Perceiving Sexual Consent:
The Effects of Gender and Alcohol Use on Perceptions of Sexual Consent

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Dedication

This dissertation is dedicated to my family for their consistent support and encouragement.

Abstract

Understanding sexual assault hinges on a firm conceptualization of sexual consent; however, few studies have investigated sexual consent, and much research related to sexual consent relies on traditional sexual script theory rather than a communicative model of sexual consent. The current study addressed gaps in the literature by employing a vignette technique to examine effects of vignette character gender and alcohol use and observer gender on observers' perceptions of sexual consent for characters presented in a nonconsensual sexual scenario. Participants (*N*=387) were recruited via MTurk and were administered 1 of 4 randomly assigned vignettes. Participants then responded to items related to the vignette, demographics, alcohol use, and past sexual experiences. Hypotheses proposed female participants would rate victim consent lower than would male participants, victim consent would be rated significantly higher for the alcohol condition than the condition with no alcohol, and participants would rate victim consent higher for the female perpetrator condition than the male perpetrator condition. It was also hypothesized that character gender and alcohol use would significantly interact such that participants would rate victim consent as particularly high for the alcohol/female perpetrator condition, and that participant gender would interact with character gender and alcohol use such that women, relative to men, would rate the encounter as less consensual for the male perpetrator/no alcohol condition. Beyond the stated hypotheses, the effects of participant alcohol use, past sexual experiences, age, and perceptions of character intoxication were explored. Results indicated a significant interaction such that men (but not women) rated the female perpetrator condition as more consensual than the male perpetrator condition. Further, participants' age and ratings of victim intoxication were significantly associated with ratings of sexual consent. Implications and limitations of these findings are discussed.

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Chapter 1

Introduction and Literature Review

Sexual assault, often defined as sexual contact without consent (Beres, 2007), is a common problem, particularly among women (and, though at lower frequency, men), with approximately 20% of undergraduate women reporting sexual assault while in college (Krebs, Lindquist, Warner, Fisher, & Martin, 2009). Lawyer and colleagues (Lawyer, Resnick, Bakanic, Burkett, & Kilpatrick, 2010) examined the prevalence of "forcible," "drug-facilitated," and "incapacitated" sexual assault among undergraduate women, finding that 5.4% of participants reported having experienced sexual assault that was considered forcible, 29.6% of participants reported having experienced a drug-related sexual assault, 84.6% and 15.4% of which, respectively, were preceded by voluntary or involuntary incapacitation. Of reported drug-related sexual assaults, 96.1% reportedly involved the consumption of alcohol prior to the assault. The problem of sexual assault is not limited to undergraduate women, however; in a recent examination of intimate partner and sexual violence in the United States (Black et al., 2011), 18.3% of American women and 1.4% of American men indicated having experienced rape. Approximately 1 in 20 men and women reported having experienced other forms of sexual assault (e.g., unwanted sexual contact, coercion, etc.). Moreover, rates of perpetration against women reported by men fall up to three-quarters short of victimization rates reported by women (Kolivas & Gross, 2007), suggesting a discrepancy between reported perpetration and victimization and a possible disconnect related to the interpretation of sexual consent.

The consequences associated with the experience of adult sexual assault (ASA)—both short- and long-term—have been well-documented. A review of the literature related to violence against women indicates that increased rates of mental health problems, including substance

abuse, anxiety, posttraumatic stress, depression, hopelessness, low self-esteem, sexual problems, and dissociation, are associated with the experience of ASA (e.g., Briere & Jordan, 2004; Neville & Heppner, 1999). Cross-sectional examination of lifetime mental illness diagnoses among victims and non-victims of ASA suggests that ASA is associated with subsequent development of substance abuse, anxiety, and depressive disorders (Burman et al., 1988). Kimerling and Calhoun (2004) compared women who reported experience of ASA victimization with a control group, finding increased use of medical services, increased rates of somatic complaints, lower ratings of perceived physical health, and greater global psychological distress among women who reported ASA victimization. In an investigation of alexithymia related to ASA victimization, Zeitlin and colleagues (1993) reported findings that individuals who endorsed past experience of ASA victimization evinced greater severity of alexithymia than those who did not, particularly in cases of repeated trauma. Moreover, findings from research conducted by Davidson and colleagues (Davidson, Hughes, George, & Blazer, 1996) suggest that history of adult sexual assault is associated with increased severity of posttraumatic stress symptoms and increased lifetime rates of attempted suicide among a community sample.

Research literature related to male victimization indicates that the impact associated with sexual assault for men is comparable to (if not greater than) that of women (e.g., Elliot, Mok, & Briere, 2004). Mezey and King (1989) investigated the correlates of sexual assault in a sample of twenty-two men who reported having previously experienced “forcible” sexual assault. Results suggested both short- and long-term responses to ASA victimization among male survivors of ASA were comparable to those described by women (Mezey & King, 1989). Whereas some research findings indicated no significant gender differences on relevant outcome variables (e.g., psychological distress, PTSD symptoms, depression, etc.), some suggested an exacerbation of

symptomology for men (Elliot, Mok, & Briere, 2004). Elliot and colleagues examined symptomology in a sample of the general population, finding that men who reported having experienced ASA reported greater posttraumatic stress symptomology than women who reported having experienced ASA on several measures related to traumatic stress (2004). Consistent with findings indicative of a similar impact of sexual assault across gender, research findings related to the effects of intimate partner violence suggest that intimate partner violence victimization is associated with similar physical and psychological health problems for both men and women (Coker et al., 2002). In consideration of the aforementioned research findings suggesting comparable negative consequences across gender related to sexual assault victimization, further investigation of factors associated with male and female victimization is both warranted and necessary.

Given the scope of the problem of sexual assault for men and women, as well as the discrepancy between reported victimization and reported perpetration (Kolivas & Gross, 2007), there is a clear need for better understanding of the ways in which individuals perceive and interpret sexual consent. Within the sexual assault literature, there exists a paucity of research investigating the concept of sexual consent, including the ways in which individuals communicate, perceive, and understand sexual consent for their selves and from others (Beres, 2007). Among studies examining sexual consent, the construct of sexual consent, if defined at all, has various and often discrepant definitions and conceptualizations (Beres, 2007). Assuming that sexual *assault* is defined as sexual contact without consent, a clear definition and conceptualization of the concept of sexual *consent* is essential to understanding the concept of sexual assault.

Conceptualizations of Sexual Consent

A great deal of research related to the process of sexual consent relies on the theory of traditional sexual scripts in which men, influenced by culture, initiate sexual encounters to which women respond by consenting to sexual activity or resisting (Hickman & Muehlenard, 1999; e.g., McCormick, 1987; Perper & Weis, 1987). Traditional sexual script theory is problematic in that it lacks applicability to same-sex interactions and diverse forms of relationships (Beres, 2007). As sexual script theory suggests sexual consent is requested by men and provided by women (Hickman & Muehlenard, 1999), it cannot account for sexual activity initiated by women. Similarly, sexual script theory cannot account for men's response to female-initiated sexual activity, as male sexual consent is assumed by traditional sexual script theory (Beres, 2007). Theory of traditional sexual scripts fails to recognize the autonomy of both women and men; women are placed in a position of limit-setting (wherein potential for pursuit of one's own sexual desires is disregarded), whereas the position of men described by traditional sexual script theory does not allow for men to freely give and refuse sexual consent (Beres, 2007).

Instead, Beres (2007) argues for a communicative model of sexual consent wherein desire to engage in sexual activity is communicated among individuals. According to Pineau (1989), in contrast to existing models (e.g., sexual script theory), which often place responsibility for resisting sexual activity on the individual responding to a sexual advance, a communicative model of sexuality places responsibility associated with sexual activity on the individual requesting consent. As such, an individual making a sexual advance is considered responsible for obtaining consent from a potential sexual partner (Pineau, 1989). A transition from theory of traditional sexual scripts toward a communicative model of sexuality represents a paradigm shift, such that the presence of sexual consent is determined by the feeling and communication of

sexual consent between individuals, rather than by a lack of refusal of or resistance to sexual advances (Beres, 2007). That is, the communicative model of sexual consent asserts that sexual consent is determined not by its absence, but by its presence.

Defining Sexual Consent

In her review of the literature related to sexual consent, Beres (2007) asserts that much of the extant literature fails to provide an explicit definition of sexual consent, and, of research wherein a definition of sexual consent is provided, these definitions vary greatly and are often contradictory (e.g., Archard, 1998; Hall, 1998; Sherwin, 1996, etc). Beres (2007) argues that many conceptualizations of sexual consent have been adopted "spontaneously" by researchers from popular understanding and without careful consideration. As such, some researchers define sexual consent as any expression of agreement to engage in sexual activity, without consideration of contextual factors including force, coercion or incapacitation (such as by alcohol or drugs; e.g., Sherwin, 1996). Other researchers posit that sexual consent can only occur when free of coercion, though consideration of the constitution of coercive forces is variable (e.g., MacKinnon, 1989).

Moreover, many researchers define sexual consent by physical action, mental action, or both (e.g., Archard, 1998; Hickman & Muehlenhard, 1999; Hurd, 1996). However, defining sexual consent as a mental action does not allow for the communication of consent; hence, one could not know if another has provided consent. Conversely, defining sexual consent as a purely physical act is problematic in that this definition neglects to consider personal autonomy and instead focuses on observable behaviors that others may interpret, effectively tasking the individual inferring sexual consent with attributing consent to others' behaviors regardless of others' intent. Hickman and Muehlenhard (1999) define sexual consent as "the freely given

verbal or nonverbal communication of a feeling of willingness" (p. 259). This definition offers consideration of contextual factors that influence consent, such as incapacitation and coercion, variability in the nature of communication of sexual consent, as well as the mental willingness to engage in a sexual encounter. Further, this definition of sexual consent attends to the communication of sexual consent as something that is provided, rather than an absence of resistance. Thus, this paper will utilize Hickman and Muehlenhard's (1999) definition of sexual consent.

