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## Understanding Adolescents' Attitudes Toward Affirmative Consent

Hannah Javidi <sup>a\*</sup>, Anne J. Maheux <sup>b\*</sup>, Laura Widman <sup>a</sup>, Kristyn Kamke <sup>a,c</sup>, Sophia Choukas-Bradley <sup>b</sup>, and Zoë D. Peterson <sup>d</sup>

<sup>a</sup>Department of Psychology, North Carolina State University; <sup>b</sup>Department of Psychology, University of Pittsburgh; <sup>c</sup>Division of Intramural Research, National Institute on Minority Health and Health Disparities, National Institutes of Health; <sup>d</sup>Department of Counseling and Educational Psychology and The Kinsey Institute, Indiana University



### ABSTRACT

A clear understanding of sexual consent is important for sexual violence prevention. To date, most research has focused on how college students understand and negotiate consent. Although adolescence is a critical period for the development of sexual attitudes, identity, and intimate relationships, the perspectives of high school-aged youth have been largely absent from the consent literature. The current study investigated adolescents' attitudes toward affirmative consent in a sample of 226 high school students (58% female; 46% White, 24% Black, 25% Hispanic) from the southeastern U.S., as well as associations between affirmative consent attitudes and gender, gender role beliefs, and sexual activity status. Additionally, we tested whether gender role beliefs were a mediator between gender and affirmative consent attitudes. Overall, adolescents reported supportive attitudes toward affirmative consent. On average, girls and adolescents with more egalitarian gender role beliefs had more positive attitudes toward affirmative consent than boys and those with less egalitarian gender role beliefs, though no differences by sexual activity status were found. Gender role beliefs mediated the relationship between gender and attitudes toward affirmative consent. The results suggest that adolescents are generally supportive of affirmative consent practices, although some important group differences emerged.

Sexual violence, defined as sexual activity that occurs without freely given consent, such as through force, incapacitation, coercion, misuse of authority, or inability to consent due to victim age (Centers for Disease Control and Prevention [CDC], 2014), is a significant problem for young people. Among high school students, national data suggest that 15% of girls and 4% of boys have experienced some form of sexual violence in the past 12 months, while nearly 11% of girls and 3% of boys have experienced sexual violence in the context of a dating relationship in the past 12 months (Kann et al., 2018). These experiences are associated with numerous long-term, adverse psychological and physical health outcomes for adolescents, including sexually transmitted infections, depression, anxiety, post-traumatic stress, suicidal ideation, and substance abuse (Holmes & Sher, 2013; The Rape Abuse and Incest National Network [RAINN], 2019), many of which are exacerbated by certain assault characteristics (e.g., forcible rape is typically associated with more severe outcomes than verbal coercion; Brown, Testa, & Messman-Moore, 2009; Pegram & Abbey, 2016).

Recently there has been movement toward promoting affirmative consent, or “yes-means-yes” strategies, to encourage communication between partners and prevent sexual assault (Jozkowski, 2015). These strategies recognize affirmative consent as an explicitly communicated (i.e. verbally or nonverbally),

voluntary, mutual agreement among all participants to engage in sexual activity (State University of New York, 2019; Willis & Jozkowski, 2018). Norms and policies promoting affirmative consent may theoretically lead to reductions in sexual assault in several key ways. First, affirmative consent removes the burden of ending a sexual encounter from the potential victim. Instead of a sexual experience continuing *until* an individual expresses refusal, sexual encounters can only proceed when both partners express active interest. Affirmative consent practices may therefore create a more positive culture of sexuality that emphasizes enthusiasm, mutual pleasure, and concern for one's partner's experience. Additionally, given the potential to misinterpret passive consent cues from a partner (Jozkowski, Peterson, Sanders, Dennis, & Reece, 2014), affirmative consent standards may lead to less ambiguity in negotiating sexual encounters. Finally, affirmative consent as a legal standard provides clarity for both investigators and potential perpetrators. Police, defense attorneys, and defendants may no longer present the victim's lack of refusal as evidence of consent, potentially protecting those who have been coerced or assaulted while incapacitated (Leary, 2016). Importantly, prior research has shown that positive attitudes toward affirmative consent are related to affirmative consent behaviors (Camp, Sherlock-Smith, & Davies, 2018; Humphreys & Herold, 2007). The vast

**CONTACT** Hannah Javidi  [hsjavidi@ncsu.edu](mailto:hsjavidi@ncsu.edu)  Department of Psychology, North Carolina State University, 2310 Katharine Stinson Drive, Raleigh, NC, 27695

\*Hannah Javidi and Anne J. Maheux contributed equally to this work and should be considered joint first authors.

