisis Call Center 24-Hour Line: (775) 784-8090 or (800) 992-5757

Victim Advocates
1664 N. Virginia Street
Reno, NV 89557
(775) 771-8724
CampusAdvocate@crisiscallcenter.org
Continuing Education Building, Room 204

The Center for Cultural Diversity
1664 N. Virginia Street
Reno, NV 89557
thecenter@unr.edu
Phone: (775) 784-4936
Fax: (775) 682-8977
Joe Crowley Student Union, 3rd Floor

Law Enforcement
Reno Police
-Dispatch: (775) 334-2121
-Detectives—Sex Crimes Division: (775) 785-8605
Sparks Police
-Dispatch: (775) 334-2121
-Detectives: (775) 353-2225
University Police
- Dispatch: (775) 334-2121
- Detectives: (775) 784-4013
Washoe County Sheriff
- Dispatch: (775) 785-4629
- Detectives: (775) 328-3320
Appendix B

Sexual Consent Themes & Vignettes

Consensual. The first vignette reflects a consensual sexual interaction, in which the communication of sexual consent is affirmative and explicit with both parties voluntarily agreeing to have sexual intercourse (PPFA, 2018; RAINN, 2018). Considering the study is evaluating the perceptions of ambiguous sexual encounters, including a vignette with a fully consensual sexual scenario is appropriate for comparison to more ambiguous sexual consent interactions on a consensual and nonconsensual continuum. In the vignette of this theme, Robert and Lucia meet at a local bookstore and proceed to have vaginal intercourse at Robert’s house. In the cisgender, heterosexual version of this vignette, Lucia identifies as a cisgender, heterosexual female and Robert identifies as a cisgender, heterosexual male. In the LGBTQ+ version of this vignette, Lucia identifies as cisgender, heterosexual female and Robert identifies as a male who is questioning his sexual orientation.

Emotional Dysregulation. Emotional dysregulation constitutes the theme of the second vignette, reflecting that intense emotions may impede judgment of providing sexual consent. When an individual is highly emotionally stimulated, such as unusually sad or happy, they may not be able to fully consider the motivation for an option or decision or may disregard the consequences of risky actions (Crone & Dahl, 2012; Dahl, 2004; Lerner, Li, Valdesolo, & Kassam, 2015). Individuals who are impulsive or seek immediate gratification, such as adolescents, experience more difficulty with reasoning during high levels of arousal (Rivers, Reyna, & Mills, 2008). They may make different decisions with a clearer state of mind than they would when emotionally hyperactive.
Immediate motivations may be acted upon with consequences considered in less depth when an individual is emotionally reactive (Gibbons, Gerrard, Reimer, & Pomery, 2006; van Goethem, Scholte, & Wiers, 2010). An individual may enthusiastically and voluntarily agree to sexual activity under the influence of strong emotion, however may regret that sexual decision when more emotionally stable. Identifying whether or not an individual is too emotionally consumed to properly provide sexual consent is ambiguous and the perception of emotional stability varies widely. Although emotionally dysregulated sexual decisions are not mentioned in current sexual consent laws, the theme was included because the role of emotions have an influence on whether or not sexual consent is intentional with a clear state of mind. In the vignette for this theme, an individual, Pablo, proceeds to have vaginal intercourse with another individual, Nicole, after Nicole expresses an emotional response that is not easily modulated. In the cisgender, heterosexual version, Nicole identifies as a cisgender, heterosexual female and Pablo identifies as a cisgender, heterosexual male. In the LGBTQ+ version, Nicole identifies as a transgender female and Pablo identifies as a cisgender, heterosexual male.

**Forcible Rape.** The third vignette in the survey was crafted to represent Nevada’s definition of sexual assault, however sexual assault or rape laws are common in legislation of other states as well. The theme of forcible rape is consistent with the Nevada denotation of sexual assault in that a sexual act was completed with force, or against the will of the nonconsenting individual (NRS, 2015c). The perpetrator knows or should know that the other individual(s) do not or cannot provide consent (NRS, 2015c). With reference to this theme, the aggressor in the vignette subjects the nonconsenting individual to provide oral intercourse against the wishes of that individual. In the
presented vignette, Alex attends William’s birthday party and is forced to give Alex oral sex after everyone else at the party has left. In the cisgender, heterosexual version of this vignette, Alex identifies as a cisgender, heterosexual female and William identifies as a cisgender, heterosexual male. In the LGBTQ+ version of this vignette, Alex identifies as queer and prefers the personal pronoun "they", and William identifies as a cisgender, heterosexual male.