Limited research investigating sexual consent behaviors indicates a multitude of behaviors are used to communicate sexual consent, including direct and indirect verbal and non-verbal signals (Hickman & Muehlenhard, 1999). Despite findings that verbal cues are perceived as clearer indications of sexual consent than nonverbal cues (Lim & Roloff, 1999), communication of sexual consent is most often non-verbal, including non-verbal body language, the removal of clothing, smiling, etc. (Hall, 1998; Humphreys, 2005). As a majority of sexual assaults are drug-facilitated and perpetrated against women (Lawyer et al., 2010), it is necessary to also consider gender and alcohol use in the examination of factors associated with the process of sexual consent.

Gender and Sexual Consent

Hickman and Muehlenard (1999) investigated sexual consent communication in hypothetical scenarios in which participants imagined themselves as a character either initiating or responding to a sexual advance. Men rated their own behaviors in the aforementioned hypothetical scenarios as more indicative of sexual consent than women rated their own behaviors. Participant reports of actual use of consent signals indicated that male and female participants did not significantly differ in their use of direct verbal and non-verbal signals;

however, female participants, as compared to male participants, were more likely to employ indirect verbal signals (e.g., asking the other person if they have a condom), whereas male participants were more likely than female participants to employ indirect nonverbal behaviors, such as kissing or touching. According to Hickman and Muehlenard (1999), this gender discrepancy in the use of indirect signals might indicate potential for misunderstanding in the communication of sexual consent between men and women because individuals might expect potential partners to signal consent in ways similar to their own; however, men and women did not significantly differ in their ratings of their hypothetical date's consent behaviors. This pattern suggests that men and women might similarly interpret consent signals from others, and men might attribute a greater level of consent to their own consent behaviors than do women to their consent behaviors.

Humphreys (2007) utilized a vignette technique involving depictions of a heterosexual couple in an ambiguous sexual encounter with variable levels of relationship intimacy, finding that both men and women rated the ambiguous sexual encounter as more consensual, acceptable, and clear at higher levels of relationship intimacy. Further, similar to research findings of Hickman and Muehlenard (1999), Humphreys' findings indicate that men, across levels of relationship intimacy, perceived the sexual encounter as significantly more consensual, acceptable, and clear than did women. It is important to note that all vignettes employed in Humphrey's study (2007) depicted a sexual encounter in which the male partner initiated sexual intercourse with a female partner.

In addition to the effect of observer gender on ratings of sexual consent, victim and perpetrator gender seems to play an important role in perceptions of sexual consent (Davies, Pollard, & Archer, 2010) and within related violence literatures. Namely, previous research

findings related to gender-based perceptions of intimate partner violence suggest that intimate partner violence perpetrated by women is often rated as less severe, less problematic, and as occurring less frequently than intimate partner violence perpetrated by men (White & Dutton, 2013). Moreover, Davies and colleagues (Davies, Pollard, & Archer, 2010) examined the effects of gender on observer blaming of men who were victims of sexual assault, finding that heterosexual men were more likely to blame male victims of sexual assault when the perpetrators were female rather than male.

As the majority of sexual assault research to date focuses on sexual assault perpetrated by men against women, there is great need for further investigation of the roles of perpetrator, victim, and observer gender in the occurrence of sexual assault (Abbey, 2002). Previous research findings, taken together, suggest that gender of victim, perpetrator, and observer may influence the ways in which sexual consent is perceived (e.g., Humphreys, 2007; White & Dutton, 2013). Existing research provides evidence that men, relative to women, might rate others' behavior as more indicative of sexual consent (Hickman and Muelenard, 1999; Humphreys, 2007), whereas sexual violence perpetrated by women might be viewed as more consensual when compared to sexual violence perpetrated by men (Davies, Pollard, & Archer, 2010; White & Dutton, 2013).

Alcohol and Sexual Consent

Previous research indicates a robust relationship between alcohol use and risk of sexual assault, with some research findings suggesting that up to two-thirds of all sexual assaults involve the presence of alcohol (Ullman, 2003). Theories of victimization suggest that potential victims, offenders, and risky situations interact, increasing risk for victimization (Meier & Miethe, 1993). Consistent with this theory, research findings suggest that increased exposure to drinking environments (e.g., bars), rather than alcohol consumption, is associated with increased

victimization for women (Parks & Zetes-Zanatta, 1999), particularly when unaccompanied by others (Parks & Miller, 1997). In an examination of the impact of alcohol on women's responses to unwanted sexual advances, Davis, George, and Norris (2004) conducted an experiment in which they manipulated alcohol consumption and asked participants to respond regarding a hypothetical dating situation. Davis and colleagues found that, in high conflict situations, participants who were moderately intoxicated were more likely to respond passively and to consent to unwanted sexual advances relative to sober participants.

Indeed, a great deal of research suggests that lifetime prevalence of heavy drinking is associated with lifetime prevalence of both victimization and perpetration of sexual assault (e.g., Calhoun, Bernat, Clum, & Frame, 1997). Though research examining the nature of this relationship is limited, longitudinal investigation has provided some evidence that heavy alcohol consumption predicts subsequent sexual assault victimization (Greene & Navarro, 1998), as well as subsequent sexual aggression (Testa & Livingston 2000). Though lifetime prevalence of "forcible" sexual assault is comparable to that of drug-related sexual assault for the general population, drug-related sexual assault is more commonly reported than forcible sexual assault among college student samples (Lawyer, Resnick, Bakanic, Burkett, & Kilpatrick, 2010; Mohler-Kuo, Dowdall, Koss, & Wechsler, 2004; Testa, Livingston, Vanzile-Tamsen, & Frone, 2003). Horvath and Brown (2007) examined the occurrence of voluntary and involuntary intoxication, finding that 95% of participants who had experienced drug-related sexual assault reported that the assault occurred following voluntary intoxication. In a more recent study, Mouilso and Fischer (2012) identified frequent binge drinking as a strong predictor of subsequent sexual assault among college women.

In addition to increasing risk of sexual assault, findings suggest that alcohol influences observer perceptions of sexual consent (Abbey & Harnish, 1995). Abbey and Harnish (1995) examined the effect of alcohol use on observer ratings of sexual intent in a hypothetic vignette depicting a man and woman socializing, finding observers rated the behavior of both the man and woman as more sexual when both were consuming alcohol. Character gender interacted with character alcohol use such that female characters' sexual intent was rated highest when the male and female characters both consumed alcohol. Moreover, in an investigation of observer responses to an acquaintance rape scenario, Stormo and colleagues (Stormo, Lang, Werner, & Stritzke, 1997) found observers rated the victim as more responsible and worthy of blame while rating the perpetrator as less responsible and worthy of blame when perpetrator and victim were equally intoxicated. Along with previous findings related to alcohol use and risk of sexual assault (e.g., Mouilso & Fischer, 2012), these findings suggest that alcohol plays a key role in the occurrence of sexual assault and in observers' attributions of sexual consent. More specifically, alcohol use might influence observers' perceptions of sexual consent such that observers might interpret others' behaviors as more consensual when alcohol is present than when not.

Perceiving and Attributing Sexual Consent

Misattribution of sexual consent is thought to play a role in a substantial portion of sexual assault incidents, particularly in cases of partner and acquaintance sexual assault (Koss, Dinero, Seibel, & Cox, 1988). Consistent with this finding, observer evaluations of sexual assault more likely attribute the assault to the perpetrator's misperception of the victim's behavior and sexual interest in cases of sexual assault committed by a partner than by a stranger (Bridges & McGrail, 1989). As one might expect, observers are also more likely to rate a sexual encounter as consensual if direct verbal consent is provided (Lim & Roloff, 1999). Examining contextual

factors related to sexual assault and bystander intervention, Banyard and colleagues (Banyard, Plante, & Moynihan, 2004) demonstrated that bystanders are often present prior to an incident of sexual assault while there might be observable markers for risk of assault. As many bystander intervention programs for the prevention of sexual assault rely on recognizing sexual consent and related factors (e.g., Banyard, Moynihan, & Plante, 2007; Burn, 2009), developing a greater understanding of factors associated with attributing and misattributing sexual consent is critical.

Among previous research investigating perceptions and attributions of sexual consent, vignette techniques wherein characters are depicted in stories involving sexual encounters are often employed (e.g., Abbey & Harnish, 1995; Humphreys, 2007). As part of a quasi-experimental design, relevant variables are manipulated among vignette conditions, including gender, alcohol use, sexual orientation, type of relationship, etc. (e.g., Bridges & McGrail, 1989; Lim & Roloff, 1999; Stormo, Lang, Werner, & Stritzke, 1997). Typically, vignettes are first developed on the basis of existing literature or clinical experience (Hughes & Huby, 2002; e.g., Humphreys, 2007; Lim & Roloff, 1999; Stormo et al., 1997). Among vignette studies examining the construct of sexual consent, initial pilot data related to clarity, credibility, and perceived realism of vignette scenarios is often collected (e.g., Abbey & Harnish, 1995; Bridges & McGrail, 1989; Stormo et al., 1997). Providing participants with distance from the constructs under examination, employing a vignette technique allows researchers to investigate sensitive matters, such as sexual assault, while inflicting the possibility of only minimal distress on research participants (Finch, 1987). Further evidence supports the use of vignette technique in social research, suggesting that the vignette technique is a helpful research tool that can yield meaningful data (Hughes & Huby, 2002).