Data are available upon request from the senior author: Dr. Laura Widman, [lmwidman@ncsu.edu](mailto:lmwidman@ncsu.edu)

majority of research on attitudes toward affirmative consent, however, has occurred with college students.

Most college students value sexual consent and believe that affirmative consent policies can encourage partner communication (Muehlenhard, Humphreys, Jozkowski, & Peterson, 2016), though there is some variability among individuals. For example, those with more sexual experience are less likely to believe asking for consent is important (Humphreys, 2007), perhaps because affirmative consent behaviors are notably rare in practice (Jozkowski et al., 2014; Muehlenhard et al., 2016). College students also tend to be more supportive of affirmative consent for particular sexual activities (e.g., sexual intercourse) rather than behaviors that some may consider less intimate (e.g., kissing), and for new sexual partnerships rather than established relationships (Humphreys, 2007; Marcantonio, Jozkowski, & Wiersma-Mosley, 2018). Furthermore, female college students are more likely than male college students to define consent as explicit communication and to believe asking for consent is important (Muehlenhard et al., 2016).

Gender role ideologies may elucidate gender differences in attitudes toward affirmative consent. In the context of sexuality, traditional heterosexual sexual scripts describe an expected interaction in which men initiate sex while women are passive and coy (Simon & Gagnon, 1986). According to these scripts, boys and young men are rewarded for the quantity of their sexual experiences, and thus may pursue sex with potentially limited consideration of their partners' desires (Muehlenhard et al., 2016; Sweeney, 2014; Trinh & Choukas-Bradley, 2018). Traditional gender roles prescribe a gendered hierarchy in which women have less power and status than men. In contrast, egalitarian gender roles promote equality between men and women by minimizing differences between the genders (Perrone-McGovern, Wright, Howell, & Barnum, 2014) and empowering women to be active participants in their sexual experiences (Grose, Grabe, & Kohfeldt, 2014; Tolman, 2012). Unsurprisingly, women support more egalitarian gender roles than men (Scarborough, Sin, & Risman, 2018). This may explain their more positive views toward affirmative consent practices, given that women's active consent to sexual experiences defies traditional gender roles of female sexual passivity.

Recently, efforts to promote affirmative consent among adolescents have been championed by state legislators (e.g., Minn H. F. 4207 sec. 1, 2018), scholars (e.g., Willis, Jozkowski, & Read, 2019), and sexual assault prevention programming (e.g., ETR's Teaching Affirmative Consent; ETR, 2017). Affirmative consent may be particularly relevant during adolescence, as this is known to be a critical period for experimenting with and initiating sexual and romantic relationships and establishing healthy communication patterns that may persist into adulthood (Horne & Zimmer-Gembeck, 2005; Miller, 2017). The CDC found in its survey of U.S. high school students that about 40% had engaged in sexual intercourse, and nearly one-third reported having sex in the past three months (Kann et al., 2018), suggesting that adolescents are already negotiating sexual consent whether or not they have guidance. Furthermore, adolescence is a time of immense cognitive and social development (Dahl, Allen, Wilbrecht, & Suleiman, 2018), during which adolescents may lack the skills necessary to detect sexual consent or non-consent without clear indications of agreement or refusal. Despite the promotion of affirmative consent

among younger populations, research on affirmative consent attitudes among adolescents is sparse.

To date, only one study has directly examined adolescents' attitudes toward consent (Righi, Bogen, Kuo, & Orchowski, 2019). The qualitative study of 33 students ages 14–18 from private high schools in the northern U.S. investigated adolescents' definitions of consent and expectations about consent in sexual encounters. The high school students defined consent as active verbal agreement but reported that, in practice, consent was often conveyed passively. Gender differences emerged in this sample as well; girls were more likely to say that they conveyed refusal through nonverbal cues, while boys consistently reported that they waited for girls' verbal refusals before discontinuing their advances. Such gender-based discrepancies in consent conceptions could set the stage for misinterpretations of consent among adolescents, as noted in previous studies with college students (Jozkowski et al., 2014), and thus may contribute to sexual assault.