**STI/STD Disclosure.** The fourth vignette in the survey follows a theme of sexually transmitted infections/sexually transmitted diseases (STI/STD) disclosure. Many states, including Nevada, have laws protecting individuals who were harmed by another person who knowingly had a positive human immunodeficiency/acquired immunodeficiency syndrome (HIV/AIDS) status and intentionally failed to disclose the positive status prior to sexual engagement with the individual (NRS, 2015b). Since there are more positive STI/STD tests than positive HIV tests at UNR (American College Health Association, 2016), a vignette incorporating the lack of disclosure of STI/STDs is more relatable and realistic for the intended participants than a vignette featuring a positive HIV status. Responsibility to disclose an STI/STD during a sexual encounter can complicate the sexual consent process, as it is the obligation of both parties approaching a sexual situation to ensure they are both fully informed of the occurring sexual behaviors and implications (PPFA, 2018; RAINN, 2018). Awareness of the sexual behaviors and sexual health of individuals prior to engaging in sexual behavior is a part of the sexual consent communication process. In the vignette, two individuals meet at a volunteer program and proceed to have sexual intercourse. One individual, Carmen, remembers a herpes diagnosis she received, however fails to disclose this positive status to her sexual
partner in this vignette, Dakota. In the LGBTQ+ version of this vignette, Dakota identifies as a transgender male and Carmen identifies as a cisgender, heterosexual female. In the cisgender, heterosexual version, Dakota identifies as a cisgender, heterosexual male and Carmen identifies as a cisgender, heterosexual female.

**Prostitution.** The fifth vignette signified a theme labeled prostitution, describing a selling of sexual services for material or financial gain. The willingness and voluntariness of individuals offering sexual relations is highly controversial. It is often debated whether individuals engaging in prostitution voluntarily offer services or if they are engaging in sexual activity for survival purposes (Farley et al, 2004; 2018). It is also highly debated whether prostitution practices contribute to human trafficking and other residual effects, such as drug trafficking, increased HIV rates, and foreign threats, or if prostitution is targeted as a concern due to its sexual nature in a moralistic society (Hunt, 1990; Swedish Ministry of Industry, Employment, and Communications, 2004; U.S. Department of State, 2004). The prostitute in the vignette is wearing high heels and a short dress. Dressing provocatively does not translate as consent or willingness to engage in sexual activity with a person (IL. Gen. Ass. Pub. A. 099-0426, 2015; IL. House B. 0821. Gen. Ass. 99, 2015), however some individuals may assume that someone who dresses provocatively is expecting or seeking sexual contact. Nevada is the only state by which prostitution through brothels is legal in some counties (NRS, 2015b). The controversy of whether or not prostitutes voluntarily provide services makes sexual consent in these circumstances ambiguous. In the vignette featuring prostitution, a man, Liam, approaches a woman, Navya, and negotiates money for sexual service. In the cisgender, heterosexual version, Liam identifies as a cisgender, heterosexual male and
Navya identifies as a cisgender, heterosexual female. In the LGBTQ+ version, Liam identifies as a cisgender, heterosexual male and Navya identifies as a bisexual female.

