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INVESTIGATING WOMEN'S SEXUAL AGENCY AND ALCOHOL USE IN THE
SEXUAL CONSENT PROCESS

A Dissertation Presented

by

JULIE KOVEN

Submitted to the Office of Graduate Studies,
University of Massachusetts Boston,
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

August 2021

Counseling Psychology Program

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ABSTRACT

INVESTIGATING WOMEN'S SEXUAL AGENCY AND ALCOHOL USE IN THE SEXUAL CONSENT PROCESS

August 2021

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Among college students, sexual engagement and alcohol consumption are considered common behaviors, with many students reporting drinking prior to sexual experiences. Given the prevalence of sexual assault on campuses and connection between nonconsensual sex and drinking, colleges have adopted policies and programs with the intention of reducing risky drinking behaviors and sexual practices. The majority of these policies stipulate that students cannot give sexual consent under the influence of alcohol, but students find these policies unrealistic. Further, these policies fail to consider the larger context of traditional heteronormative gender scripts that influence sexual behavior, setting narrow expectations, especially for women's sexuality. This study integrates sexual agency into the study of sexual

consent and alcohol consumption as a way of recognizing gender inequality and providing an alternative to risk-focused approaches that perpetuate the policing of female sexuality.

This study explored the relationship among sexual agency, attitudes about the ability to give consent, and drinking prior to sex on the extent to which college women's alcohol-involved sexual experiences felt consensual. The findings highlight the importance of sexual agency as a predictor of women's feelings that their sex felt consensual and explains the interaction between attitudes and drinking and its influence on these feelings. The results built upon previous research about the impact of relationship status on consent and the influence of drinking prior to sex on consent. Strengths and limitations of the study are outlined as well as areas for future research. Implications for college campus policy, education and outreach, and clinical practice in the areas of sexual consent and drinking prior to sex are discussed.

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CHAPTER 1

INTRODUCTION

Among college students, alcohol use and sexual activity are both considered developmentally normative and relatively common behaviors in the U.S. (Johnston, O'Malley, Bachman, & Schulenberg, 2013). The majority of sexually active college students report consuming alcohol prior to their most recent sexual experience (Desiderato & Crawford, 1995; Fielder, Walsh, Carey, & Carey, 2014; Kiene, Barta, Tennen, & Armeli, 2009). Researchers have investigated the relationship between alcohol consumption and sexual engagement and drawn connections to the issues of sexual victimization (Abbey, 2002; Testa & Livingston, 2009) and risky sexual behavior (for a review, see Cooper, 2006; Kilwein & Looby, 2018). Sexual victimization is a prevalent issue on campuses, impacting 20-25% of college women (Cantor et al., 2015; Krebs et al., 2016), and contributing to negative outcomes, including physical injury, health problems, psychological issues, and sexual concerns (for a review, see Vladutiu, Martin, & Macy, 2011). Further, studies have found that more than 75% of nonconsensual sexual instances on college campuses have involved alcohol consumption by the perpetrator, victim, or both (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007; Krebs et al., 2016; Messman-Moore, Coates,

Gaffey, & Johnson, 2008). With the widespread nature of college drinking and sexual engagement and its connection to nonconsensual sex, it is imperative to better understand the nature of sexual consent when alcohol is used.

Due to its legal significance, consent has been used to determine whether a sexual encounter is classified as sexual assault (Beres, 2014; Jozkowski, Peterson, Sanders, Dennis, & Reece, 2014). Campus policies have defined sexual assault as sexual contact that occurs in the absence of consent, with consent defined as “active, ongoing affirmative agreement” (Cantor et al., 2015, p. 20). Additionally, 77% of policies state that consent must be obtained without force, threat, or coercion, and given when not intoxicated (Graham et al., 2017). College students engage in sex under the influence of alcohol, in many cases intentionally with the expectation that alcohol enhances sexual experiences and lower inhibitions (Cooper 2002, 2006; Cooper et al., 2016). However, current college policies require affirmative consent that is communicated sober. Thus, there is a disconnect between what students find to be realistic and what colleges want to require (Humphreys, 2004; Jozkowski, Marcantonio, & Hunt, 2017; Muehlenhard, Humphreys, Jozkowski, & Peterson, 2016), signifying a need to better understand sexual consent in a contextualized environment (e.g., Beres, 2007). Given the number of sexual assaults that occur within a drinking environment on campus, it is necessary to consider how students engage in consent communication in the context of college alcohol consumption and to also consider the larger context of heteronormative gender scripts that shape sexual communication and behavior.

CHAPTER 2

LITERATURE REVIEW

This chapter will first review the prevalence of college student alcohol consumption and sexual engagement, their connection to risky sexual behavior and sexual victimization, and the ways that campuses have responded to these issues to reduce their occurrence. Then, context is provided on the college culture of sex and drinking with relevant theories on the way alcohol can be used to influence behavior. Next, the sexual consent process is reviewed with literature on the ways that college students engage in sexual consent and the larger heteronormative context that shapes sexual engagement. Finally, sexual agency is introduced as a response to issues of gender inequality and discussed in terms of its connection to positive sexual outcomes for women. The chapter concludes with an introduction to the present study, how it will address gaps in the literature, and the research questions that the study will address.

College Campus Risk-Focused Approach to Drinking and Sexual Practices

Colleges have acknowledged the co-occurrence of drinking and sexual engagement, addressing these behaviors with a focus on reducing risk and negative consequences (Lippy & DeGue, 2014). These approaches have the intention of increasing healthier behaviors

among college students and seek to promote their health and wellbeing. Research has considered the prevalence of sexual activity on campus, drinking on campus, and the co-occurrence of sex and drinking with a tendency to focus on reducing negative outcomes, particularly risky sexual practices or sexual victimization (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004; Brown, Gause, & Northern, 2016; Cooper, Barber, Zhaoyang, & Talley, 2011). Past scholarship on college students has defined risky sexual practices as failure to use a condom or other birth control, engaging in casual sex with multiple partners, or engaging in sex outside of a committed relationship, and sexual victimization as coerced sexual experiences ranging from unwanted sexual contact to penetration (Abbey, et al., 2004).

Similarly, scholarship surrounding alcohol consumption by college students tends to highlight the potential for negative health outcomes, academic disruption, or driving while under the influence (Avci & Fendrich, 2010; Hingson, Zha, & Weitzman, 2009; Lowery, Palmer, & Gehring, 2005; Moore & Smith, 2012). When investigated together, the focus of research on sex and drinking tends to consider both factors contributing to risky sexual practices or sexual assault (for reviews, see Brown et al., 2016; Cooper et al., 2011). This approach considers the potential negative consequences associated with drinking and engaging in sexual behavior. However, this consistent focus on risk ignores students' motivations to and practice regarding drinking and having sex as well as the larger sociocultural context that generally supports drinking as an activity that occurs before sex or is used to enhance the sexual experience.

Alcohol Consumption in College Students

The Substance Abuse and Mental Health Services Administration (SAMSHA) has documented heavy alcohol use by college students (SAMSHA, 2009). The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines heavy use, or binge drinking, as more than 4 drinks per day or 14 drinks per week for men or 3 drinks per days or 7 drinks per week for women (Hoepfner, Paskausky, Jackson, & Barnett, 2013). Records indicate that 83% of college students have drunk alcohol while at college, with 37% consuming five or more drinks in a row in the last two weeks (Johnston et al., 2010). In terms of gender differences, studies have found that more college men engage in heavy alcohol use than women, but women exceed their recommended limit more frequently than men (Hoepfner et al., 2013; Johnston et al., 2013). Johnston and colleagues (2013) found that 37% of college women report getting drunk at least once within the past month, and nearly 10% report having 10 or more drinks in a row within the past two weeks.