As sexual consent is not a construct that can be ethically and randomly assigned to research participants, a great deal of the existing sexual consent research literature has employed correlational and qualitative designs (e.g., Beres, Herold, & Maitland, 2004; Hall, 1998; Humphreys, 2005; Lawyer et al., 2010, etc.; see Beres, 2007). Thus, use of the vignette technique provides a unique method for manipulating constructs related to sexual consent and measuring effects on related variables (e.g., perceptions of consent, blame, etc.; e.g., Abbey & Harnish, 1995; Lim & Roloff, 1999, etc.). Rather than examining participant self-report of opinions, beliefs, or attitudes (Finch, 1987) associated with sexual consent, vignette design allows for a more direct and experimental investigation of perceptions of sexual consent and related variables.

As an illustration of the implementation of vignette design in sexual consent research, Humphreys (2007) employed a vignette technique to examine the effects of participant gender and relationship intimacy on participant ratings of sexual consent. Relationship intimacy was manipulated among three vignettes depicting a heterosexual couple on a first date, celebrating three months of dating, or celebrating a two-year wedding anniversary. Humphreys varied details among vignettes to convey differing levels of relationship intimacy (e.g., "Lisa kissed back, though not very enthusiastically, and then continued watching the movie; however, it seemed the movie was the furthest thing from her *date's (boyfriend's or husband's)* mind;" "They have *not been sexual before tonight (been sexual on a few occasions over the last 3 months or been sexual on a fairly regular basis over their 2-year marriage.*")(p. 310). Across levels of relationship intimacy, all vignettes administered in this particular study described an ambiguous sexual encounter in which a male partner initiated sexual activity with a female partner. Although Humphreys examined the interaction between relationship intimacy and participant gender, this

quasi-experiment did not examine how these factors might interact with vignette character gender. Similarly, Bridges and McGrail (1989) conducted a vignette study of the effect of relationship intimacy between victim and perpetrator on participants' ratings victim responsibility for sexual assault victimization. Results demonstrated higher ratings of victim responsibility at higher levels of relationship intimacy; however, the effects of character gender and alcohol use on ratings of responsibility for sexual assault victimization were not investigated.

Furthermore, Abbey and Harnish (1995) employed a vignette technique to examine the effects of participants' gender, participants' rape supportive attitudes, and character alcohol use on participants' assessment of the vignette characters' sexual intent. Although Abbey and Harnish (1995) examined the effects of gender and alcohol use, the vignette scenarios employed in this investigation depicted a man and woman socializing with variable levels of alcohol use, and without manipulation of character gender. As these vignettes described socializing rather than sexual activity, no conclusions could be drawn regarding perceptions of sexual consent, perpetration, or victimization. Moreover, in a research study conducted by Stormo and colleagues (Stormo et al., 1997), the effects of vignette character alcohol intoxication and participant gender on participant ratings of victim and perpetrator responsibility were examined. Alcohol use was varied across four levels of intoxication for both victim and perpetrator. Although participant gender, victim alcohol intoxication, and perpetrator alcohol intoxication were investigated (Stormo et al., 1997), this study, along with others noted above (e.g., Abbey & Harnish, 1995, Humphreys, 2007, Lim & Roloff, 1999, etc.), lacks adequate examination of the main and interactive effects of participant gender, character gender, and character alcohol use on perceptions of sexual consent.

Summary of the Current Study

As noted above, sexual assault is often defined as sexual contact without consent (Beres, 2007). As such, sexual consent is an important concept that has received insufficient scientific attention to date. Much of the existing research literature related to sexual consent has neglected to adequately define sexual consent, and conceptualizations of sexual consent have often hinged on the gender of involved parties and their adherence to traditional sexual scripts (i.e., men as initiators of sexual activity to which women either consent or refuse; Beres, 2007). In contrast, a communicative model of sexual consent suggests that sexual consent is communicated rather than assumed (Beres, 2007). Consistent with this model, Hickman and Muehlenhard (1999) define sexual consent as "the freely given verbal or nonverbal communication of a feeling of willingness" (p. 259). Further, alcohol use and gender are both important factors associated with freely given sexual consent and with related perceptions of sexual consent. Previous research findings indicate alcohol use might influence risk of sexual assault (Ullman, 2003), response to sexual advances (Davis, George, & Norris, 2004), and observers' perceptions of sexual consent (Abbey & Harnish, 1995). Similarly, past findings suggest that observer gender and gender of involved parties (Davies, Pollard, & Archer, 2010) might influence sexual assault victimization and observer perceptions of sexual consent (Stormo et al., 1997).

Despite these findings, scientific examination of sexual consent is limited. There remains a dearth of research literature related to the construct of sexual consent (Beres, 2007). Further investigation of the impact of gender and alcohol use on perceptions of sexual consent, as well as the ways in which these factors interact with one another, is essential for enhancing our understanding of sexual assault (including risk factors for victimization and for bystander intervention and nonintervention; Beres, 2007; Hickman & Muehlenhard, 1999). As such, the

aim of the current study was to more fully examine the ways in which individuals interpret and make decisions related to sexual consent. This investigation built on the extant literature related to sexual consent by manipulating gender and alcohol use, thus allowing for causal inferences related to the impact of these variables on observer ratings of sexual consent. Further, as this work might serve to increase understanding of factors that influence observers' perceptions of sexual consent, this investigation might help inform and improve bystander intervention efforts for sexual assault prevention.

More specifically, this study soughts to utilize a quasi-experimental vignette design to investigate the influence of gender (of both participants and vignette characters) and alcohol use (of vignette characters) on participant (observer) ratings of sexual consent. Thus, in the present investigation, four vignettes depicted a heterosexual encounter in which the perpetrator made a nonverbal sexual advance to which the victim does not provide consent. The conditions varied by perpetrator/victim gender and alcohol use (both perpetrator and victim consume alcohol/no alcohol), as well as observer gender (as reported by participant); the following hypotheses were examined:

Based on previous research findings suggesting that men, on average, might rate behaviors as more indicative of consent as compared to women (Hickman & Muehlenard, 1999; Humphreys, 2007), it was hypothesized that observer gender would be significantly associated with ratings of victim sexual consent such that female participants would rate victims' consent as lower than male participants (Hypothesis 1). Further, as previous research suggests observers rate others' behavior as more sexual when others are intoxicated (Abbey & Harnish, 1995), it was hypothesized that character alcohol use would significantly affect participant ratings of sexual consent such that victim consent would be rated significantly higher for the alcohol

condition than the no alcohol condition (Hypothesis 2). Based on previous findings indicating violence perpetrated by women is often viewed as less problematic than violence perpetrated by men (White & Dutton, 2013), Hypothesis 3 stated that character gender would significantly affect observer ratings of sexual consent. More specifically, participants would rate the encounter as significantly more consensual for the female perpetrator/male victim condition relative to the male perpetrator/female victim condition.

In addition to main effects of gender and alcohol use, it was hypothesized that character gender and alcohol use would interact such that participants would rate the extent to which the victim consented to the sexual encounter as particularly high for the vignette condition wherein alcohol was consumed and the victim's gender was male (Hypothesis 4). Finally, Hypothesis 5 stated that participant gender would interact with character gender and alcohol use such that female participants, relative to male participants, would rate the encounter as less consensual when the victim was also female and no alcohol was consumed. Beyond the stated hypotheses, the effects of participant alcohol use on relevant study variables were explored.

Chapter 2

Method

Participants

Participants were 479 individuals in the United States at or above the age of eighteen years. Participation was voluntary and open to individuals of all ethnic and racial backgrounds, sexual orientation, and gender. Data from 26 participants were eliminated due to failed responses to validity questioning (e.g., items pertaining to character gender; "Please select 'No,'"), and data were eliminated from 2 participants who identified their gender as "non-binary." An additional 64 participants who rated the assigned vignette as "Somewhat" to "Extremely" unrealistic were eliminated from the sample. Thus, data from 387 participants were included in analyses.

Participants' age ranged from 19 years to 71 years, with a mean age of 36.51 years (*SD* = 11.62). The sample was predominantly non-hispanic (93%), and a majority (74.9%) of the sample identified as Caucasian, followed by Asian American (10.1%), Black or African American (7.8%), multi-racial (4.7%), Indian or Middle Eastern (1.8%), Native American (.5%), and Hawaiian/Pacific Islander (.3%). 51.3% of the sample identified as men, whereas 48.7% identified as women. 44.4% of participants reported their religion as Christian, followed by agnostic (20.2%), atheist (19.6%), "other" (11.4%), Buddhist (2.3%), Jewish (1.3%), and Muslim (.8%).

Regarding relationship status, 40.3% of participants indicated they were married or partnered, 27.1% indicated they are single, 21.4% indicated they were in a relationship, 7.2% indicated they were divorced or widowed, and 3.9% reported they were engaged. 88.8% of participants reported their sexual orientation as heterosexual, followed by bisexual (6%), gay or lesbian (4.2%), and "other" (1%). 11.4% of participants reported they were currently enrolled in

a college or university, and 2.1% indicated they were currently a member of a fraternity or sorority. Regarding education level, 39.8% of participants reported having a bachelor's degree, 37.7% reported having some college, 10.1% of participants reported having a high school diploma, 9.6% reported having a master's degree, 1.8% reported having a doctoral degree, and .8% indicated having no degree.