**Marital Rape.** The seventh vignette reflects the marital rape theme and draws on the ambiguity of informed, ongoing, and voluntary sexual consent. A legal or marital contract does not precede sexual consent for any sexual activity at any time (Cal. EDC § 67386, 2014; Cal. S.B. 967, 2014; NRS, 2015c). Individuals in a contract are not considered to be one another’s property and they are not indebted to sexual relations. Nevada law declares that marriage is not a defense for sexual assault of a spouse (NRS, 2015c). California’s affirmative consent law indicates that a previous sexual or romantic relationship does not imply sexual consent nor prematurely dismisses revocation rights during sexual contact (Cal. EDC § 67386, 2014; Cal. S.B. 967, 2014). This legislation can extend to reproduction, as having had procreated children does not imply consent for further impregnation. The construct of marriage does not change the law’s statute of relationships and sexual consent (Cal. EDC § 67386, 2014; Cal. S.B. 967, 2014; NRS, 2015c). Ambiguity occurs when individuals perceive that a long-term couple knows one another well enough to justify improperly asking for consent. In the presented vignette, a married couple, Zara and Jamie, agree to have vaginal intercourse with Jamie continuing to have sex with Zara despite Zara’s falling asleep. In the cisgender, heterosexual version, Jamie identifies as a cisgender, heterosexual male and Zara identifies as a cisgender, heterosexual female. In the LGBTQ+ version, Jamie identifies as a lesbian female and Zara identifies as a lesbian female.

**Pressure.** The pressure theme was applied to the seventh vignette, which constitutes that pressuring someone into sexual activity does not imply sexual consent. If
an individual feels pressured into engaging in sexual contact, they are not enthusiastically providing sexual consent (PPFA, 2018; RAINN, 2018). Sexual consent should be communicated freely, enthusiastically, and without coercion, intimidation, or fear (PPFA, 2018; RAINN, 2018). An individual who feels obligated to agree to sexual activity is not providing affirmative sexual consent (PPFA, 2018; RAINN, 2018). State sexual consent laws do not explicitly reference the role of pressure in providing consent, however pressured agreement to sexual acts is ambiguous and easily misconstrued when an individual provides consent but does not have the intention of engaging in sexual contact. The vignette for this theme features an individual, Darla, who pressures another individual, Mohamed, into having sex to salvage their failing relationship. In the cisgender, heterosexual version of the vignette, Mohamed identifies as a cisgender, heterosexual male and Darla identifies as a cisgender, heterosexual female. In the LGBTQ+ version of the vignette, Darla identifies as a cisgender, heterosexual female and Mohamed identifies as a transgender male.

**Intoxication / Mental Incapability.** The eighth vignette carries the theme of intoxication or mentally incapability, suggesting that sexual consent cannot be communicated when one or multiple partners are under the influence of drugs, medication, or alcohol, or are in some way incapacitated and unable to understand the ramifications of providing consent. Communicating sexual consent is ambiguous when consuming substances, as there is no specific amount of substance that dictates if someone is sober enough to provide consent. Confusion also occurs when attributing responsibility for nonconsensual sexual activity, as both individuals may have consumed one or more substance. Additionally, some individuals may use drugs or alcohol to feel
more comfortable or sexy around another person, utilizing substances as a precursor to sexual activity. California’s affirmative consent law declares that individuals cannot provide consent when asleep, unconscious, or incapacitated by substances or do not understand the fact, nature, or extent of the sexual act (Cal. EDC § 67386, 2014; Cal. S.B. 967, 2014). Individuals cannot freely provide sexual consent when under the influence and cannot be informed of the sexual activity negotiated (PPFA, 2018; RAINN, 2018). The vignette for this theme presents Olivia and Ivan, an intoxicated couple that engage in vaginal intercourse. In the cisgender, heterosexual version of the vignette, Olivia identifies as a cisgender, heterosexual female and Ivan identifies as a cisgender, heterosexual male. In the LGBTQ+ version of the vignette, Ivan identifies as a cisgender, heterosexual male and Olivia is questioning her gender identity.