Alcohol use in college students has been largely studied in terms of its health risks (Moore & Smith, 2012; SAMSHA, 2009), including acute alcohol intoxication, driving under the influence, and other risk-related behaviors (Avci & Fendrich, 2010; Hingson et al., 2009; Lowery et al., 2005; National Institute on Alcohol Abuse and Alcoholism (NIAAA), 2007). College student alcohol consumption is also associated with increased rates of physical injury, physical assault, unprotected sex, and nonconsensual sex (NIAAA, 2013). Drinking also has implications for students' academic participation and achievement; approximately 25% of college students report negative academic consequences from drinking, including

missing classes, falling behind in classes, and poorer grades (U.S. Department of Health and Human Services, 2007; Wechsler et al, 1998).

Alcohol and Risky Sexual Behavior

Consumption of alcohol has been linked with risky sexual behavior. Many studies focus on failure to use contraception (Cooper, 2006; Cooper, 2002; Cooper, Wood, Orcutt, & Albino, 2003; Kilwein & Looby, 2018; Wagenaar, Florence, Adams, & Savahl, 2018). Studies have found that 8-10% of college students have reported having unprotected sex as a result of drinking in the past year (Hingson, Heeren, Winter, & Wechsler, 2005; Hingson, Heeren, Zakocs, Kopstein, & Wechsler, 2002). Researchers have also found connections between women who drink heavily and students who have multiple sex partners with having unprotected sex (Certain, Harahan, Saewyc, & Fleming, 2009). In comparison to men, women are at increased risk for negative consequences from having unprotected sex, including becoming pregnant, contracting sexually transmitted infections, and developing cervical cancer via human papillomavirus (CDC, 2013). Women in college are among those at highest risk for contracting sexually transmitted infections; specifically, one in four young women contracts an STD, such as chlamydia or human papillomavirus (CDC, 2017). Further, rates of unintended pregnancy are two-to-three times greater than the national average for women ages 18-24 (Finer & Zolna, 2011).

In addition to contraception, the studies of risky sexual behavior have also included behaviors such as engaging in sex with multiple partners or non-steady partners (Cooper, 2002). It has been found that when one engages with a non-steady partner, alcohol use is three times more likely (Brown & Venable, 2007). Those engaging in a friends with benefits

relationships, or, friendships with physical intimacy without romantic commitment, have also been found to engage in greater general alcohol use than those in committed romantic relationships (Owen & Fincham, 2011). Goldstein and colleagues (2007) studied the communication styles of newer sexual partners and found that newness of partner was related to reduced conversation about safer sex, reduced condom use, and greater alcohol use (Goldstein, Barnett, Pedlow, & Murphy, 2007).

While evidence supports a link between alcohol use and sexual risky behavior, it is helpful to consider whether the relationship is direct or may be explained by other factors. For example, Cooper (2006) writes about the possibility of a third underlying trait linking the two, such as impulsivity, or having an avoidant coping style (Cooper et al., 2003). Cooper (2006) further suggests that drinking and having risky sex may be part of a broader lifestyle choice, such as living in a fraternity where these types of behavior are encouraged. Cooper (2006) also notes that alcohol may be consumed to intentionally engage in risky sexual behavior, which will be discussed later in relation to alcohol expectancies.

Alcohol and Sexual Victimization

Many studies have investigated the role of alcohol in sexual assault (e.g., Abbey, 2002; Bird, Gilmore, George, & Lewis, 2016; Bryan et al., 2015; Hertzog & Yielding, 2009; George et al., 2014; Lawyer, Resnick, Bakanic, Burkett, & Kilpatrick, 2010; Palmer, McMahon, Rounsaville, & Ball, 2010; Ross et al., 2011; Testa & Livingston, 2009; Testa & Hoffman, 2012). Approximately 75% of sexual assaults involved consumption of alcohol by the perpetrator, victim, or both (Kilpatrick et al., 2007; Krebs et al., 2016; Messman-Moore et al., 2008). Seminal research on campus sexual assault from the 1980s found that 74% of

perpetrators and 55% of victims were drinking prior to an incident of sexual assault (Koss, 1989). Studies have continued to document alcohol's involvement in sexual violence on campus. In particular, frequent heavy drinking has been associated with greater risk of victimization (Testa & Livingston, 2009), with nearly 75% of victims reporting that they experienced rape while intoxicated (Mohler-Kuo, Dowdall, Koss, & Wechsler, 2004). In comparison to non-victims, women who have suffered rape reported consuming significantly more alcohol than non-victims, endorsing greater alcohol expectancies (e.g., tension reduction, sexual enhancement, and sociability), experiencing more negative outcomes (e.g., regret, embarrassment, or neglecting one's responsibilities), and using fewer protective strategies (Corbin, Bernat, Calhoun, McNair, & Seals, 2001; Palmer et al., 2010). Abbey and colleagues (2004) suggest that women who have experienced previous sexual assault(s) may be more likely to use alcohol to cope with anxiety toward men; moreover, perpetrators may target women who drink heavily thus increasing these women's risk of victimization. These researchers also make the important note that while drinking may increase women's risk of sexual assault, causality cannot be established between women's and being assaulted (Abbey et al., 2004).

While evidence supports the connection between alcohol and victimization, it is necessary to consider the specific ways in which alcohol contributes to victimization (Abbey et al., 2004). It has been theorized that perpetrators may consciously or unconsciously drink alcohol prior to committing sexual assault to justify their behavior (Scully, 1991). Further, alcohol has been found to increase sexual aggression in perpetrators who are predisposed to aggression or violence-supportive attitudes (for a review, see Abbey, 2011). In addition to

aggression, other personality characteristics, such as narcissism, antisocial traits, impulsivity, and low empathy (for reviews, see Geer, Estupinan, & Manguno-Mire, 2000; Ward, Keenan, & Hudson, 2000), as well as adverse life experiences, including childhood sexual or physical abuse, have been linked to sexual assault perpetration (e.g., Senn, Desmarais, Verberg, & Wood, 2000). Thus, it is importance to consider how predisposition to abusive or assaultive behavior may be increased with alcohol.

Campus Responses to Reduce Risk

Considering the potential negative consequences discussed above, colleges have adopted policies and programs with the intention of reducing problem drinking, risky sexual practices, and sexual victimization (Hogben, Ford, Becasen, & Brown, 2014; Toomey, Lenk, & Wagenaar, 2007; Vladutiu, Martin, & Macy, 2011). In order to reduce problematic drinking, some colleges have increased visibility of alcohol use policies, eliminated alcoholic beverages from sporting events, and banned alcohol from residence halls (Cronce et al., 2018; Lenk et al., 2012; Toomey et al., 2007). Similarly, public health campaigns have targeted risky sexual practices, seeking to increase sexual health and STI knowledge, communication about sexual health, abstinence, and other safer sex practices (e.g., contraception use; for a review, see Hogben et al., 2014). Current prevention efforts have had limited success in reducing the occurrence of alcohol-related risky sexual behavior among college students (Dermen & Thomas, 2011; Kiene & Barta, 2006). Thus, some researchers have advocated for a more nuanced approach that addresses intentions for alcohol use in sexual situations and how alcohol use may influence decision making (Bryan, Ray, & Cooper, 2007; Davis et al., 2009). The following section reviews policy and programming

aimed at reducing sexual violence on college campuses, and then shifts to provide context to this gendered issue.