The current study builds on this work by examining consent attitudes in a diverse sample of high school students. We aim to describe adolescents' attitudes about affirmative consent and examine whether these attitudes differ by factors previously shown to be related to sexual consent attitudes: adolescents' gender, gender role beliefs, and sexual activity status. First, college women report valuing explicit consent practices more than men (see Muehlenhard et al., 2016). Second, sexual script and social role theories propose that sexual consent practices are rooted in gender roles; thus, gender role beliefs are likely associated with adolescents' attitudes toward affirmative consent (Simon & Gagnon, 1986). Finally, one sample of college students found that those with sexual intercourse experience were less likely to think consent is important (Humphreys & Herold, 2007), perhaps because greater experience interpreting subtle cues of consent is associated with more permissive attitudes toward passive forms of consent.

Based on these studies, we hypothesized that adolescent girls, adolescents who support more egalitarian gender roles, and adolescents who are not yet sexually active would report more supportive attitudes toward affirmative consent relative to adolescent boys, adolescents who support less egalitarian gender roles, and adolescents who are sexually active, respectively. Furthermore, based on research indicating that women support more egalitarian gender roles than men (Scarborough et al., 2018) and theories of sexual consent as a process of gender role enactment (Simon & Gagnon, 1986), we predicted that gender differences in attitudes toward consent would be explained in part by gender differences in gender role beliefs.

## Method

### *Participants and Procedure*

In the spring of 2018, participants were recruited from a rural high school in the southeastern United States to take part in a larger study that tested the effectiveness of two educational interventions (Burnette, Russell, Hoyt, Orvidas, & Widman, 2018; Widman, Golin, Kamke, Burnette, & Prinstein, 2018). Data for the current project came from the baseline assessment

of this larger study. All 10th and 11th graders ( $n = 754$ ) were invited to participate. The final sample size was determined by the number of students who provided assent and were granted parent consent ( $n = 226$  students; 132 girls, 90 boys, and 4 transgender/gender non-binary students). Participants were between the ages of 15 and 18 ( $M = 16.25$ ;  $SD = 0.76$ ). The sample was racially/ethnically diverse (45.6% White, 24.3% Black, 25.2% Hispanic, and 4.9% other ethnic identities). Sexual minority youth (i.e., those who identified as anything other than “100% heterosexual”) comprised 20.8% of the sample. Further, 21.2% reported sexual assault experiences within the past year, defined as being pressured or forced to do something sexual that they did not want. All students in the district were offered the *Making Proud Choices* sex education curriculum (ETR, 2016) in ninth grade, prior to the start of the study, though no specific information was gathered on the students who may have opted out of this curriculum or who did not receive the curriculum because of personal circumstances (e.g., changing schools, extended absences).

Following informed assent procedures, questionnaires were administered via computerized surveys in a classroom setting. Computerized surveys have been shown to reduce social desirability biases and increase validity of self-report data when collecting sensitive data about sexual health among adolescents (Turner et al., 1998). To protect confidentiality and better facilitate honest reporting, privatizing dividers surrounded each computer. Furthermore, researchers assured students before administering the surveys that their individual responses would never be made available to their teachers or parents. Each participant received a \$10 gift card. The study was approved by the university institutional review board and by the school district.

## Measures

### Sexual Activity Status

We assessed sexual activity status with two items that inquired if participants had ever engaged in any consensual sexual activity, including sexual touching, oral sex, and/or sexual intercourse with (1) a boy and (2) a girl. Responses were collapsed so that adolescents who indicated prior sexual experience with either a boy or a girl were considered sexually active, while those with no prior experience were considered not sexually active. Responses were coded as 0 = *not sexually active* or 1 = *sexually active*.

### Gender Role Beliefs

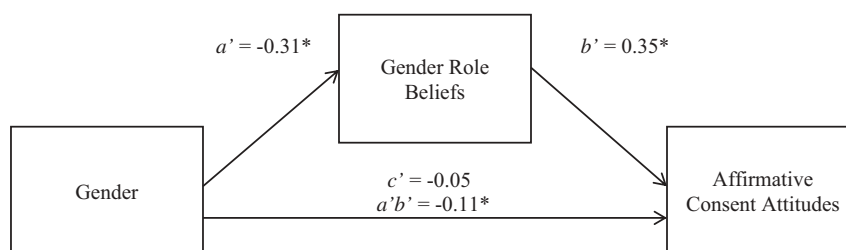
We assessed adolescents' identification with egalitarian versus traditional gender roles using the Attitudes toward Women Scale for Adolescents (Galambos, Petersen, Richards, & Gitelson, 1985). Adolescents responded to 12 items on a 4-point Likert scale (1 = *Strongly Disagree* to 4 = *Strongly Agree*). Example items include “On average, girls are as smart as boys,” and “It is all right for a girl to ask a boy out on a date.” Scores were coded such that higher scores indicate more egalitarian gender role beliefs (current sample  $\alpha = .79$ ).