Procedure

Participants were recruited via Amazon Mechanical Turk (MTurk), described as a crowdsourcing internet marketplace where individuals may perform tasks for which they receive compensation. Only individuals who had previously completed a minimum of 500 tasks with a 98% approval rating were invited to participate in the study.

Participants were provided a brief description of the study informing them of the content of information to be collected (e.g., thoughts regarding a hypothetical sexual encounter, substance use, past sexual experiences, etc.). Individuals who provided informed consent to participate and met the qualifications of the study (i.e., minimum age of 18 years) were directed to an online survey website (Qualtrics.com) wherein encryption ensured confidentiality of participant responses.

Participants were randomly assigned by the online survey website to the female/male perpetrator/victim and the alcohol/no alcohol experimental conditions. Participants read the assigned vignette (described below) in which a nonconsensual, heterosexual encounter is described, and assessed the vignettes regarding sexual consent of each individual involved in the encounter (i.e., "Definitely consented" to "Definitely did not consent"), realism of the scenario (i.e., "Extremely unrealistic" to "Extremely realistic"), and uncertainty related to the issue of sexual consent. To assess participants' validity of responses, participants also responded to items

related to the gender of the vignette characters and, as noted above, individuals who incorrectly identified the characters' gender (i.e., "Jeff's gender is female"), along with those who responded incorrectly to the directive item (i.e., "Please select 'No'"), were eliminated from analyses. Participants then completed a brief demographics questionnaire, an alcohol use questionnaire, and a sexual experiences survey. Participants received compensation of one dollar for their participation. The university's Institutional Review Board approved all procedures.

Measures

Demographics. Participants were asked to indicate their age, gender, relationship status, religion, academic level (if applicable), education, race, ethnicity, sexual orientation, and status in a fraternity or sorority.

Alcohol use. The Alcohol Use Disorders Identification Test (AUDIT; Saunders et al., 1993) was used to assess alcohol use and hazardous drinking patterns. The AUDIT is a 10-item self-report measure that assesses quantity and frequency of drinking, intensity of drinking, dependence on and tolerance of alcohol, and negative consequences related to alcohol use (e.g., "How often do you have six or more drinks on one occasion?"). Participants indicated the frequency of these events using a 5-point Likert scale (i.e., "Never" to "Daily or almost daily"). The AUDIT demonstrated good reliability in this study (α = .84).

Sexual Experiences. The Sexual Experiences Survey- Short Form Victimization (SES-SFV; Koss et al., 2006) was used to assess past victimization regarding unwanted sexual experiences. The SES-SFV is a 10-item self-report measure that assesses the frequency of unwanted sexual acts and the tactics employed (i.e., sexual contact, coercion, and rape; e.g., "Someone had oral sex with me or made me have oral sex with them without my consent by:"). Participants indicated the frequency of the occurrence of these acts (i.e., "0" to "3"+) for a

variety of tactics (e.g., “Taking advantage of me when I was too drunk or out of it to stop what was happening.”) The sexual coercion (α = .88), sexual contact (α = .77), and rape (α = .93) subscales of the SES-SFV demonstrated adequate reliability in this study.

The Sexual Experiences Survey- Short Form Perpetration (SES-SFP; Koss et al., 2006) was used to assess past perpetration of unwanted sexual experiences. Similarly to the SES-SFV, the SES-SFP is a 10-item self-report measure that assesses the frequency of perpetration of unwanted sexual acts and the tactics employed (i.e., sexual contact, coercion, and rape; e.g., “I had oral sex with someone or had someone perform oral sex on me without their consent by:”). Participants indicated the frequency of their perpetration of these acts (i.e., “0” to “3”+) for a variety of tactics (e.g., “Taking advantage when they were too drunk or out of it to stop what was happening.”) The sexual coercion (α = .95), sexual contact (α = .86), and rape (α = .98) subscales of the SES-SFP demonstrated good reliability in this study.

Vignettes. Four vignettes were created which varied by perpetrator and victim gender (i.e., male perpetrator/female victim; female perpetrator/male victim) and with variable alcohol consumption (i.e., both perpetrator and victim consumed alcohol; neither perpetrator nor victim consumed alcohol). Pilot data were collected from the first 61 participants to assess for perceived realism of the hypothetical scenarios. Mean realism ratings ranged from 1.83 to 2.59 across the 4 conditions (See Table 1). As all realism means fell within the “Extremely” to “Somewhat” realistic range, data collection proceeded and pilot data were included in analyses. As noted above, 64 participants who rated the vignettes as “Somewhat” or “Extremely” unrealistic were excluded from final analyses.

The following two vignettes depicted a nonconsensual sexual encounter involving alcohol use with varied gender:

(Male Perpetrator/Female Victim) Jeff and Amanda are young adults who meet for the first time at a neighborhood bar while out with friends on a Friday night. They enjoy talking for some time while they both drink a few beers and take shots together. As the bar is closing, Jeff and Amanda realize they both live nearby and decide to walk home together. As they approach Jeff's apartment, Jeff invites Amanda up for another drink and Amanda agrees. Upon entering Jeff's apartment, they are both fairly drunk—slurring speech and giggling. The two have another drink as they listen to music and continue to talk and laugh on the couch. Jeff whispers, "I'm really attracted to you," and Amanda does not respond. Jeff leans into Amanda, starts to kiss her neck, and moves his hand down Amanda's pants. He begins to undress Amanda and proceeds to have sex with her.

(Female Perpetrator/Male Victim) Amanda and Jeff are young adults who meet for the first time at a neighborhood bar while out with friends on a Friday night. They enjoy talking for some time while they both drink a few beers and take shots together. As the bar is closing, Amanda and Jeff realize they both live nearby and decide to walk home together. As they approach Amanda's apartment, Amanda invites Jeff up for another drink and Jeff agrees. Upon entering Amanda's apartment, they are both fairly drunk—slurring speech and giggling. The two have another drink as they listen to music and continue to talk and laugh on the couch. Amanda whispers, "I'm really attracted to you," and Jeff does not respond. Amanda leans into Jeff, starts to kiss his neck, and moves her hand down Jeff's pants. She begins to undress Jeff and proceeds to have sex with him.

The following two vignettes depicted a nonconsensual sexual encounter involving no alcohol use with varied gender:

(Male Perpetrator/Female Victim) Jeff and Amanda are young adults who meet for the first time at a neighborhood coffee shop while out with friends on a Friday night. They enjoy talking for some time while they drink their coffee together. As the coffee shop is closing, Jeff and Amanda realize they both live nearby and decide to walk home together. As they approach Jeff's apartment, Jeff invites Amanda up for another coffee and Amanda agrees. The two drink coffee as they listen to music and continue to talk and laugh on the couch. Jeff whispers, "I'm really attracted to you," and Amanda does not respond. Jeff leans into Amanda, starts to kiss her neck, and moves his hand down Amanda's pants. He begins to undress Amanda and proceeds to have sex with her.

(Female Perpetrator/Male Victim) Amanda and Jeff are young adults who meet for the first time at a neighborhood coffee shop while out with friends on a Friday night. They enjoy talking for some time while they drink their coffee together. As the coffee shop is closing, Amanda and Jeff realize they both live nearby and decide to walk home together. As they approach Amanda's apartment, Amanda invites Jeff up for another coffee and Jeff agrees. The two drink coffee as they listen to music and continue to talk and laugh on the couch. Amanda whispers, "I'm really attracted to you," and Jeff does not respond. Amanda leans into Jeff, starts to kiss his neck, and moves her hand down Jeff's pants. She begins to undress Jeff and proceeds to have sex with him.

Sexual Consent. Participants were asked to rate, using a 4-point Likert scale ranging from, "Definitely did not consent" to "Definitely consented," (i.e., 1 to 4) the extent to which each character presented in the hypothetical vignette (Amanda and Jeff) consented to the sexual encounter described. The mean consent rating across conditions was 2.56 (*SD*= .94) for the

identified victim. Means and standard deviations regarding the four experimental conditions are presented in Table 2.

In addition to rating the extent to which each character consented to the sexual encounter, participants were asked to rate, using a 4-point Likert scale ranging from, "Extremely interested" to "Extremely disinterested," the extent to which each character seemed interested in the sexual encounter (*M*=3.33, *SD*=.61 for the identified victim). Participants were also asked to rate the extent to which they found the issue of sexual consent to be uncertain or ambiguous (*M*=3.03, *SD*=1.23) and the extent to which they found the scenario to be realistic (*M*=1.75, *SD*=.62, excluding participants who rated the scenario as "Somewhat unrealistic" or "Extremely unrealistic"), using 5-point Likert scales ranging from "Extremely uncertain" to "Extremely certain" and "Extremely realistic" to "Extremely unrealistic," respectively. Finally, using a 3-point Likert scale ranging from "Not intoxicated" to "Extremely intoxicated," participants were asked to rate the extent to which each character was intoxicated (*M*=.82, *SD*=.85 for victim; *M*=.80, *SD*=.84 for perpetrator).

Data Analytic Plan

The current study employed a 2 (participant gender) x 2 (character gender) x 2 (alcohol use) between-subjects design to examine the effects of participant gender, vignette character perpetrator/victim gender, and vignette character alcohol use on participant ratings of victim sexual consent in a hypothetical, nonconsensual sexual encounter. A univariate analysis of variance (ANOVA) was performed to examine main effects and interactions among study variables. Specifically, to test Hypotheses 1, 2, and 3, a 2 (participant gender) x 2 (character gender) x 2 (alcohol use) between-subjects univariate analysis of variance was performed and the main effects of participant gender, character alcohol use, and character gender, respectively,

were examined. The effect of a 2 x 2 interaction between character gender and character alcohol use on participant ratings of sexual consent were examined to test Hypothesis 4. Further, examination of the (2 x 2 x 2) interactive effect of participant gender, character gender, and character alcohol use on participant ratings of sexual consent tested Hypothesis 5.