Campus Policies and Programming

In the past 25 years, the issue of campus sexual assault has become a national conversation that has attracted the attention of federal legislators, campuses, and researchers. Legislation including the Clery Act (1990) was passed, mandating colleges receiving federal funding to adopt sexual assault prevention programming and policies (Vladutiu et al., 2011). Meta-analytic studies have shown that the majority of universities have adopted rape prevention programming and policies (Gidycz et al., 2001; Steinberg, 1991; Vladutiu et al., 2011); however, sexual assault prevalence rates among undergraduate women have remained steady, in the 20-25% range (Cantor et al., 2015; Krebs et al., 2016; Muehlenhard, Peterson, Humphreys, & Jozkowski, 2017). Programming has ranged from those that target attitude change (e.g., rape myth acceptance), to women's self-defense and assertiveness, and bystander intervention approaches (for a review, see Lonsway et al., 2009). Effectiveness studies have found varying levels of reported change with the least support for long-term change in programs that target rape myth attitudes (Anderson & Whiston, 2005). There has been more support for single-gender trainings for women that increase assertiveness and self-protective behaviors (Orchowski, Gidycz, & Raffle, 2008) as well as bystander approaches that increase efficacy and intentions to help others at risk (Katz & Moore, 2013).

In terms of policy, one of the major shifts has been the adoption of sexual consent guidelines, with many colleges encouraging a change from the previous slogan "No Means No" to the affirmative approach "Yes Means Yes" (The Affirmative Consent Project, 2016).

While affirmative consent came into view with Antioch College's controversial policy in 1990 (see Antioch College, 1996), there has been a resurgence of affirmative sexual consent policies following the White House Task Force to Protect Students from Sexual Assault's first report, titled *Not Alone* (2014). In this report, the White House Task Force (2014) urged universities to reconsider their current policies and adopt better ways of protecting their students from sexual violence. Advocates of affirmative consent policies argue for their potential benefits, including shifting the burden of sexual gatekeeping (i.e., having to say "no") away from women (Bussel, 2008; Klein, 2014; Taub, 2014). But researchers are not convinced that this approach takes into account the nuanced way that students engage in sexual encounters (Beres, 2014; Edgar & Fitzpatrick, 1993; Jozkowski & Peterson, 2013; Muehlenhard et al., 2016) as well as the larger sociocultural constraints (Humphreys, 2004; Ivy, 2016; Powell, 2010). I return to this in the next section.

Issues Inherent in of Risk Reduction Approaches

With the adoption of sexual assault prevention programming, sexual consent policies, and other risk reduction approaches, colleges indicate their intention of protecting their students. However, they may also be responding to lawsuits and the threat of lawsuits (Belkin, 2018) as well as cultural panics (Flanagan, 2018; Yoffe, 2017). Their risk reduction approach to drinking and sex may be based on underlying traditional values that alcohol consumption is related to promiscuity, which is undesirable especially for women (Leigh, 1995; Plant, 2008; Young, Morales, McCabe, Boyd, & D'Arcy, 2005). The policing and regulation of women's sexuality is not new but based on traditional gender roles that

privilege that which is masculine over that which is feminine, maintaining men's social dominance (Connell, 1987; Tolman, 2002).

Traditional gender values infiltrate our sexual relationships, beginning with a sexual socialization process that is dominated by institutionalized heterosexuality, which reproduces gender inequalities in heterosexual relationships and marginalizes LGBTQ individuals (Holland, Ramazanoglu, Sharpe, & Thomson, 2004; Jackson, 2006; Phillips, 2000; Tolman, 2006). As we will discuss later, the endorsement of traditional gender norms and heteronormativity reproduces a culture in which women are expected to be sexually passive, responding to the needs and advances of men (Edgar & Fitzpatrick, 1993; Fine & McClelland, 2006), or, when active, performing a sexuality of which men approve (Lamb, 2010b). Both the passivity and the performance of a male-desired sexuality contribute to the subordination of women's sexual interests, engagement in unwanted sex, and inhibition of their development as sexual beings (Bay-Cheng & Eliseo-Arras, 2008). For over two decades, theorists have critiqued the problems that Western culture has with female pleasure, from the absence of it in sex education (Fine, 1988; Lamb, 2010a) to the slut-shaming of girls who pursue pleasure in sex (Fine & McClelland, 2006; Ringrose & Renold, 2012; Tolman & McClelland, 2011). The shaming and self-shaming that occurs around female sexuality hurts girls' and women's sexual health and wellbeing (Curtin, Ward, Merriwether, & Caruthers, 2011; Impett, Schooler, & Tolman, 2006).

College Student Sexual Engagement and Alcohol Consumption

While the work of colleges and researchers regarding the risks associated with engaging in sex after consuming alcohol is important work, it could be argued that this

approach reveals a paternalistic bias that views college students as children we must protect. Paternalism refers to the institution interfering and acting against the students' will with the defense that it is in their best interest, as if the institution was a benevolent father (Dworkin, 2013). A different approach would attempt to understand students' lived experiences and see how colleges might intervene with their own expressed interests in mind. A paternalistic approach does not consider the reasons that students may choose to consume alcohol, including cultural pressures, beliefs that alcohol may improve sexual encounters or decrease inhibitions, or the greater backdrop of gender relations and power. While consent policies have positive intentions, they lack a nuanced understanding of how students navigate sexual encounters. This is not to say that their sexual health, as defined by the absence of STDs, unplanned pregnancy, and sexual assault, is not valuable, but it fails to consider other factors that contribute to sexual health, including sexual agency, desire, and pleasure.

College Culture of Sexual Engagement and Drinking

Records indicate that 83% of college students have consumed alcohol, with 37% consuming five or more drinks in row in the last two weeks (Johnston et al., 2010). Additionally, 60-86% of college students indicate that they are sexually active (Bersamin, Fisher, Marcell, & Finan, 2017; Ross & Bowen, 2010). Prior research has documented the way in which alcohol is commonly used in the college dating, or so-called hook-up scene (Ridberg, 2004), and that many students hold the belief that alcohol enhances sexual experience and decreases sexual inhibitions (Cooper, 2002; Cooper et al., 2016). Thus, it is not surprising that many college students consume alcohol before and during sexual

encounters (Fielder et al., 2013; Kiene et al., 2009) or that this influences the sexual consent process (Jozkowski & Wiersma, 2015).

In a recent study, Jozkowski, Manning, and Hunt (2018) investigated the way in which sexual intentions can be communicated via alcohol consumption. In an analysis of in-depth interviews, they found that alcohol played a role in enhancing social interactions and indicating sexual interest for both men and women. However, gender differences emerged showing that men tended to see alcohol as an indicator of sexual willingness, while most women saw alcohol as an indicator of having a good time with friends but did not suggest willingness to have sex. Some women did see alcohol as a part of the flirtation process and indicated that alcohol consumption could be an indicator of openness to engage in sexual activity, but this belief was not widely endorsed (Jozkowski et al., 2018). The fact that many college students see alcohol as part of the consent process, or, the process by which individuals end up having sex necessitates further examination of the role it plays and reexamination of consent policies.

The Effect of Alcohol on Behavior

Cooper (2006) reviews the literature on drinking and its effect on sexual behavior, noting how drinking can promote, inhibit, or have no effect on behavior depending on various factors and the individual's beliefs. This relationship has largely been explained via two theories: alcohol myopia theory (Steele & Josephs, 1990) and alcohol expectancy theory (Dermen & Cooper, 1994b; Cooper, 2002, 2006).