**Age of Consent.** The age of consent theme of the ninth vignette describes sexual contact between an individual who is of an age in which they can developmentally provide sexual consent and an individual who is legally not of an age to provide sexual consent or understand the nature of the sexual act and implications of engaging in sexual behavior. The developmentally appropriate age of providing sexual consent and engaging in sexual activity varies nationally and internationally. Since there is no proclaimed universal age of consent, Nevada’s age of consent laws are sourced for the theme’s vignette. Nevada mandates that individuals are able to developmentally and voluntarily provide sexual consent and to engage in sexual activity at age 16 (NRS, 2015c). Under Nevada law, sexual penetration of a child under the age of 14 is illegal and individuals are not able to provide sexual consent until age 16 (NRS, 2015c). Age of consent can create complications with couples who are only a few years apart in age. The Romeo and
Juliet clause, or a close in age exemption, is an affirmative defense that is often used during court proceedings to justify sexual contact between individuals with a small age gap who are not old enough to provide sexual consent as determined by the state (Texas Penal Code § 22.011[e], 2017). The Romeo and Juliet clause is an affirmative defense in some states (Texas Penal Code § 22.011[e], 2017), however is not a law in Nevada. Age of consent can be problematic, as adolescents mentally and physically develop at different rates. One individual at age 16 may be intellectually able to provide sexual consent and understand the ramifications of sexual activity, whereas another individual of 16 years of age may not fully understand the implications of sexual activity. In this vignette, Davi, an eighteen year old, and Blake, a fifteen year old, engage in oral sex. In the cisgender, heterosexual version of the vignette, Davi identifies as a cisgender, heterosexual male and Blake identifies as a cisgender, heterosexual female. In the LGBTQ+ version of the vignette, Davi identifies as a gay male and Blake identifies as a transgender male.

**Lack of Response / Resistance.** The tenth vignette represents a lack of response or resistance theme in the context of sexual consent. Passive submission to unwanted sexual activity or a lack of physical or verbal resistance does not signify sexual consent (PPFA, 2018; RAINN, 2018). A lack of response or resistance can occur when an individual is unconscious or not fully aware of what is occurring in the present moment (PPFA, 2018; RAINN, 2018). An individual does not have to be unconscious to show a lack of response, nor does an individual have to physically fight back or verbally declare discomfort for sexual behavior to be considered nonconsensual (PPFA, 2018; RAINN, 2018). Identifying physical and verbal sexual consent cues can be difficult to identify
when someone is emotionally aroused and consent may be interpreted differently by each partner, creating ambiguity of communication patterns when identifying consent. California’s affirmative consent law mandates that silence or a lack of protest or resistance does not imply that consent has been given (Cal. EDC § 67386, 2014; Cal. S.B. 967, 2014). All parties partaking in a sexual activity must obtain affirmative consent that is enthusiastic and approved without obligation or hesitation (PPFA, 2018; RAINN, 2018). In the vignette for this theme, an individual, Jackson, proceeds to initiate vaginal intercourse with the other individual, Kalyssa, despite Kalyssa’s request to slow down and cues of bodily discomfort. In the cisgender, heterosexual version of the vignette, Kalyssa identifies as a cisgender, heterosexual female and Jackson identifies as a cisgender, heterosexual male. In the LGBTQ+ version of the vignette, Kalyssa is questioning her sexual orientation and Jackson identifies as a cisgender, heterosexual male.

Retraction of Sexual Consent. A retraction of sexual consent theme was designated for the eleventh vignette, asserting that consent of any sexual activity can be revoked at any time for any reason. This standard applies to all individuals, regardless of relationship status or revocation during sexual engagement, and requires that sexual activity is halted once consent is withdrawn (PPFA, 2018; RAINN, 2018). Sexual activity that continues after consent has been retracted is considered to be nonconsensual (PPFA, 2018; RAINN, 2018). Agreement to foreplay or prior sexual behavior does not precede other sexual activity (PPFA, 2018; RAINN, 2018). Ambiguity may occur when an individual agrees to a specific act and revokes the consent while the activity is in progress. California’s affirmative consent law declares that consent for sexual activity
can be revoked at any time (Cal. EDC § 67386, 2014; Cal. S.B. 967, 2014). In the retraction of sexual consent vignette, two individuals, Alvin and Riley, engage in anal intercourse and Alvin continues despite Riley’s request to stop sexual contact. In the cisgender, heterosexual version, Riley identifies as a cisgender, heterosexual female and Alvin identifies as a cisgender, heterosexual male. In the LGBTQ+ version, Riley identifies as a gay male and Alvin identifies as a gay male.