### Affirmative Consent Attitudes

We examined adolescents' beliefs about sexual consent as a critical aspect of sexual interactions using three items adapted from the *Positive Attitudes Toward Establishing Consent* subscale of the Sexual Consent Scale-Revised (Humphreys & Brousseau, 2010). The items we selected capture beliefs about the necessity of consent across a spectrum of sexual behaviors: before any sexual activity including kissing, before sex with a new partner, and before each occasion of sex with a partner regardless of sexual history. Sex was defined for adolescents as “sexual intercourse” before answering these questions. To ensure parsimony and improve the developmental appropriateness of the scale for younger adolescents, we removed complex items (e.g., “I believe that asking for sexual consent is in my best interest because it reduces any misinterpretations that might arise”). We also eliminated or revised items that used more outdated sexual terminology (e.g., “genital fondling,” “petting”) that is not frequently used by adolescents. Further, prior work has found that negatively worded items reduce the internal reliability of scale measures (Roszkowski & Soven, 2010), and this may be especially true for children and adolescents (Omrani, Wakefield-Scurr, Smith, & Brown, 2018). Thus, we excluded the negatively worded item from our scale (i.e., “Not asking for sexual consent sometimes is OK”). This resulted in a final three-item scale to capture adolescents' attitudes toward affirmative consent. We subjected these items to readability software to estimate the ease with which written text can be understood (Meyer, 2003). Across multiple indices of readability, the average grade level of the scale is 7.14, suggesting the reading level was appropriate for 10th and 11th grade students. Exact items are included in Table 2. Adolescents responded to items on a 5-point Likert scale (1 = *Strongly Disagree* to 5 = *Strongly Agree*), with higher scores indicating more positive attitudes toward affirmative sexual consent (current sample  $\alpha = .74$ ).

### Analysis Plan

Analyses were conducted in three steps. First, we conducted descriptive statistics to characterize the sample and analyze means, standard deviations, and minimum and maximum scores for the consent attitude individual items and total scale. Second, we conducted a series of independent samples *t*-tests to examine differences in consent attitudes by gender, gender role beliefs, and sexual activity status. For ease of interpretation, we dichotomized the gender role beliefs variable based on a median split to represent more egalitarian gender role beliefs or less egalitarian gender role beliefs (for a similar approach, see Stanik & Bryant, 2012). To adjust for multiple comparisons, a *post hoc* Bonferroni corrected alpha level ( $p = .0125$ ) was applied within each set of four analyses run by gender, gender role beliefs, and sexual activity. Four transgender/non-binary individuals were excluded from gender analyses but were included in the analyses for gender role beliefs and sexual activity status. Further, data were missing for one participant on the gender role beliefs scale; pairwise deletion was used in this case. Finally, regression analyses were performed to understand whether gender role beliefs mediated



**Figure 1.** Standardized path coefficients for mediation model. For gender, girls were coded 0 and boys were coded 1.

\*Statistically significant; 95% confidence interval did not contain 0.

the relationship between gender and adolescents' attitudes toward affirmative consent using the PROCESS macro (Hayes, 2013) in SPSS 25. For this step, we treated gender role beliefs as a continuous variable. For this model (shown in Figure 1), *path a'* was estimated by regressing gender role beliefs on gender, *path b'* was estimated by regressing affirmative consent attitudes on gender role beliefs, and *path c'* was estimated by regressing affirmative consent attitudes on gender. The indirect effect was estimated as the product of coefficients *a'b'*. The significance of this indirect effect was determined using bias-corrected bootstrapping with 10,000 bootstrap samples. A confidence interval was then constructed for the bootstrapped indirect effect value (Hayes, 2013).

## Results

### Sample Descriptives

Participant characteristics are presented in Table 1. Regarding sexual activity status, 68.6% of adolescents were sexually active (65.2% of girls; 73.3% of boys; and 75.0% of transgender/non-binary students). Regarding gender role attitudes, adolescents generally indicated egalitarian gender role beliefs ( $M = 3.27$ ,  $SD = 0.44$ ), with girls ( $M = 3.41$ ,

$SD = 0.38$ ) indicating more egalitarian gender role beliefs than boys ( $M = 3.03$ ,  $SD = 0.41$ ;  $t(219) = 7.00$ ,  $p < .001$ ).