Alcohol Myopia Theory

According to alcohol myopia theory, alcohol will exert its effect more in situations of high internal conflict, such that an individual experiencing stress regarding a sexual encounter may use alcohol to feel less stressed and more able to engage in the activity (Steele & Josephs, 1990). In this situation, they are able to divert attention away from distal, inhibitory cues in favor of proximal, instigator cues. Alcohol myopia theory considers the way alcohol physiologically impairs cognitive processing, and the way in which this impairment can simplify situations in which urges to engage or not engage in sexual behavior compete and allow individuals to overlook potential negative consequences in their decision making (Fromme, D'Amico, & Katz, 1999; George & Stoner, 2000). For example, instigator cues, such as a partner's attractiveness, that are met with inhibitory cues, such as concerns about sexual risk (e.g., being "sexually promiscuous"), may be diminished by intoxication leading to greater likelihood for sexual engagement (Murphy, Monahan, & Miller, 1998, p. 517). Research has continued to validate alcohol myopia theory and its effect on behavior, with a particular focus on increased sexual risk behavior (Cooper et al., 2016; Logan, Koo, Kilmer, Blayney, & Lewis, 2015; Patrick et al., 2015). However, alcohol myopia theory may also be used to explain the way students use alcohol to reduce distress from cultural or other situational sex-related stressors.

Alcohol Expectancy Theory

Alcohol expectancy theory states that one's preexisting beliefs about alcohol moderate the effects of alcohol on one's behavior (Hull & Bond, 1986). Research has identified three different types of sex-related alcohol expectancies: enhancement

(enhancement of sexual experience), disinhibition (decreasing sexual inhibitions), and sexual risk (increasing sexual risk behavior; Cooper, 2002; Dermen & Cooper, 1994a, 1994b; Leigh, 1990). Disinhibition can be seen as connected to both enhancement, if one believes disinhibition is favorable, or sexual risk; this depends on the sex-related expectancy one holds about alcohol. For example, Cooper (2002) found that 50% of college students report increased drinking to make it easier to have sex or giving one's partner alcohol to increase likelihood of sex.

Work by Dermen and Cooper (1994b) set the stage for investigating enhancement and disinhibition expectancies. They found that women not only expected alcohol to reduce their sexual inhibitions, but they also cited decreased inhibitions as a positive result of alcohol consumption. Numerous studies have demonstrated that people have a belief that alcohol has strong positive effects on their sexual behavior and feelings (Dermen & Cooper, 1994b; Leigh, 1990). In a more recent study by Patrick and Maggs (2009), students who consumed alcohol before engaging in sex reported significantly more positive outcomes, including feeling attractive and feeling close to their partner. Further, when students perceived more positive outcomes, then they consumed more drinks, thus supporting alcohol expectancy theory (Patrick & Maggs, 2009; Patrick, Maags, & Lefkowitz, 2015). Cooper and colleagues (2016) found that beliefs about alcohol disinhibition significantly positively predicted the amount of alcohol consumed. They also found that expectations for sexual enhancement positively predicted one's probability of drinking and amount consumed, even though sexual events were rated less positively when drinking than sober (Cooper et al., 2016).

Although disinhibition has been associated with positive outcomes, such as enhancement, it has also been studied in terms of risk-related outcomes, such as drinking to intoxication and engaging in sexual-risk behaviors (Brown et al., 2016). Individuals that believe alcohol promotes risky behavior are more likely to engage in sex after drinking (Connor, Psutka, Cousins, Gray, & Kypri, 2013), engage in binge drinking and sex (Patrick et al., 2015), and engage in unprotected sex (Dermen & Cooper, 2000; George, Stoner, Norris, Lopez, & Lehman, 2000). In a recent study by Brown and colleagues (2016), alcohol risk expectancies mediated the relationship between enhancement and sexual risk taking, in that women with greater enhancement expectancies had a greater tendency toward sexual risk taking and thus used alcohol to disinhibit and engage in unprotected sex. When gender differences have been compared across expectancies, women tended to endorse greater disinhibition and risk expectancies and fewer enhancement expectancies than men (Logan et al., 2015).

College Student Sexual Consent Practices

Understanding the Sexual Consent Process

From a legal standpoint, sexual consent is the standard for differentiating between consensual and nonconsensual sex, and sex in the absence of consent is considered sexual assault or rape (Beres, 2014; Jozkowski & Peterson, 2013). Legal definitions vary by jurisdiction and policy definitions vary by institution with regard to who can consent based on age, ability, and intoxication, including who can consent based on age, ability, and intoxication as well as what counts as consent (Beres, 2014; Muehlenhard et al., 2016). Differing definitions increase confusion surrounding what stipulates consent; in fact, past

findings show that many young adults do not know the legal definition of consent (Carmody, 2005) or do not believe that definitions are consistent with the way they engage in consent (Beres, 2007).

Meanwhile, researchers have tried to conceptualize sexual consent with more nuance. The prevailing way scholars understand consent are covered in Muehlenhard's (1995-1996) definition cited in Muehlenhard et al. (2016) which includes (a) verbal or behavioral indication of willingness to engage in sexual activity, and (b) internal feelings of sexual willingness. Jozkowski and colleagues (2014) designed measures to assess both of these facets via the External Consent Scale (ECS) and the Internal Consent Scale (ICS; Jozkowski, Sanders, Peterson, Dennis, & Reece, 2014). Consistent with legal conceptions, researchers have also defined consent as "free verbal or nonverbal communication of willingness" (Hickman & Muehlenhard, 1999, p. 259) to engage in sexual activity. This stipulates that consent must be given voluntarily and free from coercion or threat, mapping closer onto the legal definition of sexual consent (Hall, 1998; Hickman & Muehlenhard, 1999; Humphreys, 2005). In order to better understand the ways in which college students understand and engage in consent, researchers have looked at the way college students define consent (Jozkowski, Peterson, et al., 2014), their attitudes surrounding consent (Edgar & Fitzpatrick, 1993; Humphreys, 2004, 2007; Humphreys & Herold, 2007; Humphreys & Brousseau, 2010; Jozkowski & Peterson, 2013), and how students communicate and interpret consent behaviors (Hall, 1998; Hickman & Muehlenhard, 1999; Humphreys, 2007; Humphreys & Brousseau, 2010; Jozkowski, Peterson, et al., 2014; Jozkowski, Sanders, et al., 2014).

Defining Consent

There is limited research that has actually examined how students understand consent. Thus, Jozkowski and colleagues (2014) asked the open-ended question “How do you define sexual consent?” (p. 908) to better understand how heterosexual college students conceptualize consent and to examine gender differences. Most participants in the study voiced that consent was either an agreement made by two people to have sex, two people willing to have sex, or someone giving permission or approval to have sex (Jozkowski, Peterson, et al., 2014). Not surprisingly, students also indicated that consent was saying or indicating yes to sex, while non-consent was indicating no. With such a broad definition, it is also not unexpected that Jozkowski, Peterson, et al. (2014) found no significant gender differences in definitions of consent, indicating that students may not differ on what they think consent is, but there may be differences related to attitudes about consent behaviors, communication of consent behaviors, or the interpretation of consent behaviors.

Attitudes about Consent

Attitudes about consent may provide insight into the way college students think about consent and what behaviors they expect or consider normative. For example, research has shown that young heterosexual men and women do not consider verbal consent to be a normative part of the sexual experience (for a review, see Beres, 2007; Edgar & Fitzpatrick, 1993); they, instead, expect consent to be assumed during sexual activity (Humphreys, 2007). Several studies have found gender differences regarding how consent should be navigated. In particular, women expressed stronger beliefs that consent should be explicitly established, but research from at least a decade ago found that men and women preferred to assume

consent from their partner, rather than explicitly ask for it (Humphreys, 2004, 2007; Humphreys & Herold, 2007). Another commonly debated belief among researchers and theorists is whether consent is a discrete event or an ongoing process of negotiation (e.g., Beres, 2007, Beres, 2014). Humphreys (2000) found that young men compared to women were more likely to view consent as an event.