**Bribe / Blackmail.** The twelfth vignette reflects a bribe or blackmail theme, indicating that sexual activity originating from a bribe or blackmail is nonconsensual. Although a person may agree to engage in sexual activity to prevent another person from exploiting them in some way, the sexual contact is made under stipulation and coercion. Sexual consent due to extortion or intimidation is not freely and voluntarily given (PPFA, 2018; RAINN, 2018). Since 2013, states have been drafting or adopting nonconsensual pornography and revenge porn laws, which criminalizes the distribution of sexually explicit material without the consent of the person in the materials (California Penal Code 647[j][4], 2013; CA. Senate B. 255, 2013). In the vignette for this theme, an individual, Robin, coerces another person, Camila, into sexual contact to avoid the distribution of nude photos of Camila. In the cisgender, heterosexual version, Camila identifies as a cisgender, heterosexual female and Robin identifies as a cisgender, heterosexual male. In the LGBTQ+ version, Robin identifies as a lesbian female and Camila identifies as a lesbian female.

**Rape Fantasy.** The rape fantasy theme was structured into the thirteenth vignette, signifying the ambiguity of perception of pleasure or harm from roleplay of a fantasy. Rape is an activity that instills fear in people, but also excites some individuals who are
roleplaying power and control in a safe and sexually informed environment (Bivona, Critelli, & Clark 2012; Critelli & Bivona, 2008; Katehakis, 2017). Roleplaying a rape fantasy with a partner makes sexual consent communication ambiguous, as individuals may initially agree to certain sexual behaviors and retract their consent during the sexual activity. An individual attempting to halt the sexual behavior during a rape fantasy role play may be perceived as acting on their role as the victim, rather than genuinely asking the sexual activity to stop. When rape fantasies and other aggressive sexual role play scenarios are not extensively planned, such as with the inclusion of a safe word or an unambiguous signal to stop sexual activity, rape fantasies can become nonconsensual. Although there are no state or federal laws addressing rape fantasies or bondage, discipline, and sadomasochism (BDSM) beyond simple definitions (NRS, 2015b), New Jersey state law recognizes that mutually consented simple assault is not punishable (New Jersey Revised Statutes, 1999; NJ Rev Stat § 2C:12-1, 2013). Individuals reserve the right to retract sexual consent, which is equivocally perceived in the context of rape fantasies (PPFA, 2018; RAINN, 2018). Informed and freely given sexual consent are complicated with rape fantasies, as the aggressor may not understand that consent is revoked until sexual boundaries are crossed. In the rape fantasy vignette, two individuals, Aiden and Mia, agree to enact a rape fantasy to enhance their role play experience. During the fantasy role play, Mia acts to revoke sexual consent, however Aiden perceives Mia to be reacting as a victim would in an actual rape. The sexual activity becomes nonconsensual as the integrity of their sexual consent negotiation is blurred. In the cisgender, heterosexual version of the vignette, Aiden identifies as a cisgender, heterosexual male and Mia identifies as a cisgender, heterosexual female. In the
LGBTQ+ version of the vignette, Aiden identifies as a cisgender, heterosexual male and Mia identifies as queer, preferring the personal pronoun "ze".

Authority / Perceived Power Differential. The fourteenth vignette’s theme is authority or perceived power differential, indicating that sexual conduct between a student or pupil and volunteers or employees of a school, college, or university can be deemed as a criminal act. Sexual contact between an individual with an influential position over the other individual involved is nonconsensual, as there may be covert or overt implications for agreeing to engage in sexual conduct. An individual may not want to engage in sexual contact with a person who has power or control over their daily work or school activity, however may feel obligated to engage in sexual contact to satisfy the person of a higher position. Determining whether sexual contact in these circumstances is consensual or nonconsensual is ambiguous, as it is unclear whether the individuals involved truly desired sexual contact, if one individual engaged in sexual behavior to avoid punishment, or if an individual agreed to sexual contact to advance their career, status, or position. Nevada and many other states have laws protecting individuals from sexual advances from other people who have a supervisory or higher authority position to prevent nonconsensual sexual experiences (NRS, 2015b). Nevada law dictates that sexual conduct of a student or pupil with an employer or volunteer of the same establishment can be punishable, depending on the circumstances of the employment and the individuals’ relationship (NRS, 2015b). In the vignette for this theme, a boss, Santiago, gives an employee, Elizabeth, a higher salary for exchange of oral and vaginal sex. In the cisgender, heterosexual version of the vignette, Santiago identifies as a cisgender, heterosexual male and Elizabeth identifies as a cisgender, heterosexual female. In the
LGBTQ+ version of the vignette, Santiago identifies as a cisgender, heterosexual male and Elizabeth identifies as an asexual female.