### Consent Attitudes and Test of Mean Differences

Adolescents generally had positive attitudes toward affirmative sexual consent, with a mean score of 4.33 ( $SD = .84$ ,  $range = 1-5$ ). Table 2 displays the mean ratings of agreement for each of the three scale items. In total, 39% ( $n = 87$ ) of students strongly agreed with all three affirmative consent items. Only two participants (< 1%) strongly disagreed with all three items.

As shown in Table 2, independent samples *t*-tests revealed that girls overall had significantly more positive attitudes toward affirmative consent than boys. These differences emerged for two of the three consent items, as well as the total scale. Adolescents who had more egalitarian gender role beliefs had significantly more positive attitudes toward affirmative consent than adolescents who had less egalitarian gender role beliefs for all three consent items and the total scale. Contrary to predictions, there were no significant differences in consent attitudes by sexual activity status for the full scale or any individual item.

A sensitivity power analysis was conducted using G\*Power 3.1.9.4 (Faul, Erdfelder, Lang, & Buchner, 2007). With a Bonferroni-corrected Type I error rate of  $\alpha = .0125$ , we had 80% power ( $1 - \beta = .80$ ) to detect effect sizes of  $d = 0.46$ ,  $d = 0.45$ ,  $d = 0.48$ , for the gender, gender role belief, and sexual activity status comparisons, respectively. Thus, the study had an appropriate sample size across analyses to detect effects between small ( $d = 0.20$ ) and medium ( $d = 0.50$ ; Cohen, 1988).

### Mediation Analysis

The mediation analysis results are shown in Figure 1. Results revealed that the relationship between gender and affirmative consent attitudes was mediated by gender role beliefs ( $\beta = -.11$ , bootstrapped 95% CI  $[-0.18, -0.05]$ ). The standardized regression coefficient for the path from gender to gender role beliefs (*a'*) was also statistically significant ( $\beta = -.31$ , 95% CI  $[-0.36, -0.15]$ ,  $p < .001$ ), as was the standardized regression coefficient for the path from gender role beliefs to affirmative consent attitudes (*b'*) ( $\beta = .35$ , 95% CI  $[0.42, 0.91]$ ,  $p < .001$ ). However, the direct effect of gender on affirmative

**Table 1.** Sample characteristics.

	<i>n</i>	(%)
Race/Ethnicity		
White	103	(45.6)
Black	55	(24.3)
Hispanic	57	(25.2)
Other	11	(4.9)
Age – <i>m</i> ( <i>SD</i> )	16.25	(0.76)
Religiosity – <i>m</i> ( <i>SD</i> )	3.29	(1.21)
Religious Affiliation		
Christian	184	(81.4)
No religion	34	(15.0)
Other	8	(3.6)
Sexual Orientation		
Heterosexual	179	(79.2)
Sexual Minority	47	(20.8)
Sexual Behavior		
Engaged in any sexual activity	155	(68.6)
Had sexual intercourse	111	(49.1)
Sexual Violence		
Been forced or pressured to do something sexual they didn't want	48	(21.2)

Religiosity was assessed with a single item that read "How important is religion to you?" on a 5-point Likert scale (1 = *Not Important* to 5 = *Extremely Important*).

**Table 2.** Descriptive statistics and t-tests: Consent attitudes by gender, gender role beliefs, and sexual activity status.