Indicating Consent

Research has also looked at the ways in which people indicate or communicate consent, many using Muehlenhard's (1995-1996) conceptualization of internal and external consent (e.g., Hall, 1998; Hickman & Muehlenhard, 1999; Humphreys & Brousseau, 2010; Joskowski, Sanders, et al., 2014). Muehlenhard (1995-1996) suggests one must internally decide whether to have sex before one externally communicates intent or lack of intent via external or direct/indirect means. In earlier work, Hall (1998) asked college students to classify whether they would engage in verbal or nonverbal consent for a variety of behaviors. Regardless of gender, young men and women indicated that they were not likely to consent verbally. However, more students indicated that they would verbally consent to more intimate behaviors, such as sexual intercourse, versus less intimate behaviors, such as kissing, touching, or oral sex (Hall, 1998). In subsequent research, Hickman and Muehlenhard (1999) asked college students to rate the extent to which they would use 34 different behavioral indicators of consent, including verbal/nonverbal and direct/indirect options. They found several gender differences, including that women reported use of more indirect verbal signals while men reported using more indirect nonverbal signals.

In recent research, both men and women report communicating their verbal consent indirectly rather than directly, that is, asking if one's partner has a condom rather than explicitly asking for sex (Hickman & Muehlenhard, 1999; Jozkowski & Peterson, 2013). The most popular methods of engaging in consent were indirect nonverbal methods and no response (i.e., not refusing or resisting; for a review, see Beres, 2010; Hickman & Muehlenhard, 1999; Jozkowski & Peterson, 2013). These preferred methods, overall, seem to fall shy of the affirmative, verbal consent policies that colleges encourage.

Interpreting Consent

Research has sought to understand how college students interpret the consent signals of partners to better understand the consent process (e.g., Beres, 2010; Jozkowski & Peterson, 2013; Jozkowski, Peterson, et al., 2014). Jozkowski and colleagues (2014) found that while women were more likely to use verbal cues to indicate consent, men were more likely to rely on nonverbal indicators to interpret women's consent. Additionally, while men were more likely to use nonverbal cues to communicate, women were more likely to look for verbal cues of consent from men (Jozkowski, Peterson et al., 2014). These findings demonstrate a mismatch in the ways in which men and women communicate and interpret each other's consent signals.

Qualitative approaches to understanding consent have allowed researchers to make deeper connections between college participant's experiences and underlying cultural messages. Beres (2010) analyzed 24 in-depth interviews with young adults, finding three themes within participants' description of consent communication. These included that college students used (1) tacit knowledge ("you just know," p. 5), (2) refusing sex, and (3)

active participation to communicate sexual consent. Participants in the study also used context (e.g., nature of the relationship) and implied signals (e.g., going somewhere private) to communicate and interpret consent cues (Beres, 2010). Using content analysis, Jozkowski and Peterson (2013) analyzed the narrative responses of 185 participants' sexual consent behaviors, finding a strong emergence of traditional sexual scripts, expectations for women to perform oral sex, men to aggressively pursue sex, and men to use deception in obtaining consent. These findings highlight students' endorsement of the primacy of male sexual pleasure and contradictory messages for women. Drawing upon prior conceptions of traditional sexual scripts (e.g., Edgar & Fitzpatrick, 1993), Jozkowski and Peterson (2013) discussed how women may still struggle to balance various expectations, sexually engaging in a way that is receptive to advances but not too eager as to avoid being labeled a "slut" or "tease."

Relevant Theories about Sexual Consent

Two key theories that are discussed in the study of sexual consent include the miscommunication hypothesis (e.g., Hickman & Muehlenhard, 1999; Jozkowski, Peterson, et al., 2014) and token resistance (Muehlenhard & Hollabaugh, 1988; Muehlenhard & Rodgers, 1998). Research suggests that miscommunication about sexual consent may lead to sexual aggression (Jozkowski, Peterson, et al., 2014). Older research supporting this theory has found that men over-interpret women's interest in sex (e.g., Abbey, 1982, 1987), men misinterpret women's verbal refusal of sex as "token resistance" (i.e., saying "no" when they mean "yes;" e.g., Osman, 2003), and women are sometimes unable to directly communicate their consent due to fear, embarrassment, or confusion (Hickman & Muehlenhard, 1999).

While it is possible that miscommunication still occurs, the question remains as to whether men are intentionally ignoring or re-interpreting women's verbal indications of non-consent, which has been addressed in newer research.

Many researchers stand in firm opposition to the miscommunication hypothesis for a variety of reasons. First, more often than not, men and women are able to successfully communicate and engage in consensual sex (e.g., Beres, 2010; McCaw & Senn, 1998; O'Byrne, Hansen, & Rapley, 2008). Second, it is problematic to put the onus on women for making sure that men understand their sexual intentions, as this places women in the position of being blamed for their own coercion, engagement in unwanted sex, or sexual assault (Crawford, 1995; Kitzinger & Frith, 1999). Instead, many believe that it is more likely that sexually aggressive men may ignore or selectively reinterpret cues, using miscommunication as an excuse for sexual assault (e.g., Christopher & Frandsen, 1990; Hickman & Muehlenhard, 1999; Jozkowski, Peterson, et al., 2014; Warshaw, 1994). Thus, using the miscommunication hypothesis as a potential explanation for sexual assault blames women for their oppression and ignores the power that men perpetuate with this interpretation.

Token resistance is the belief that women, due to cultural constraints around female sexuality, may not feel comfortable consenting to sexual engagement because of fear that it could harm their reputation (e.g., they may be considered a "slut;" Muehlenhard & Rodgers, 1998). However, taken as a norm, this is problematic in that men may not believe that women's refusals are genuine and push sex forward, unintentionally pursuing sex with a woman who does not want to have sex, sometimes even resulting in rape (Jozkowski, Peterson, et al., 2014). These theories and their empirical support demonstrate how gendered

messages about sexual relations permeate the way individuals interact, interpret behavior, and how women, in particular, are restricted to culturally permissible behavior.

Consent in Context

As described above, the consent process is influenced by underlying cultural messages about femininity and masculinity and the traditional heterosexual script. The traditional heterosexual script is a culturally constructed discourse that informs men and women what courtship strategies, goals, and attitudes are appropriate in sexual relationships. According to this script, heterosexual men are expected to objectify women, be active pursuers, and value sexual fulfillment over emotional intimacy while women are expected to be sexually passive, act as sexual gatekeepers, and prioritize emotional relatedness (Edgar & Fitzpatrick, 1993; Kim, et al., 2007). This shapes the way in which men and women engage in sexual encounters with each other and still influences college students' behaviors today (Jozkowski, Peterson, et al., 2014). The traditional script perpetuates a sexual double standard in which women are policed for their sexuality (e.g., "good girls" do not have sex), prioritize men's needs over their own, and women owe men sex for their efforts (Jozkowski et al., 2017; Muehlenhard & McCoy, 1991). Women who adhere to the sexual script may also be concerned with seeming unfeminine and unattractive if they communicate assertively (Powell, 2010). Thus, researchers have concluded that expecting women to provide an "enthusiastic yes," or affirmative consent, may be unrealistic for those women operating based on the traditional heterosexual script in that they may receive negative social repercussions for doing so (Jozkowski 2015; Jozkowski & Peterson, 2013).