Specificity / Selective Sexual Contact. Specificity or selective sexual contact is the theme of the fifteenth vignette, dictating that all partners engaging in sexual activity must know the specific details of which sexual behaviors will occur. Individuals engaging in sexual activity must be aware of how the sexual activity will be followed so they can provide consent and clarify sexual goals (PPFA, 2018; RAINN, 2018). Agreeing to one sexual activity, such as oral intercourse, does not mean that consent is transferrable for another activity, such as anal intercourse (PPFA, 2018; RAINN, 2018). If the individuals involved progress to a different sexual activity, sexual consent must be readdressed to ensure consent is ongoing for the new activity (PPFA, 2018; RAINN, 2018). Individuals also need to clarify the use of sex toys, condoms, and other objects or practices to obtain consent authentically and appropriately. Specificity of sexual activity isn’t explicitly mentioned in any affirmative consent laws, however is an important component of communicating sexual consent. Confusion and nonconsensual sexual activity can occur if sexual boundaries are not discussed and if the individuals are not fully informed of what to expect from a sexual encounter. In the vignette of this theme, a couple, Karen and Carter, engage in sexual activity that becomes nonconsensual when Karen introduces a sex toy and switches from oral sex to anal intercourse without first discussing these sexual behaviors with Carter. In the cisgender, heterosexual version of the vignette, Carter identifies as a cisgender, heterosexual male and Karen identifies as a cisgender, heterosexual female. In the LGBTQ+ version of the vignette, Carter identifies as a lesbian female and Karen identifies as a transgender female.
**Frequency / Lack of Consistent Inquiry.** The sixteenth vignette is labeled with a frequency or lack of consistent inquiry theme. Sexual consent communication is an ongoing process that should occur at the initial start of sexual interaction, ongoing throughout the sexual activity, and prior to advancing to another sexual behavior (PPFA, 2018; RAINN, 2018). In addition, sexual consent must be renegotiated during every sexual encounter, regardless of whether the individuals involved have a current or have had a prior romantic or sexual relationship (PPFA, 2018; RAINN, 2018). It cannot be assumed that a relationship between two people substantiates sexual consent. Recommendations of how often sexual consent needs to be readdressed during sexual activity and what communication qualifies as having asked for consent are inconsistent. This lack of specificity makes the discussion expectations of sexual consent ambiguous and open for interpretation of the individuals sexually involved. California’s affirmative consent law establishes that sexual consent is ongoing and can be revoked at any time, and that a previous relationship does not indicate sexual consent (Cal. EDC § 67386, 2014; Cal. S.B. 967, 2014). This legislation does not currently provide explicit detail of how often consent should be provided during an ongoing sexual encounter (Cal. EDC § 67386, 2014; Cal. S.B. 967, 2014). The vignette in this study describes a scene in which the individuals have had a prior sexual encounter at a party. The individuals, Mariana and Carson, reunite at a party and although Mariana is hesitant, Carson tells her that their previous sexual relationship validates the current sexual engagement. In the cisgender, heterosexual version of the vignette, Carson identifies as a cisgender, heterosexual male and Mariana identifies as a cisgender, heterosexual female. In the LGBTQ+ version of
the vignette, Carson is questioning his gender identity and Mariana identifies as a cisgender, heterosexual female.
References (Appendix B cont.)


An act to add Section 67386 to the Education Code, relating to student safety. Cal. EDC § 67386 (2014).


An act to amend Section 647 of the Penal Code, relating to crimes, and declaring the urgency thereof, to take effect immediately. CA. Senate B. 255 Reg. Session 2013-2014 (2013).


https://doi.org/10.1080/00224490701808191


NJ. Rev Stat § 2C:12-1 (2013)


U.S. Department of State. (2004, November 24). The link between prostitution and sex

Sexual Consent Research

Students at the University of Nevada, Reno, are invited to participate in an online research survey about sexual consent for cisgender, heterosexual and LGBTQ+ sexual encounters. The survey takes less than 25 minutes to complete and students will receive 1 SONA credit for their participation in the survey.