<i>Consent Scale</i>	Full	Boys	Girls	Gender	Less	More	GRB	Not	Sexually	Sexually	Sexual
	Sample <i>M</i> (SD)	<i>M</i> (SD)	<i>M</i> (SD)	Comparison <i>t</i> -test	Egalitarian GRB <i>M</i> (SD)	Egalitarian GRB <i>M</i> (SD)	Comparison <i>t</i> -test	Sexually Active <i>M</i> (SD)	Active <i>M</i> (SD)	Activity Comparison <i>t</i> -test	
Sample <i>n</i>	226	90	132	222	103	122	225	71	155	226	
(1) You should ask your partner if it's ok before you start any sexual activity, even kissing.	4.01 (1.18)	3.71 (1.38)	4.19 (1.00)	$t = -3.00$ $p = .003^{**}$ $d = 0.40$	3.78 (1.32)	4.21 (1.01)	$t = -2.80$ $p = .006^{***}$ $d = 0.37$	4.14 (1.16)	3.95 (1.19)	$t = 1.14$ $p = .26$ $d = 0.16$	
(2) You should ask your partner if it's ok before you have sex for the first time.	4.72 (0.74)	4.60 (0.88)	4.79 (0.62)	$t = -1.86$ $p = .064$ $d = 0.25$	4.54 (0.97)	4.88 (0.38)	$t = -3.50$ $p = .001^{***}$ $d = 0.46$	4.69 (0.86)	4.73 (0.68)	$t = -0.37$ $p = .71$ $d = 0.05$	
(3) Even if you have had sex before, you should ask your partner if it is ok every time you have sex.	4.26 (1.13)	3.99 (1.24)	4.43 (1.03)	$t = -2.90$ $p = .004^{**}$ $d = 0.39$	3.94 (1.28)	4.54 (0.90)	$t = -4.10$ $p < .001^{***}$ $d = 0.54$	4.39 (1.02)	4.20 (1.18)	$t = 1.20$ $p = .23$ $d = 0.17$	
Total Scale Score	4.33 (0.84)	4.10 (0.94)	4.47 (0.73)	$t = -3.28$ $p = .001^{**}$ $d = 0.44$	4.09 (0.98)	4.54 (0.62)	$t = -4.23$ $p < .001^{***}$ $d = 0.55$	4.41 (0.88)	4.29 (0.82)	$t = 0.71$ $p = .34$ $d = 0.14$	

Less Egalitarian GRB = Less Egalitarian Gender Role Beliefs (defined as a mean score of 3.32 or below on the Attitudes toward Women measure); More Egalitarian GRB = More Egalitarian Gender Role Beliefs (defined as a mean score of 3.33 or above on the Attitudes toward Women measure); Sexually Active was defined as having engaged in sexual touching, oral sex, or intercourse. Four transgender/gender non-conforming individuals were excluded from gender analyses but were included in the analyses for GRB and sexual activity status. Data were missing for one participant on the gender role beliefs scale; pairwise deletion was used in this case.

\*\* $p < .01$ , \*\*\* $p < .001$  (Bonferroni-corrected; .05/4 = .0125)

consent attitudes ( $c'$ ) was not significant when controlling for gender role beliefs ( $\beta = -.05$ , 95% CI [-0.28, 0.12],  $p = .45$ ).

## Discussion

Understanding adolescents' attitudes toward affirmative consent and the factors that shape these attitudes is necessary to discern the need for and feasibility of promoting consent practices among adolescents. The current study was the first quantitative study of which we are aware to investigate adolescents' attitudes about affirmative consent and to consider the influence of gender, gender role beliefs, and sexual activity status on adolescents' support for affirmative consent. Results showed that girls and adolescents with more egalitarian gender role beliefs were more likely to support affirmative consent than boys and adolescents with less egalitarian gender role beliefs and that gender role beliefs mediated the associated between gender and affirmative consent attitudes.

On average, adolescents in this sample reported positive attitudes toward affirmative consent, with only two students indicating that they "strongly disagree" with all three consent items. Agreement was particularly strong with the item "You should ask your partner if it's ok before you have sex for the first time." These attitudes may be related to a belief that affirmative consent is less important in the context of sex with an ongoing relationship partner than a new partner (see Beres, 2014); yet, participants also highly endorsed the importance of asking for consent every time one has sex with an established partner. Together, these results suggest that adolescents generally support affirmative consent practices and may be receptive to initiatives promoting these behaviors, especially before initial sexual contact with a new partner. While attitudes were generally supportive, some important variability was noted by gender.

As hypothesized, girls had more positive attitudes toward affirmative consent than boys. This is consistent with existing research suggesting that college-aged women prefer a more explicit and affirmative consent process than college men (Humphreys & Herold, 2007; Muehlenhard et al., 2016). However, in the

context of having sex for the first time with a new partner, girls and boys reported similarly positive attitudes toward consent in the current study. College samples show similar trends, with more students endorsing the need for affirmative consent before more intimate sexual acts (e.g., intercourse) and with new partners (Humphreys, 2007; Marcantonio et al., 2018). It is also possible that recent media discussions spurred by the #MeToo movement about acquaintance sexual assault and coercion (Kunst, Bailey, Prendergast, & Gundersen, 2018) have increased the salience of this issue for boys, leading to greater endorsement of affirmative consent in this context.