Additionally, Humphreys (2004) states that “sexuality has overtones of shame and guilt attached to it” (p. 209-210) for everyone, and not just women (p. 209-210). These feelings of shame and guilt are internalized and impact our sexual development, ability to see ourselves as sexual beings, and communicate effectively (Ivy, 2016; Tolman, 2002). Sex is also seen as natural, and naturally occurring, with the media perpetuating this idea that one should know how to have sex and please one’s partners instinctively, without engaging in verbal communication (Humphreys, 2004). This hinders our ability to effectively communicate and reinforces the belief that “the best sexual experiences require little communication” (Humphreys, 2004, p. 209-210). This brings to question consent policies that encourage affirmative consent without considering the underlying culture.

The Role of Alcohol in Consent

Research examining sexual consent and alcohol is limited, but several studies in the past few years have led the charge in understanding how alcohol is used in the consent process (Beres, 2010; Jozkowski et al., 2017; Jozkowski et al., 2018), how consent is influenced by alcohol (Jozkowski & Wiersma, 2015), and students’ perceptions of their ability to consent under the influence (Drouin, Jozkowski, Davis, & Newsham, 2018). Ward, Matthews-Ewald, and Weiner (2012) also developed the 12-item *Alcohol and Sexual Consent Scale* to measure participants’ attitudes toward alcohol-involved sexual consent experiences for use in sexual assault prevention program evaluation.

As discussed earlier, researchers have not only confirmed students’ use of alcohol in conjunction with sexual behavior, but they have found that students use alcohol as part of sexual communication (Beres, 2010; Jozkowski et al., 2017, Jozkowski et al., 2018). In her

study investigating sexual miscommunication, Beres (2010) noticed that young adults often described consent in the context of settings where alcohol consumption commonly occurs (i.e., bars). For example, one way that participants gauged consent was a partner's willingness to leave a public drinking setting and go to a private location (Beres, 2010).

Jozkowski and colleagues (2017, 2018) have confirmed alcohol's role in sexual communication as well as the way in which alcohol is used in response to heteronormative scripts. Jozkowski et al. (2017) analyzed students' sexual consent communication, finding that women felt pressure from the traditional heteronormative script to not be too sexual and to privilege men's pleasure over their own. This contributed to women feeling like they needed to drink as an excuse for having sex. Women in the study also reported a sense of obligation to have sex if they accepted a drink purchased by a man, highlighting drinking alcohol as an indicator of consent (Jozkowski et al., 2017). Jozkowski et al. (2018) reconfirmed the role of alcohol as an indicator of consent, finding gender differences. As mentioned prior, men saw women drinking alcohol as an indicator of sexual willingness (i.e., consent), while women were more likely to view alcohol as a social enhancer. Some women did see alcohol as part of the flirtation process and an indicator of sexual interest, which could lead to sexual intercourse (Jozkowski et al., 2018).

Recognizing that college students engage in sexual activity after consuming alcohol and alcohol's effect on behavior, Jozkowski and Wiersma (2015) studied the way in which alcohol might affect internal and external consent. After controlling for gender, relationship status, rape myth acceptance, and alcohol expectancies, they found that alcohol consumption prior to sex influenced both internal consent (i.e., willingness to consent to engage in sex)

and external consent (i.e., verbal or behavioral cues to communicate consent). Specifically, Jozkowski and Wiersma (2015) found that drinking prior to sex was associated with weaker internal feelings of safety, comfort, and readiness to have sex, and it was connected to the use of nonverbal behavioral indicators of consent. They hypothesized that alcohol might impair one's decision making and ability to communicate consent, which may decrease feelings of comfort, but that this likely varies by the individual.

With the understanding that consent communication may vary depending on one's subjective experience, Drouin and colleagues (2018) investigated college students' perceptions of their own ability to consent. On average, participants consumed 4.97 drinks prior to engaging in consent behavior, and most (93%) indicated that they could consent to sex after doing so. Few felt that they were cognitively impaired, perceiving a difference between being under the influence of alcohol versus intoxicated (Drouin et al., 2018).

Sexual Agency and Consent

Although a risk-focused model has the intention of reducing harm to college students, this approach fails to consider the underlying heteronormative context and perpetuates the patriarchal narrative of controlling via protecting female sexuality (Brown et al., 2016; Vance, 1984). This narrative has a history and arguably is embedded in social institutions, such as education, family, and religion. Thus, it is important to consider the history of gender inequality and how social institutions have denied women the autonomy and pleasures afforded to men. Understanding this piece will highlight the need for an empowerment approach which promotes female sexual agency and celebrates, rather than suppresses, female desire.

Context of Patriarchy and Female Oppression

Patriarchal social systems have historically privileged that which is male while denigrating that which is female (Lerner, 1993). While past feminists have made strides for women's rights, gender inequality and discrimination still persist in healthcare, education, politics, and the domestic sphere (ITUC, 2009; UNDP, 2016). Inequality serves to not only define the sociopolitical context but our sexual relationships as well. Women have been oppressed through objectification and victimization, treated as bodies for the use and pleasure of others (Fredrickson & Roberts, 1997; Nussbaum, 2000; Rubin, 1975). They have been historically positioned in passive roles and denied sexual subjectivity, or a sense of entitlement to their own pleasure and safety (Phillips, 2000). Girls' and women's needs and desires have been considered secondary to those of men (Brown, 2010; Ortner, 2014). This discourse remains alive in our education system; desire and pleasure have largely been absent from sex education while male pleasure is taught as a part of the reproductive process (Fine, 1988).

Historically, objectification has denied women autonomy and subjectivity, treating them as objects for another's use (Nussbaum, 2000). Research has found that objectification is related to body self-consciousness, which in turn is predictive of diminished sexual pleasure (Sanchez & Kiefer, 2007; Wiederman, 2000, 2001). Victimization through sexual assault and harassment is another way that women's bodies are used as objects (Brownmiller, 1975; Lamb, 2010). Rape has been described as an instrument of oppression, a way of yielding power over another person (Gavey, 2005). The violation of one's body undermines one's personhood and ownership of one's body (West, 2012), which impairs one's ability to

set healthy boundaries (Classen, Palesh, & Aggarwal, 2005; Quina, Morokoff, Harlow, & Zurbriggen, 2004). When a woman's personhood is violated, she may not see her body as her own and possess the self-assertion to engage in consent with autonomy, whether providing or denying consent to sexual encounters with another person.

Finally, women have been urged by heteronormative scripts to be sexually passive and responsive (Edgar & Fitzpatrick, 1993), suppressing their own desires and responding to the needs of men (Fine & McClelland, 2006; Tolman, 2002). Girls are not educated on how to connect to their bodies and their own desire, and the internalization of these norms, researchers have argued, prevents them from experiencing embodied desire (Impett et al. 2006; Tolman, Impett, Tracy, & Michael, 2006). Thus, they are at a disadvantage when it comes to "the ability to advocate for one's interests in the sexual arena," also referred to as "sexual agency" (Bay-Cheng, 2003, p. 65). Additionally, girls who demonstrate sexual agency are at risk of being denigrated as sluts (Attwood, 2007; Lamb, 2002) while boys are celebrated for their sexual conquests (Tolman, 2002).

Today, we see these themes playing out in the practice of engaging in unwanted sex for male pleasure (Bay-Cheng & Eliseo-Arras, 2008) or to avoid harm (West, 2012). Engagement in unwanted sex undermines a woman's selfhood, including her self-assertion, autonomy, and integrity, as well as her ability to possess and exert control over her physical body; it also has negative consequences for women's sexual agency (West, 2012).