Chapter 3

Results

Pilot Results (N=61)

As described above, pilot data were collected to assess for perceived realism of administered vignettes (*M* = 2.34, *SD* = 1.08; see Table 1). Mean realism ratings ranged from 1.83 to 2.59 across conditions, with all realism means falling within the "Extremely" to "Somewhat" realistic range (1= extremely realistic; 5= extremely unrealistic). Further, a 2 (character gender) x 2 (alcohol condition) analysis of variance (ANOVA) with perceived realism entered as the dependent variable was conducted to examine the effects of vignette variables on participants' ratings of the extent to which the vignettes portrayed realistic scenarios. Participant gender was not included as an independent variable as participant gender was not manipulated within the vignettes. Results indicated no significant differences in realism ratings among conditions (see Table 3). Non-significant differences among realism ratings were in expected directions as individuals viewed female perpetration as somewhat less realistic than male perpetration. This is consistent with previous research findings which suggest intimate partner violence perpetrated by women is often rated as less severe, less problematic, and as occurring less frequently than intimate partner violence perpetrated by men (White & Dutton, 2013).

In addition to ratings of realism, ratings of the extent to which participants found the issue of sexual consent to be uncertain within the administered vignette were examined. Descriptive statistics are presented in Table 1; ANOVA results are presented in Table 3. Results indicated a mean uncertainty rating of 2.79 across conditions (*SD*= 1.20; 1= extremely uncertain; 5= extremely certain), falling between "Somewhat uncertain" and "Neither certain nor uncertain." As previous research suggests that perceptions of sexual consent are less clear when

there is no direct, verbal consent provided (Lim & Roloff, 1999), and this study presented scenarios in which no direct, verbal consent was provided, these results were considered acceptable.

Further, a two-way ANOVA was performed to explore differences related to uncertainty among conditions. Results indicated a significant main effect of character gender, indicating a greater degree of uncertainty for the male perpetrator condition (M = 2.22, SD = 1.00) as compared to the female perpetrator condition (M = 3.13, SD = 1.19), $F(1, 57)=8.84$, $p<.01$. These findings were as expected given previous research suggesting sexual violence perpetrated by women might be viewed as more consensual when compared to sexual violence perpetrated by men (White & Dutton, 2013; Davies, Pollard, & Archer, 2010). Though there was no significant difference in sexual consent ratings among alcohol and character gender conditions within pilot analyses, individuals rated the female perpetrator condition (M = 2.71, SD = .98; 1= Definitely did not consent; 4=Definitely consented) as slightly more consensual than the male perpetrator condition (M = 2.48, SD = .73). Thus, the main effect of character gender on ratings of uncertainty was considered acceptable. All pilot participants were included in final analyses.

Primary Hypotheses Results

To eliminate individuals for whom the quasi-experimental manipulation might not have been effective, 64 participants who rated the assigned vignette as “Somewhat” to “Extremely” unrealistic were excluded from final analyses. Of these eliminated participants, 44% were women and 56% were men, with a mean age of 37 years (SD=12.33) and an average victim sexual consent rating of 2.41 (SD=.99; 1= Definitely did not consent; 4=Definitely consented). These findings are similar to those of participants who were included in the study results.

Means, standard deviations, and bivariate correlations among study variables are presented in Table 2. Randomization of vignette administration yielded roughly equivalent cell sizes among conditions. Due to the relatively low rate of missing data (i.e., less than 10% per measure), missing data were not replaced and pairwise deletion was used in all analyses. The mean consent rating across conditions was 2.56 (*SD* = .94), falling between "Somewhat did not consent (i.e., 2)" and "Somewhat consented (i.e., 3)." Regarding alcohol use, the mean AUDIT score (*M*= 3.87, *SD*= 4.80) fell below the threshold of problematic drinking. A score greater than or equal to 8 indicates a high likelihood of problematic alcohol consumption (Saunders et al., 1993); as such, 15.8% of the current sample indicated problematic alcohol consumption, as is consistent with previous research findings (e.g., Claussen & Aasland, 1993; Hermansson, Helander, Huss, Brandt, & Rönnberg, 2000).

Regarding sexual assault victimization, SES-SFV scores measuring sexual assault since age 14 and within the past 12 months were combined to create lifetime prevalence scores, as has been done in previous research studies (e.g., Johnson & Johnson, 2013). In the current study, 18.2% of participants reported having experienced sexual coercion, 39.7% reported having experienced unwanted sexual contact, and 19.8% of participants reported having experienced rape. These findings are consistent with previously reported prevalence rates of sexual assault (e.g., Black et al., 2011) and with previous research findings related to the SES-SFV (e.g., Johnson & Johnson, 2013). Also consistent with previous research findings, scores among SES-SFV subscales were highly correlated.

Regarding sexual assault perpetration, SES-SFP scores measuring sexual assault perpetrated since age 14 and within the past 12 months were again combined to create lifetime prevalence scores, as is consistent with previous research (e.g., Johnson & Johnson, 2013). In the

current study, 5.9% of participants reported having perpetrated sexual coercion, 9.2% reported having perpetrated unwanted sexual contact, and 4.8% of participants reported having perpetrated rape. The lower frequencies of reported perpetration relative to reported victimization in this sample are consistent with previous research indicating a discrepancy between reported rates of perpetration and victimization (Kolivas & Gross, 2007).

To examine gender differences related to rape victimization, an independent samples t-test was conducted to determine if sexual assault victimization varied by gender. Results indicated significantly higher reported rape victimization for women (M= 1.49, SD= 4.70) when compared to men (M= .65, SD= 3.22), $t(346)$= 1.94, p=.05. As such, rape victimization was entered as a covariate for all analyses to control for the shared variance between gender and rape victimization. To correct for positive skew, all analyses examining rape victimization utilized natural log-transformed scores for this variable.

To examine gender differences related to rape perpetration, an independent samples t-test was conducted to determine if sexual assault perpetration varied by gender, and results indicated no significant difference between male (M= .41, SD= 2.89) and female (M= .65, SD= 4.43) participants regarding reported sexual assault perpetration, $t(330)$= .57, p>.05. As such, rape perpetration was not entered as a covariate in study analyses.

To examine the stated hypotheses, univariate ANOVA was performed wherein participant gender, character gender, and character alcohol use were independent variables and ratings of victim sexual consent were the dependent variable. Results for all primary hypotheses are presented in Table 4.

Hypothesis 1 stated that participant gender would significantly predict ratings of victim sexual consent, such that female participants would rate victims' consent as lower than male

participants. Examination of a main effect of participant gender revealed a non-significant effect of gender on ratings of sexual consent, $F(1, 338)=.17$, $p>.1$.

Regarding Hypothesis 2, which posited character alcohol use would significantly predict participant ratings of sexual consent, such that victim consent would be rated significantly higher for the alcohol condition than the no alcohol condition, examination of a main effect of alcohol condition revealed no significant difference in ratings of sexual consent between the alcohol and no alcohol condition, $F(1, 338)=.48$, $p>.1$.

Hypothesis 3 stated that character gender would significantly predict observer ratings of sexual consent. Examination of a main effect of character gender demonstrated a significant effect of character gender, $F(1, 338)=4.00$, $p<.05$, such that participants rated the female perpetrator/male victim condition as significantly more consensual than the male perpetrator/female victim condition.

To examine Hypothesis 4, which stated character gender and character alcohol use would interact such that participants would rate victim consent to the sexual encounter as significantly higher for the vignette condition when alcohol is consumed and the victim's gender is male, relative to no alcohol and the victim is female, a two-way interaction of character gender and character alcohol condition was examined. However, results from this analysis revealed a non-significant interaction, $F(1, 338)=.36$, $p>.1$.

Hypothesis 5 stated participant gender would interact with character gender and alcohol use such that female participants, relative to male participants, would rate the encounter as less consensual when the victim is also female and no alcohol is consumed. To examine Hypothesis 5, a three-way interaction was examined regarding observer gender, character gender, and

character alcohol condition. Results suggest no significant three-way interaction among these variables, $F(1, 338)=1.34$, $p>.1$.

Exploratory Analyses

Exploratory analyses were conducted to explore the effects of relevant study and demographic variables on perceptions of sexual consent, interest in the sexual encounter, and participants' ratings of certainty related to the issue of sexual consent. All exploratory analyses utilize natural log-transformed scores for alcohol use, rape victimization, rape perpetration, sexual coercion, and sexual contact to correct for positive skew. To explore a potential interaction between character gender and participant gender on ratings of victim consent, a two-way interaction between participant and character gender was examined within the three-way ANOVA. Results revealed a significant two-way interaction, $F(1, 338)=4.45$, $p<.05$. Tests of simple effects indicated that men rated the female perpetrator condition ($M=2.72$, $SD= .81$) as significantly more consensual than the male perpetrator condition ($M=2.42$, $SD= .94$;), $F(1, 196)=5.84$, $p<.02$, whereas women's ratings of sexual consent did not significantly differ between the male and female perpetrator conditions.