Consistent with our predictions, results also showed that endorsement of less egalitarian gender roles was related to less support for affirmative consent. These attitudes may be guided, in part, by the traditional sexual script, in which the woman's expected role involves initially resisting sex to avoid developing a negative reputation, while men are expected to continue their sexual advances until the woman gives in (Simon & Gagnon, 1986). According to this script, women are expected to express their sexual interest subtly and indirectly rather than with a verbal "yes" (Jozkowski et al., 2014). Those with more egalitarian gender role beliefs may reject this traditional script, explaining their support for affirmative consent practices.

Furthermore, mediation analyses found that gender differences in positive consent attitudes may be a function of girls holding more egalitarian gender role beliefs. Thus, increasing egalitarian gender beliefs among boys may be an avenue for reducing gender differences in consent attitudes, though more work is needed to understand the mechanism by which gender role beliefs contribute to differences in attitudes toward consent. Only a few interventions have targeted gender role beliefs in sexual education curricula to increase healthy sexual communication practices. For example, one study found that adolescents who learned about gendered forms of sexual communication in a sex education program reported more support for open communication between sexual and dating partners (Grose et al., 2014). Other work has shown that

support of traditional gender norms is linked to sexual coercion and acceptance of sexual violence (Eaton & Matamala, 2014; Seabrook, Ward, & Giaccardi, 2018), suggesting that further research investigating the efficacy of targeting gender role beliefs in sexual education programs to increase support for affirmative consent may be warranted.

Regarding sexual activity status, attitudes toward affirmative consent were similar for youth who were sexually active and those who were not sexually active. This stands in contrast with past research utilizing college-aged samples (Humphreys & Herold, 2007), which found that those with penile-vaginal sexual intercourse experience were less supportive of affirmative consent. A difference between this study and previous work is the age of participants, with students in our study being an average age of 16 compared to the participants in the Humphreys and Herold's (2007) study who were an average age of 21. Humphreys and Herold (2007) argued that increased experience with indirect and subtle cues of sexual consent may be related to laxer attitudes toward direct affirmative consent in their college sample. However, adolescents with sexual experience likely have less experience than most college students. Thus, they may still have limited experience detecting subtle consent cues, explaining why sexual activity was not significantly related to consent attitudes in this sample. It is also possible that small but meaningful differences exist between the adolescents with and without sexual experience, and we were not able to detect them in this sample due to a lack of power. Additionally, adolescents in this sample were considered sexually active if they reported any experience with sexual touching, oral sex, or intercourse. Thus, there was likely variability of sexual experience within the sexually active group. It is therefore possible that differences in affirmative consent attitudes may arise when considering the intimacy and frequency of adolescents' prior sexual experiences.

### Limitations and Future Directions

The present study represents the first quantitative analysis of high school students' attitudes toward affirmative sexual consent. Although it provides valuable insight into adolescents' endorsement of affirmative consent, the study was not without limitations. One limitation was our use of a single sample of adolescents from the rural southeastern United States, as there may be regional differences in beliefs about consent. For example, rural areas in the U.S. have lower rates of rape reported to police compared to metropolitan areas (Federal Bureau of Investigation, 2017). This difference may be due to genuinely lower incidences of assault or could suggest that beliefs and laws about what constitutes a lack of consent, and thus, which sexual acts merit criminal reporting of rape varies across geographic regions. Additionally, of the limited states mandating sexual education, only a few states address topics of consent or sexual assault in their curricula (Shapiro & Brown, 2018). Given that adolescents were recruited from a single school, they were exposed to the same sexual education program in the ninth grade (i.e., *Making Proud Choices*; ETR, 2016). However, the focus of the curriculum is STD/HIV and pregnancy prevention, and there is not an explicit focus on sexual consent. In addition, we do not know the percentage of students who completed the full curriculum. The results of this work should be replicated in

other samples to understand if they generalize to adolescents from other regions and with varying sex education experiences.

Another limitation of this study was the collection of information through self-report, which may have affected measurement quality. Specifically, given that recent cultural shifts condemning sexual assault, such as the #MeToo movement, have received public support from both men and women (Kunst et al., 2018), participants may have felt compelled to report overly positive views toward affirmative consent due to self-presentational concerns (Krumpal, 2013). The present study took steps to reduce social desirability biases and promote honest responses by using computerized surveys and stressing that responses were confidential; yet we cannot rule out the possibility that some participants did not respond honestly.