Agency as an Antidote to Oppressive Patriarchal Discourses

As a response to the historically problematic issues of objectification, victimization, and stereotypes of female passivity, Lamb (2010b) advocated for "a sexuality based on

desire, subjectivity, and pleasure” (p. 294). Lamb and other feminist scholars have debated the possibility of undoing these harms with a focus on empowering girls and women to embrace their sexual subjectivity (Lamb & Peterson, 2011; Peterson & Lamb, 2012). Recommendations include getting in touch with their embodied desire to develop a subjective sense of themselves as agentic sexual beings, developing a sense of entitlement to pleasure for themselves, and rejecting victimization and use of their bodies (e.g., Lamb, 2010b). These components of sexuality are deeply connected to one’s sexual agency.

Defining Sexual Agency

Sexual agency is a construct that has been used to describe one’s sense of entitlement to sexual pleasure and sexual safety and acting in accordance with this feeling (Bay-Cheng, 2003; Impett & Tolman, 2006; Tolman, Anderson, & Belmonte, 2015). In research, sexual agency has been operationalized via sexual self-efficacy and sexual assertiveness; thus, it is often measured through a combination of these measures. Sexual self-efficacy is one’s perceived ability to communicate preferences or engage in behaviors that will meet one’s desires and/or needs (Rostosky et al., 2008; Schalet, 2010). Sexual assertiveness, which is self-efficacy translated into action, or the ability to refuse unwanted behavior and communicate one’s needs whether they are for sexual pleasure or safe sex practices (Levin, Ward, & Neilson, 2012; Weinstein, Walsh, & Ward, 2008). Sexual agency has also been studied in relationship to traditional gender scripts (e.g., femininity), its connection to advocating for one’s sexual interests, and its promotion of entitlement to sexual pleasure.

Sexual Agency as Protective Against Traditional Scripts

Sexual agency has been described as “the ability to advocate for one’s interests in the sexual arena” (Bay-Cheng, 2003, p. 65). The traditional heteronormative script, which sets the expectation for women to be sexually passive gatekeepers, responding to the sexual interests of men (Edgar & Fitzpatrick, 1993), does not set women up to be sexual agents. Studies have shown that women’s support of traditional gender ideologies (i.e., femininity) is related to decreases sexual agency, including self-efficacy, sexual assertiveness, and sexual communication (Curtin et al., 2011; Levin et al., 2012; Widgerson & Katz, 2015). Thus, adherence to femininity ideology seems to be detrimental to the development of sexual agency and engagement in behaviors that promote wanted and consensual sex. In support of this notion, Levin et al. (2012) studied the effect of positive sexuality messages that challenge traditional ideologies and encourage more egalitarian heterosexual relationships. They found that positive messages about sexuality were positively associated with comfort in sexual communication, higher sexual self-efficacy, and lower inauthentic voice (Levin et al., 2012).

Sexual Agency as Advocacy for One’s Interests

Sexual agency has also been studied in terms of its relationship to sexual health outcomes, such as sexual victimization, safer sex practices, and sexual pleasure. Research has found that reported sexual agency is related to decreased risk for sexual assault, decreased rape myth acceptance, and greater engagement in wanted sex (Levin et al., 2012; Schick et al., 2008; Widgerson & Katz, 2015). Widgerson and Katz (2015) explain this relationship via the mechanism of sexual assertiveness in that women who endorse certain beliefs about

femininity, such as the expectation of deference, may be less likely to refuse sex assertively. Sexual agency has also been found to be predictive of safer sex practices, such as condom use (or condom use self-efficacy), use of hormonal contraception, and absence of sexually transmitted diseases (Hensel & Fortenberry, 2013; Horne & Zimmer-Gembeck, 2006; Hsu, Yu, Lou, & Eng, 2015; Schick et al., 2008). Considering women's increased risk for negative reproductive health outcomes (CDC, 2013), safe sexual practices are especially important for women.

Sexual Agency as Entitlement to Sexual Pleasure

Finally, several studies have investigated the relationship between sexual agency and subjective experiences of sexual satisfaction. Sexual agency has been found to be a significant predictor of both sexual functioning and sexual satisfaction, which has ties to sexual functioning (for a review, see Sanchez, Fetterolf, & Rudman, 2012; Schick et al., 2008; Simms & Byers, 2013; Smith, 2007). The sexual satisfaction experience for women has been understood as a combination of the feeling of wantedness, consent, pleasure, and absence of pain (e.g., Sanchez et al., 2012). Studies have found that higher levels of sexual subjectivity, defined by sexual body esteem, desire/pleasure, and sense of oneself as a sexual being, are associated with a higher level of entitlement to pleasure (Horne & Zimmer-Gembeck, 2006) as well as a greater inclination to have sex based on one's own wishes (Schick et al., 2008). Hensel and Fortenberry (2013) also found that greater endorsement of positive sexual health variables (e.g., emotional, physical, mental/attitudinal, and social; WHO, 2002) were predictive of sexual satisfaction, absence of pain, and sexual self-esteem.

Summary

This section discussed the ways in which sexual agency responds to issues of gender inequality and reviewed empirical research connecting sexual agency to positive sexuality outcomes for women. These outcomes, including resistance to traditional gender scripts, advocacy for one's sexual interests, and entitlement to sexual pleasure and satisfaction, can both promote and be articulated through sexual consent. They may help women to communicate their wants and needs, contributing to more consensual sexual experiences. Sexual consent is also a way to convey one's active resistance, advocacy, and entitlement.

The Present Study

Findings from previous research suggest that young adults perceive their consenting after drinking as valid consent and as a part of the contextualized sexual communication process (Beres, 2010; Drouin et al., 2018; Jozkowski et al., 2017, 2018; Jozkowski & Wiersma, 2015). However, the majority of campus consent policies stipulate that consent is not considered valid if given under the influence of alcohol (Graham et al., 2017). The consumption of alcohol prior to sex has been explained by students' endorsement of expectancies that alcohol enhances sex and decreased inhibitions (Cooper, 2002; Cooper et al., 2016). Looking at heteronormative scripts, researchers have also postulated that women may drink alcohol as an excuse or encouragement to have sex, due to fears that being enthusiastic about sex may harm their reputation (Jozkowski et al., 2017) or to enable themselves to be more assertive to obtain sex. Considering the history of gender inequality and context in which female sexuality is suppressed, scholars have attempted to describe a

form sexual agency to be an antidote to oppression (Lamb, 2010b; Lamb & Peterson, 2011; Peterson & Lamb, 2012). Could drinking be connected to sexual agency in unexplored ways?

Research Questions and Hypotheses

Previous research has investigated the connection between sexual agency and positive sexuality outcomes, including resistance to heteronormative scripts, reduced victimization, and better sexual health (e.g., Levin et al., 2012; Schick et al., 2008). Sexual agency and sexual consent have also been associated with increased quality of sex and sexual satisfaction (Jozkowski, 2013; Sanchez et al., 2012). Presently, there is no research examining how women's sexual agency relates to their alcohol use in sexual experiences and their attitudes about the ability to give consent, and further, how both are related to the evaluation of their consent in alcohol-involved sexual experiences. As attitudes regarding consent to sex in relation to alcohol use are influenced by the heteronormative script, and current risk approaches perpetuate issues of gender inequality, sexual agency may be key to reconsidering a new approach. The current study will examine and evaluate this relationship by investigating the following questions and hypotheses, with respect to women's last alcohol-involved sexual experience (i.e., last event) and their alcohol-involved sexual experiences in the past six months (i.e., general):

RQ1: What demographic characteristics (i.e., age, year in school, sexual orientation, race/ethnicity, and relationship status) predict women's feelings of internal consent (Jozkowski, Sanders, Peterson, Dennis, & Reece, 2014)?