A similar three-way ANOVA was conducted with the item that asked participants to rate the extent to which the victim seemed interested in the sexual encounter as the dependent variable, as this might be a less direct way of measuring sexual consent. Results revealed a significant effect of rape victimization, $F(1, 305)=3.87$, $p=.05$, such that those who reported greater experience of rape victimization rated the victim as less interested in the sexual encounter. This ANOVA remained significant after including participant alcohol use entered as a covariate, and results showed no significant effect of participant alcohol use on ratings of victim interest, $F(1, 302)=1.34$, $p>.1$.

To examine differences among conditions regarding the extent to which participants found the issue of sexual consent to be uncertain, a three-way ANOVA was conducted, revealing a main effect of participant gender on ratings of uncertainty, $F(1, 338)=8.99$, $p<.01$, such that women reported greater uncertainty regarding the issue of sexual consent than did men.

Based on previous research suggesting problematic drinking is a strong predictor of sexual assault (Mouilso & Fischer, 2012), effects of participant alcohol use on ratings of victim consent were examined. To explore the effects of participant alcohol use, the above three-way ANOVA was repeated with participant alcohol use entered as a covariate. Results did not indicate a significant effect of participant alcohol use on ratings of victim consent, $F(1, 335)=1.42$, $p>.1$, though the main effect of character gender $F(1, 335)=4.03$, $p<.05$, and interaction of character and participant gender found in earlier analyses remained significant, $F(1, 335)=4.24$, $p<.05$.

To explore the effects of character intoxication on ratings of victim consent, a three-way ANOVA was performed and rape victimization was again analyzed as a covariate, along with ratings of victim intoxication and perpetrator intoxication. Results indicated a significant effect of ratings of victim intoxication on ratings of victim consent, $F(1, 331)=3.94$, $p<.05$, such that ratings of victim consent were inversely related to ratings of victim intoxication. Thus, when compared to participants who rated the victim as less intoxicated, participants who rated the victim as more intoxicated rated the level of sexual consent provided by the victim as lower.

To explore the effects of past experience of rape victimization and rape perpetration, the original three-way ANOVA was performed, with both rape perpetration and rape victimization entered as covariates. Results suggested no significant effects of rape victimization, $F(1, 307)=.49$, $p>.1$, or rape perpetration, $F(1, 307)=2.19$, $p>.1$,on ratings of sexual consent. To

examine the effects of sexual coercion, the original three-way ANOVA was repeated, replacing rape victimization with sexual coercion victimization from the SES. Results indicated no significant effect of sexual coercion victimization on ratings of victim consent, $F(1, 352)=1.54$, $p>.1$. To explore the effects of past experience of unwanted sexual contact, a three-way ANOVA was again repeated, replacing rape victimization with unwanted sexual contact victimization from the SES. Results indicated no significant effect of unwanted sexual contact victimization on ratings of victim consent, $F(1, 352)=1.34$, $p>.1$

Finally, to explore the effects of age on ratings of victim consent, the original ANOVA was repeated with age entered as a covariate (in addition to rape victimization), revealing a significant effect of age, $F(1, 337)=11.51$, $p=.001$, such that ratings of victim consent increased as participant age increased. Additionally, with age entered as a covariate, a main effect of character gender on ratings of victim consent remained significant, $F(1, 337)=4.10$, $p<.05$.

Chapter 4

Discussion

The goal of the present study was to examine the main and interactive effects of perpetrator/victim gender, observer gender, and perpetrator/victim alcohol use on observer perceptions of sexual consent. A vignette technique was employed and participants were randomly assigned to one of four hypothetical scenarios involving a nonconsensual sexual encounter that varied by character gender and character alcohol use. Hypotheses stating that men would rate the victim's consent to the sexual encounter higher than would women, and participants would rate the alcohol condition as significantly more consensual than the no alcohol condition were not supported; however, results supported the hypothesis that character gender would affect participants' ratings of sexual consent. As predicted, participants rated the female perpetrator condition as significantly more consensual than the male perpetrator condition. These findings support previous research suggesting sexual violence perpetrated by women might be viewed as more consensual when compared to sexual violence perpetrated by men (Davies, Pollard, & Archer, 2010; White & Dutton, 2013).

As a possible explanation for the lack of a significant main effect of participant gender on ratings of victim consent, exploratory analysis of the interaction of character and participant gender on ratings of sexual consent indicated that these variables interacted to influence participants' ratings of sexual consent. That is, whereas female participants did not significantly differ in their ratings of sexual consent between the male and female perpetrator conditions, male participants rated the female perpetrator condition as significantly more consensual than the male perpetrator condition. These findings are consistent with previous research indicating that heterosexual men were more likely to blame male victims of sexual assault when the perpetrators

were female rather than male (Davies, Pollard, & Archer, 2010), and with notions of traditional sexual script theory which suggests men are viewed as the initiators of sexual contact to which women respond (Hickman & Muehlenard, 1999). These findings might also be explained by masculine gender role stress (MGRS), described as the stress men experience in response to perceived pressure to adhere to prescribed gender norms and expectations, which are often dysfunctional (e.g., Eisler, 1995; O'Neil, Helms, Gable, David, & Wrightsman, 1986). Consistent with notions from sexual script theory, MGRS might lead men to experience shame when they decline an opportunity to engage in sexual activity, as well as when they experience sexual assault. Thus, a gender bias might exist wherein men fail to recognize these experiences as nonconsensual.

Regarding hypotheses related the main and interactive effects of character alcohol use (i.e., participants would rate the alcohol condition as significantly more consensual than the no alcohol condition; participant gender would interact with character gender and alcohol use such that female participants, relative to male participants, would rate the encounter as less consensual when the victim is also female and no alcohol is consumed), hypotheses were not supported; however, analysis of participants' ratings of character intoxication revealed a significant effect of participants' ratings of victim intoxication on perceptions of sexual consent, suggesting that participants who viewed the victim as more intoxicated perceived the victim as providing less consent. Additionally, regarding the effect of participant alcohol use on ratings of victim consent and victim interest, no significant effects were indicated. Taken together, these findings suggest that observers' perceptions of a potential victim's level of intoxication, rather than the situational presence of alcohol or the observer's own drinking habits, might play a key role in whether an observer views a sexual encounter as consensual or nonconsensual. These findings are consistent

with somewhat related previous research findings that mock jurors were more likely to view a case as sexual assault when the defendant was viewed as intoxicated (Schuller & Wall, 1998).

Further, exploratory analyses revealed participant age was significantly associated with ratings of sexual consent, indicating that older adults viewed situations as more consensual than younger adults. Given the relatively high average age in this sample (*M*= 36.51, *SD* = 11.62) when compared to typical college samples (e.g., Rhatigan, Stewart, & Moore, 2011, Vannier & O'Sullivan, 2011; *M*= 20.3 years and 20.4 years, respectively), participant age might provide one explanation for the average consent rating (*M*= 2.56, *SD* = .94; 1= Definitely did not consent, 4= Definitely consented), which fell slightly more toward consensual than nonconsensual. The effect of participant age on ratings of sexual consent might reflect a shift in understanding of sexual consent, moving from the traditional model of sexual script theory, which suggests men initiate sexual encounters and sexual consent is assumed in the absence of resistance, toward a communicative model of sexual consent, which states that the desire and willingness to engage in a sexual act is freely communicated. More specifically, older adults, who are likely further removed from college settings, might have less exposure to the communicative model of sexual consent, whereas younger adults might have received sexual consent education, which is often provided at the college level (see Anderson & Whiston, 2005; e.g., Choate, 2003). Thus, older adults might rely more heavily on sexual script theory, perceiving the absence of direct resistance within the vignette as a signal of sexual consent. Older adults might therefore be more likely to misattribute sexual consent than younger adults.

Moreover, as no consent was provided by the victim within the hypothetical scenario, which according to a communicative model of sexual consent (Beres, 2007) suggests the scenario is nonconsensual, the average rating of sexual consent falling slightly more consensual

than nonconsensual might further support the notion that potential misattribution of sexual consent plays an important role in a substantial portion of sexual assault incidents (Koss, Dinero, Seibel, & Cox, 1988), even among the highly educated sample that comprised the current study. That is, participants relying on a traditional sexual script model of sexual consent might have rated the scenario as consensual because no resistance was provided by the victim, thus misattributing sexual consent; however, the communicative model suggests that consent, rather than a lack of resistance, must be provided to infer sexual consent (Beres, 2007).

Interestingly, exploration of the effect of past rape victimization indicated an effect on ratings of victim interest. Results indicated that individuals with prior experience of rape rated the victim as less interested in the sexual encounter. Perhaps these individuals were more attuned to the lack of cues related to the victim's interest presented in the sexual encounter, but not necessarily more attuned to interpreting sexual consent. This finding might help explain previous research findings that individuals who have experienced rape are at greater risk of victimization than those who have not previously experienced rape (Messman-Moore & Brown, 2006). Indeed, analysis of the effect of rape victimization, sexual coercion victimization, and unwanted sexual contact victimization within this study failed to produce a significant effect on ratings of victim consent.

Regarding uncertainty related to the issue of sexual consent presented within the assigned vignette, exploratory analyses indicated that women reported greater uncertainty regarding the issue of sexual consent than did men. These findings might be explained by previous research suggesting that men tend to assert greater confidence than do women, particularly when incorrect (Lundeberg, Fox, & Punćcohar, 1994), rather than a unique gender difference related specifically to uncertainty regarding the issue of sexual consent.