Our study utilized a three-item scale, derived from a longer measure of consent attitudes validated with college students (Humphreys & Brousseau, 2010). We chose to shorten and adapt the subscale for several reasons. First, there are few scales available that assess consent, and to our knowledge, none of them have been used with adolescents, nor has any prior study assessed adolescent consent attitudes quantitatively. Thus, to further the knowledge base of consent attitudes among adolescents in a timely manner, we chose to adapt a scale rather than develop and validate a scale. The scale we chose was developed and validated with an undergraduate sample (Humphreys & Brousseau, 2010). Although inter-item reliability was adequate, the brevity of the scale may have compromised its content validity. Future research should validate measures of affirmative consent attitudes to use specifically with adolescent populations. Finally, this was a cross-sectional study, which limits the extent to which causality can be assumed from the mediation results.

Future research should also consider the feasibility of encouraging affirmative *verbal* consent in adolescent populations, as a potentially more clear-cut way to provide consent or refusal for sexual activity than nonverbal consent. Previous qualitative work with adolescents highlighted the potential challenges of promoting such a standard. Righi et al. (2019) reported that, although adolescents defined consent as an explicit verbal agreement, cues as subtle as a "light touch or look"—or simply not refusing sexual advances—were taken for consent in practice (p. 12). Prior work found that college students may be skeptical of policies mandating verbal affirmative consent (Humphreys & Herold, 2003) but indeed engage in verbal affirmative consent in certain contexts (Willis, Hunt, et al., 2019). Although affirmative consent can be explicitly granted through non-verbal behaviors (e.g., nodding), direct verbal consent is less ambiguous and less likely to be misinterpreted (Winslett & Gross, 2008), which may be especially important for adolescents who are new to sexual activity.

More work is also necessary to understand if adolescents' attitudes toward affirmative consent are associated with their own affirmative consent behaviors and sexual experiences. Research with college samples suggests that attitudes toward affirmative consent are associated with affirmative consent behaviors (Humphreys & Herold, 2007), though this is not a perfect relationship. Research suggests that the behaviors that college students consider to be most indicative of consent are not the behaviors that they most frequently use to communicate consent (Hickman & Muehlenhard, 1999). Other research has shown that individuals' consent behaviors do not match up with their

definitions of consent (Beres, 2014; Jozkowski et al., 2014). This emphasizes the need for future work using longitudinal methods to evaluate how adolescents' affirmative consent attitudes change over time as their sexual experience increases and whether their attitudes toward affirmative consent precede or follow their practice of consent behaviors.

It has been theorized that clear understanding and support of affirmative consent practices are important in both preventing sexual assault (Muehlenhard et al., 2016) and ensuring high quality sexual experiences (Jozkowski & Peterson, 2013) across the lifespan. Given that high school may be the only time when individuals are systematically exposed to information about sexuality, incorporating affirmative consent into sexual education curricula may be the most effective way to increase awareness of these issues. Information promoting values of gender equality in sexual experiences and opportunities to build affirmative consent skills could be incorporated into sexual health education curricula to increase adolescents' exposure to these ideas (Grose et al., 2014; Haberland, 2015). More research investigating the effectiveness of various intervention strategies to promote affirmative consent may help reduce sexual assault among adolescents and encourage lifelong healthy sexual communication practices.

## Conclusion

The present study contributes to an extremely sparse body of knowledge on adolescents' attitudes toward affirmative consent. Research identifying adolescents' attitudes toward affirmative consent, as well as the ideologies and experiences that may give rise to these attitudes, is necessary to understand the feasibility of promoting these practices among this population. Positive evaluations of affirmative consent may lead to decreased sexual assault by reducing misunderstandings between sexual partners, clarifying legal definitions of sexual misconduct, and encouraging sexual scripts marked by enthusiasm and mutuality. The generally positive attitudes toward affirmative consent reported by this sample, and clear links between these attitudes and adolescents' egalitarian gender role beliefs, provide promising opportunities for future work.

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## ORCID

Hannah Javidi  <http://orcid.org/0000-0001-8098-107X>  
 Anne J. Maheux  <http://orcid.org/0000-0003-1308-5798>  
 Laura Widman  <http://orcid.org/0000-0001-8117-5467>  
 Kristyn Kamke  <http://orcid.org/0000-0002-3075-6381>  
 Sophia Choukas-Bradley  <http://orcid.org/0000-0002-9973-8747>  
 Zoë D. Peterson  <http://orcid.org/0000-0003-2975-1062>

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