The purpose of this study is to 1) identify how sexual consent is perceived for cisgender and heterosexual encounters, 2) identify how sexual consent is perceived for LGBTQ+ sexual encounters, and 3) identify the quality of sexual consent content taught through sex education sources.

To be eligible for participation in the study, individuals must be 18 years of age or older and must be a current student at the University of Nevada, Reno.

To sign up for the online survey, please activate an account or log on to
unr-socialresearch.sona-systems.com
with your university NetID and password, and select the sexual consent communication survey.

For more information about this study, please contact Laura Blumenstein through email at lblumenstein@nevada.unr.edu or by phone at (775) 762-2204.

Thank you for your participation!
Appendix D

Sexual Consent Survey – Additional Comments

Sexual Consent Communication Survey

Q102 Please record any final thoughts or comments below.

Answered: 37   Skipped: 66

<table>
<thead>
<tr>
<th>#</th>
<th>RESPONSES</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Depending on the sexual act it difficult to have consent with. Kissing and touching &quot;parts&quot; are really in the moment type things. When the mood advances to actual sex then consent should be mentioned, but married couples it's fine.</td>
<td>4/17/2018 8:46 PM</td>
</tr>
<tr>
<td>2</td>
<td>When asked about the sex education I had in my college experience, I had forgotten about the laws the University had about consensual and rape and would like to add that I was provided with a brief explanation about consent and watch a power point on it.</td>
<td>4/5/2018 9:06 PM</td>
</tr>
<tr>
<td>3</td>
<td>N/A</td>
<td>4/5/2018 4:47 PM</td>
</tr>
<tr>
<td>4</td>
<td>In participating in this study, I realize that I am in need of more sexual education. I am particularly concerned with my limited knowledge given that I have two minor sons, and feel they may be at risk as they get older.</td>
<td>4/5/2018 3:38 PM</td>
</tr>
<tr>
<td>5</td>
<td>none</td>
<td>4/5/2018 3:17 PM</td>
</tr>
<tr>
<td>6</td>
<td>very thought provoking survey</td>
<td>4/4/2018 11:06 PM</td>
</tr>
<tr>
<td>7</td>
<td>This is an educational and informative survey on sexual consent.</td>
<td>4/4/2018 9:34 PM</td>
</tr>
<tr>
<td>8</td>
<td>I never really had any sexEd classes and I just moved to Nevada so I'm not 100% sure of their sexual assault and battery laws, however I'm sure they are appropriate!</td>
<td>4/4/2018 9:29 PM</td>
</tr>
<tr>
<td>9</td>
<td>This was an interesting subject and I felt some of the scenarios were too in depth and weird to answer.</td>
<td>4/4/2018 9:18 PM</td>
</tr>
<tr>
<td>10</td>
<td>Good survey</td>
<td>4/4/2018 4:34 PM</td>
</tr>
<tr>
<td>11</td>
<td>nil</td>
<td>4/4/2018 2:54 AM</td>
</tr>
<tr>
<td>12</td>
<td>what can we do to stop sexual assaults in our community</td>
<td>4/3/2018 9:11 PM</td>
</tr>
<tr>
<td>13</td>
<td>Consent needs to be more important when teaching anyone about sex education</td>
<td>4/3/2018 4:27 PM</td>
</tr>
<tr>
<td>14</td>
<td>this was a eye opening experience and a fun surgery to do.</td>
<td>4/3/2018 11:05 AM</td>
</tr>
<tr>
<td>15</td>
<td>I believe that sex should only be engaged in within the confines of marriage between one man and one woman.</td>
<td>4/3/2018 10:18 AM</td>
</tr>
<tr>
<td>16</td>
<td>My parents taught me a lot about consent and safe sex. Even though school never taught it, my parents made sure I knew how to treat a lady.</td>
<td>4/2/2018 1:44 PM</td>
</tr>
<tr>
<td>17</td>
<td>If one of the party says STOP, intercourse should be stopped</td>
<td>3/30/2018 8:11 PM</td>
</tr>
<tr>
<td>18</td>
<td>No comments.</td>
<td>3/28/2018 12:55 PM</td>
</tr>
<tr>
<td>19</td>
<td>I realized that despite knowing consensual situations for myself and rape cases I found it hard to identify consent in the examples that were given. I realized also that I know nothing about U. of Nevada's or the state of Nevada's policies</td>
<td>3/28/2018 10:28 AM</td>
</tr>
<tr>
<td>20</td>
<td>N/A</td>
<td>3/27/2018 8:51 PM</td>
</tr>
<tr>
<td>21</td>
<td>N/A</td>
<td>3/27/2018 7:33 PM</td>
</tr>
<tr>
<td>22</td>
<td>While I feel somewhat know the laws of sexual consent of Nevada and UNR I would like to know more.</td>
<td>3/26/2018 7:56 PM</td>
</tr>
<tr>
<td>23</td>
<td>In my thoughts regarding issues around the university and the way they handle sexual assault cases I don't have any prior knowledge. As a female, I do know girls who regret what they did and claim that it is forced upon them even when sober and fully consenting. I believe this is an incredibly difficult issue to deal with and I have never had to deal with one with the university. So this is why I chose neither agree nor disagree. I know schools have handled these situations very poorly in the past. Men have been accused of rape where they had a fully consenting partner and vice versa.</td>
<td>3/26/2018 1:35 PM</td>
</tr>
</tbody>
</table>
## Sexual Consent Communication Survey