Implications for Future Work

Results indicated that participants, on average, tended to view the scenarios as slightly more consensual than nonconsensual, suggesting a discrepancy between public knowledge and the communicative model of sexual consent discussed within the sexual consent literature. Previous research findings support the notion of a discrepancy between public knowledge and the communicative model of sexual consent employed in the literature (e.g., Beres, 2007), evinced by a discrepancy between reported perpetration and victimization, with rates of perpetration against women reported by men falling up to three-quarters short of victimization rates reported by women (Kolivas & Gross, 2007). Thus, there exists a possible disconnect related to the interpretation of sexual consent, and misattribution of sexual consent might contribute greatly to the occurrence of sexual assault (Koss, Dinero, Seibel, & Cox, 1988). That is, reliance on traditional sexual script theory, and thus the presence of resistance, rather than a communicative model of sexual consent might lead to misinterpretation of sexual consent by perpetrators of sexual assault. The field of sexual consent research might benefit from additional research assessing public knowledge of sexual consent, along with increased efforts to disseminate this knowledge, such as through bystander intervention and sexual consent education programs.

Additionally, as age was strongly associated with perceptions of sexual consent, it might be important to develop targeted interventions aimed at education among older adults, as much of the focus on sexual consent education is directed toward individuals at the college level (e.g., Choate, 2003; see Anderson & Whiston, 2005). The effect of age in this study might perhaps be indicative of the effectiveness of sexual consent education programs, as younger adults, who might be more likely to have been exposed to these programs, rated the scenario as less

consensual. Likewise, as men tended to view female-perpetrated sexual assault as more consensual than male-perpetrated sexual assault, it might be important to tailor intervention efforts toward men, emphasizing the potential for male victimization. More research is needed to identify and address the potential for unique treatment needs of male victims of sexual assault, such as the stigma and disbelief associated with male victimization. Moreover, given the increased risk of victimization among those who have previously experienced sexual assault (Messman-Moore & Brown, 2006), it might prove pertinent to develop sexual consent education programs specifically for individuals who have experienced sexual assault.

Regarding alcohol use, additional research exploring the effects of gender and alcohol use might be pertinent, particularly at varying levels of intoxication, given the effect of perceived intoxication on ratings of victim consent. Although examination of the effects of participant alcohol use yielded nonsignificant results, participants rated the scenario as significantly less consensual when they perceived the victim as more intoxicated. Previous research suggests observers are often present during warning signs of sexual assault (Banyard, Plante, & Moynihan, 2004), a large portion of sexual assault occurs after voluntary or involuntary alcohol consumption (Ullman, 2003), and individuals who are intoxicated are more likely to respond passively and to consent to unwanted sexual advances than sober individuals (Davis, George, and Norris (2004). These findings, taken together with the findings of the current study suggesting that observers might perceive a situation as less consensual when they view an individual as more intoxicated, suggest bystander intervention might prove most effective for intervention in situations involving incapacitation from alcohol, and alcohol education will likely prove a key component of sexual consent and bystander intervention education.

Limitations

Some limitations must be acknowledged in accurately interpreting the findings of this study. One limitation of this study lies within the vignette technique employed in the current study. Though the vignette technique offers many benefits in that the technique allows for psychological distance between the participant and the material (Finch, 1987), as well as the experimental manipulation of relevant variables, results do not necessarily generalize to other settings. Another limitation of the current study, given the lack of expected results related to the presence of alcohol between conditions, is the possible weak manipulation of the alcohol variable. Although characters within the alcohol condition were described as, "fairly drunk—slurring speech and giggling," a portrayal of a higher level of intoxication, and thus a stronger manipulation, might have yielded results consistent with the stated hypotheses.

Additionally, the online method of data collection represents a limitation of the study. As MTurk participants often seek participation in tasks, including research, as a mechanism for profit, this study represents a convenience sample that might not be generalizeable to the general population in the United States. Further, although participants who failed to respond correctly to validity items were eliminated from the study, it is difficult to determine participants' level of care in responding, as well as their adherence to instructions. While participants were instructed to rate sexual consent "based only on the information provided," it is possible some participants "filled in" information on the part of the victim (i.e., victim consent behaviors where none were provided). As all participants in the study had completed a minimum of 500 MTurk tasks, and thus had a high level of experience, these individuals might have responded quickly and without great attention to detail.

Finally, the heterosexual nature of all scenarios presented within this study represents a limitation. All conditions presented either a male perpetrator and female victim, or a female perpetrator and male victim. As such, findings related to character gender cannot be generalized beyond heterosexual encounters. Future research should examine study variables within the context of same-sex encounters.

Conclusion

Findings in the current study suggest an ongoing need for sexual consent education, particularly of the communicative model of sexual consent, as many participants rated the nonconsensual scenario as consensual. The misattribution of sexual consent by study participants supports the notion that misattribution of sexual consent might play a key role in sexual assault (Koss, Dinero, Seibel, & Cox, 1988). The misattribution of sexual consent by individuals in this study might also reflect a continued reliance on traditional sexual script theory, particularly on the idea that resistance must be provided to refuse a sexual advance (Beres, 2007). Increased efforts to provide sexual consent education are likely needed to move public knowledge toward the communicative model of sexual consent generally accepted within the research literature.

Further, findings in the current study suggest a possible tendency for men, in particular, to overlook nonconsensual situations involving male victimization, and older individuals might be more likely to misattribute sexual consent than younger individuals. Thus, older individuals and men might be important populations to target for sexual consent education. The finding that participants perceived the scenario as less consensual when they perceived the victim as more intoxicated suggests that observers might effectively identify problem scenarios involving alcohol, and bystander intervention might be particularly effective in these situations.

List of References

Abbey, A. (2002). Alcohol-related sexual assault: A common problem among college students. *Journal of Studies on Alcohol and Drugs*, (14), 118.

Abbey, A., & Harnish, R. J. (1995). Perception of sexual intent: The role of gender, alcohol consumption, and rape supportive attitudes. *Sex roles*,*32*(5-6), 297-313.

Anderson, L. A., & Whiston, S. C. (2005). Sexual assault education programs: A meta-analytic examination of their effectiveness. *Psychology of Women Quarterly*, *29*(4), 374-388.

Archard, D. (1998) *Sexual Consent*. Boulder, CO: Westview Press.

Banyard, V. L., Plante, E. G., & Moynihan, M. M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention.*Journal of Community Psychology*, *32*(1), 61-79.

Banyard, V. L., Moynihan, M. M., & Plante, E. G. (2007). Sexual violence prevention through bystander education: An experimental evaluation.*Journal of Community Psychology*, *35*(4), 463-481.

Beres, M. A. (2007). 'Spontaneous' sexual consent: An analysis of sexual consent literature. *Feminism & Psychology*, *17*(1), 93-108.

Beres, M. A., Herold, E., & Maitland, S. B. (2004). Sexual consent behaviors in same-sex relationships. *Archives of Sexual Behavior*, *33*(5), 475-486.

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., & Stevens, M. R. (2011). National intimate partner and sexual violence survey. *Atlanta, GA: Centers for Disease Control and Prevention*.

Briere, J., & Jordan, C. E. (2004). Violence against women outcome complexity and implications for assessment and treatment. *Journal of interpersonal violence*, *19*(11), 1252-1276.

Bridges, J. S., & McGrail, C. A. (1989). Attributions of responsibility for date and stranger rape. *Sex Roles, 21*(3-4), 273-286.

Burnam, M. A., Stein, J. A., Golding, J. M., Siegel, J. M., Sorenson, S. B., Forsythe, A. B., & Telles, C. A. (1988). Sexual assault and mental disorders in a community population. *Journal of Consulting and Clinical Psychology*, *56*(6), 843.

Burn, S. M. (2009). A situational model of sexual assault prevention through bystander intervention. *Sex Roles*, *60*(11-12), 779-792.

Calhoun, K. S., Bernat, J. A., Clum, G. A., & Frame, C. L. (1997). Sexual coercion and attraction to sexual aggression in a community sample of young men. *Journal of Interpersonal Violence*, *12*(3), 392-406.

Choate, L. H. (2003). Sexual assault prevention programs for college men: An exploratory evaluation of the men against violence model. *Journal of College Counseling*, *6*(2), 166-176.

Claussen, B., & Aasland, O. G. (1993). The Alcohol Use Disorders Identification Test (AUDIT) in a routine health examination of long-term unemployed. *Addiction*, *88*(3), 363-368.

Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American journal of preventive medicine*, *23*(4), 260-268.

Davidson, J. R., Hughes, D. C., George, L. K., & Blazer, D. G. (1996). The association of sexual assault and attempted suicide within the community. *Archives of General Psychiatry*, *53*(6), 550-555.

Davies, M., Pollard, P., & Archer, J. (2006). Effects of perpetrator gender and victim sexuality on blame toward male victims of sexual assault. *The Journal of Social Psychology*, *146*(3), 275-291.

Davis, K. C., George, W. H., & Norris, J. (2004). Women's responses to unwanted sexual advances: The role of alcohol and inhibition conflict. *Psychology of Women Quarterly*, 28(4), 333-343.

Eisler, R. M. (1995). The relationship between masculine gender role stress and men's health risk: The validation of a construct. In R. Levant & W. Pollack (Eds.), *A new psychology of men* (pp. 207-225). New York: BasicBooks.

Elliott, D. M., Mok, D. S., & Briere, J. (2004). Adult sexual assault: Prevalence, symptomatology, and sex differences in the general population. *Journal of Traumatic Stress*, 17(3), 203-211.

Finch, J. (1987). The vignette technique in survey research. *Sociology*,*21*(1), 105-114.

Greene, D. M., & Navarro, R. L. (1998). Situation-specific assertiveness in the epidemiology of sexual victimization among university women.*Psychology of Women Quarterly*.

Hall, D. S. (1998). Consent for sexual behavior in a college student population. *Electronic Journal of Human Sexuality*, *1*, 1-16.

Hermansson, U., Helander, A., Huss, A., Brandt, L., & Rönnberg, S. (2000). The Alcohol Use Disorders Identification Test (AUDIT) and Carbohydrate-Deficient Transferrin (CDT) in a Routine Workplace Health Examination.*Alcoholism: Clinical and Experimental Research*, *24*(2), 180-187.

Hickman, S. E., & Muehlenhard, C. L. (1999). "By the semi-mystical appearance of a condom": How young women and men communicate sexual consent in heterosexual situations. *Journal of Sex Research*, 36(3), 258-272.

Hughes, R., & Huby, M. (2002). The application of vignettes in social and nursing research. *Journal of advanced nursing*, *37*(4), 382-386.

Humphreys, T. (2007). Perceptions of sexual consent: The impact of relationship history and gender. *Journal of Sex Research*, *44*(4), 307-315.

Hurd, H.M. (1996) 'The Moral Magic of Consent', *Legal Theory* 2: 121–46.

Johnson, N. L., & Johnson, D. M. (2013). Factors influencing the relationship between sexual trauma and risky sexual behavior in college students.*Journal of interpersonal violence*, *28*(11), 2315-2331.

Kimerling, R., & Calhoun, K. S. (1994). Somatic symptoms, social support, and treatment seeking among sexual assault victims. *Journal of Consulting and Clinical Psychology*, 62(2), 333.

Kolivas, E. D., & Gross, A. M. (2007). Assessing sexual aggression: Addressing the gap between rape victimization and perpetration prevalence rates. *Aggression and Violent Behavior*, *12*(3), 315-328.

Koss, M.P., Abbey, A., Campbell, R., Cook, S; Norris, J., Testa, C., Ullman, S., West, C., & White, J. (2007). Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. *Psychology of women quarterly*, 31, 357-370.

Koss, M. P., Dinero, T. E., Seibel, C. A., & Cox, S. L. (1988). Stranger and acquaintance rape: Are there differences in the victim's experience?.*Psychology of women quarterly*, *12*(1), 1-24.

Krebs, C. P., Lindquist, C. H., Warner, T. D., Fisher, B. S., & Martin, S. L. (2009). College women's experiences with physically forced, alcohol-or other drug-enabled, and drug-facilitated sexual assault before and since entering college. *Journal of American College Health*, *57*(6), 639-649.

Lawyer, S., Resnick, H., Bakanic, V., Burkett, T., & Kilpatrick, D. (2010). Forcible, drug-facilitated, and incapacitated rape and sexual assault among undergraduate women. *Journal of American College Health*, *58*(5), 453-460.

Lim, G. Y., & Roloff, M. E. (1999). Attributing sexual consent. *Journal of Applied Communication Research, 27*(1), 1-23.

Lundeberg, M. A., Fox, P. W., & Punćcohaŕ, J. (1994). Highly confident but wrong: gender differences and similarities in confidence judgments. *Journal of educational psychology*, *86*(1), 114.

Meier, R. F., & Miethe, T. D. (1993). Understanding theories of criminal victimization. *Crime and Justice*, 459-499.

Messman-Moore, T. L., & Brown, A. L. (2006). Risk perception, rape, and sexual revictimization: A prospective study of college women. Psychology of Women Quarterly, 30(2), 159-172.

Mezey, G., & King, M. (1989). The effects of sexual assault on men: A survey of 22 victims. *Psychological Medicine, 19*(01), 205-209.

Mouilso, E. R., & Fischer, S. (2012). A prospective study of sexual assault and alcohol use among first-year college women. *Violence and victims*,*27*(1), 78-94.

Neville, H. A., & Heppner, M. J. (2000). Contextualizing rape: Reviewing sequelae and proposing a culturally inclusive ecological model of sexual assault recovery. *Applied and Preventive Psychology*, 8(1), 41-62.

O'Neil, J. M., Helms, B. J., Gable, R. K., David, L., & Wrightsman, L. S. (1986). Gender-role conflict scale: College men's fear of femininity. *Sex Roles, 14*(5-6), 335-350.

Parks, K. A., & Miller, B. A. (1997). Bar victimization of women. *Psychology of Women Quarterly*, *21*(4), 509-525.

Parks, K. A., & Zetes-Zanatta, L. M. (1999). Women's bar-related victimization: Refining and testing a conceptual model. *Aggressive Behavior*, *25*(5), 349-364.

Perper, T., & Weis, D. L. (1987). Proceptive and rejective strategies of U.S. and Canadian college women. *The Journal of Sex Research, 23,* 455-480.

Pineau, L. (1989). Date rape: A feminist analysis. *Law and Philosophy, 8*(2), 217-243.

Rhatigan, D. L., Stewart, C., & Moore, T. M. (2011). Effects of gender and confrontation on attributions of female-perpetrated intimate partner violence. *Sex roles*, *64*(11-12), 875-887.

Saunders, J. B., Aasland, O. G., Babor, T. F., & Grant, M. (1993). Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption-II. *Addiction*, *88*(6), 791-804.

Schuller, R. A., & Wall, A. M. (1998). The effects of defendant and complainant intoxication on mock jurors' judgments of sexual assault. *Psychology of Women Quarterly*, 22(4), 555-573.

Sherwin, E. (1996). Infelicitous Sex. *Legal Theory*, *2*(03), 209-231.

Stormo, K. J., Lang, A. R., & Stritzke, W. G. (1997). Attributions About Acquaintance Rape: The Role of Alcohol and Individual Differences1.*Journal of Applied Social Psychology*, *27*(4), 279-305.

Testa, M., & Livingston, J. A. (2000). Alcohol and sexual aggression reciprocal relationships over time in a sample of high-risk women. *Journal of Interpersonal Violence*, *15*(4), 413-427.

Ullman, S. E. (2003). A critical review of field studies on the link of alcohol and adult sexual assault in women. *Aggression and Violent Behavior*, 8(5), 471-486.

Vannier, S. A., & O'Sullivan, L. F. (2011). Communicating interest in sex: Verbal and nonverbal initiation of sexual activity in young adults' romantic dating relationships. *Archives of Sexual Behavior*, *40*(5), 961-969.

White, K. R., & Dutton, D. G. (2013). Perceptions of female perpetrators. In *Perceptions of Female Offenders* (pp. 101-116). Springer New York.

Zeitlin, S. B., McNally, R. J., & Cassiday, K. L. (1993). Alexithymia in victims of sexual assault: an effect of repeated traumatization?. *The American Journal of Psychiatry*.

Appendix

Table 1

Pilot Descriptive Statistics for Vignette Realism and Uncertainty

Condition			Realism		Uncertainty	
Alcohol	Character Gender	*N*	Mean	SD	Mean	SD
No Alcohol	Female Perpetrator	16	2.31	1.01	2.94	1.34
	Male Perpetrator	12	1.83	.58	2.33	1.30
	Total	28	2.11	.88	2.68	1.33
Alcohol	Female Perpetrator	22	2.59	.91	3.27	1.08
	Male Perpetrator	11	2.45	1.69	2.09	.54
	Total	33	2.55	1.20	2.88	1.08
Total	Female Perpetrator	38	2.47	.95	3.13	1.19
	Male Perpetrator	23	2.13	1.25	2.22	1.00
	Total	61	2.34	1.08	2.79	1.20

Note. Realism: 1= Extremely realistic, 5= Extremely unrealistic; Uncertainty: 1= Extremely uncertain; 5= Extremely certain.

Table 2

Means, Standard Deviations, and Bivariate Correlations among Study Variables.

	N	Mean	SD	Skew	Kurtosis	5	6	7	8
Victim Sexual Consent									
1. Male Perpetrator/Alcohol	85	2.40	.92						
2. Male Perpetrator/No Alcohol	98	2.52	1.03						
3. Female Perpetrator/Alcohol	108	2.63	.91						
4. Female Perpetrator/No Alcohol	95	2.66	.87						
5. Overall	386	2.56	.94	-.24	-.82				
SES-SFV									
6. Rape	348	1.06	4.03	6.40	47.29	-.07			
7. Coercion	362	.95	3.14	4.57	23.35	-.10	.82**		
8. Sexual Contact	358	1.55	3.05	3.49	17.16	-.03	.70**	.73**	
AUDIT									
9. Alcohol Use	385	3.87	4.80	2.09	4.75	.07	.29**	.26**	.12**

Note. * $p < .05$; ** $p < .01$.

Table 3

Two-Way ANOVA Results for Pilot Dependent Variables Vignette Realism and Uncertainty

		Realism			Uncertainty		
Condition	df	MS	F	*p*	MS	F	*p*
CharacterGender	1	1.34	1.18	0.28	.03	8.84	.00**
Alcohol	1	2.87	2.51	0.12	11.30	.02	.88
CharacterGender * Alcohol	1	0.42	0.36	0.55	1.18	.92	.34

Note. Error df = 57; **$p < .01$.

Table 4

Three-Way ANOVA for Dependent Variable Victim Consent

Factor	df	MS	F	*p*
Rape Victimization	1	1.31	1.56	.21
CharacterGender	1	3.45	4.00	.04*
Gender	1	.14	.17	.68
Alcohol	1	.40	.48	.49
CharacterGender * Gender	1	3.70	4.43	.04*
CharacterGender * Alcohol	1	.30	.36	.55
Gender * Alcohol	1	1.54	1.34	.18
CharacterGender * Gender * Alcohol	1	1.13	1.35	.25

Note. Error df = 338; *$p < .05$.

Vita

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