<table>
<thead>
<tr>
<th>ID</th>
<th>Response</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>I feel like as a woman, I need to be more educated on this topic. It is scary that I do not know much about it and the different scenarios left me confused as to what is considered as consensual and non-consensual. Very eye opening!</td>
<td>3/26/2018 1:31 PM</td>
</tr>
<tr>
<td>25</td>
<td>I believe sexuality and sexual health needs to be addressed at younger ages, in a more comprehensive format than what is currently offered in public schools, and further lessons should be devoted to consent and sexual activity in regards to all sexualities and identities.</td>
<td>3/26/2018 11:14 AM</td>
</tr>
<tr>
<td>26</td>
<td>Sexual consent should be more prominent in all stages of sexual education and adulthood!!!</td>
<td>3/25/2018 11:58 PM</td>
</tr>
<tr>
<td>27</td>
<td>Wish I had more of a warning about the questions</td>
<td>3/25/2018 11:09 AM</td>
</tr>
<tr>
<td>28</td>
<td>I feel as if they University should have more workshops about this topic.</td>
<td>3/23/2018 12:14 PM</td>
</tr>
<tr>
<td>29</td>
<td>n/a</td>
<td>3/17/2018 12:43 AM</td>
</tr>
<tr>
<td>30</td>
<td>I just started in UNR, so I don’t think my answer for the last few questions are helpful</td>
<td>3/16/2018 10:34 PM</td>
</tr>
<tr>
<td>31</td>
<td>I feel like in my undergraduate, we learned a lot more about code of conduct, etc at my university. As a grad student, I know there is a code of conduct and I assume it is similar to my Undergraduate School’s policy. I may have gotten the policy by email at one point, but I don’t remember it precisely.</td>
<td>3/15/2018 5:57 PM</td>
</tr>
<tr>
<td>32</td>
<td>use names that are easy to ID as male or female so I don’t get lost when trying to answer questions.</td>
<td>3/15/2018 3:14 PM</td>
</tr>
<tr>
<td>33</td>
<td>I forgot to mention that consent was taught at UNR orientation so yes I had sexual education in college.</td>
<td>3/14/2018 5:34 PM</td>
</tr>
<tr>
<td>34</td>
<td>N/A</td>
<td>3/13/2018 3:50 PM</td>
</tr>
<tr>
<td>35</td>
<td>It was much harder than I thought to distinguish forms of consent based on the different circumstances in the situations given.</td>
<td>3/11/2018 1:50 PM</td>
</tr>
<tr>
<td>36</td>
<td>Sexual consent should be taught more in college, especially with Greek Life and athletics.</td>
<td>3/11/2018 11:02 AM</td>
</tr>
<tr>
<td>37</td>
<td>N/A</td>
<td>3/10/2018 12:36 PM</td>
</tr>
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