H1: Women in their first year of college (in comparison to women in other class years) will report weaker feelings of internal consent (the last event of alcohol-

involved sex and generally when drinking prior to sex) based on findings that first year students are among those at highest risk for sexual victimization (for a review, see Krebs et al., 2007).

H2: Women in relationships (in comparison to single women) will be more likely than single women to report stronger feelings of internal consent (the last event of alcohol-involved sex and generally when drinking prior to sex) consistent with recent research (e.g., Jozkowski, 2013; Jozkowski & Wiersma, 2015).

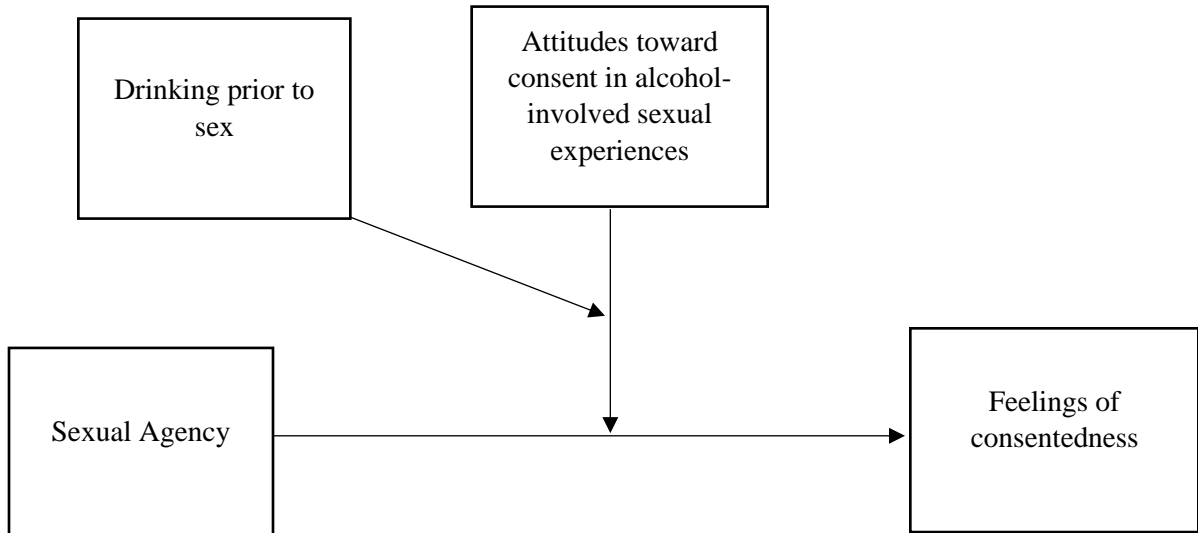
H3: There will be no significant differences for other demographic variables (i.e., age, sexual orientation, and race/ethnicity) for feelings of internal consent (the last event of alcohol-involved sex and generally when drinking prior to sex).

RQ2: How does undergraduate women's sexual agency relate to their attitudes about the ability to give consent in alcohol-involved sexual experiences?

H4: Sexual agency will be positively correlated with their attitudes about the ability to give consent in alcohol-involved sexual experiences.

RQ3: How does undergraduate women's sexual agency contribute to their feelings of internal consent? How is this relationship moderated by their attitudes about the ability to give consent in alcohol-involved sexual experiences and their drinking prior to sex (the number of drinks consumed prior to sex for the last event of alcohol-involved sex and how often they drink prior to sex generally)? (See Figure 1)

Figure 1: Hypothesized moderated moderation model predicting feelings of internal consent



Note: “Drinking prior to sex” represents the number of drinks consumed prior to sex (at the last event) and frequency of drinking prior to sex (generally)

H5: Women higher in sexual agency will report stronger feelings of internal consent than women lower in sexual agency (the last event of alcohol-involved sex and generally when drinking prior to sex).

H6: Women with higher attitudes about the ability to give consent in alcohol-involved sexual experiences will report stronger feelings of internal consent than women lower in attitudes (the last event of alcohol-involved sex and generally when drinking prior to sex).

H7: Women who drank more at the last event and drink more generally prior to sex will report weaker feelings of consent than women who drank/drink less (the last event of alcohol-involved sex and generally when drinking prior to sex).

H8: Women’s attitudes about the ability to give consent in alcohol-involved sexual experiences will moderate the relationship between their sexual agency and feelings

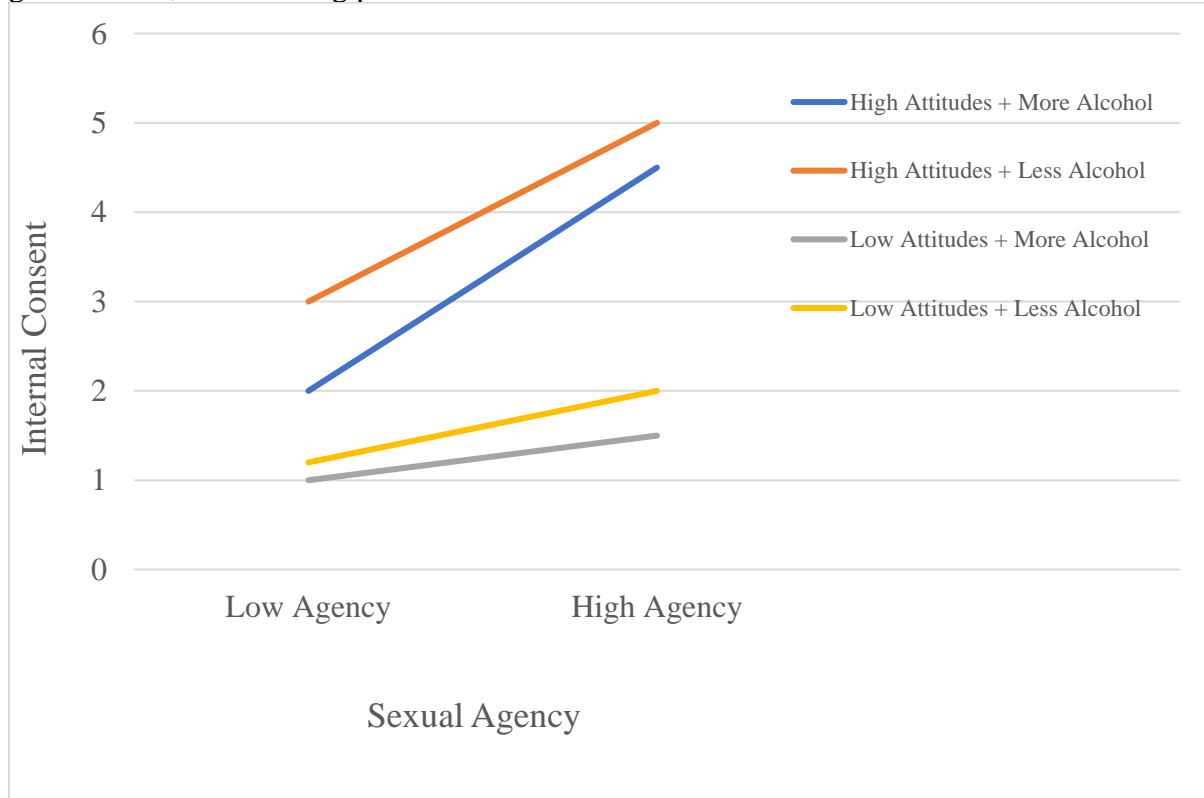
of internal consent, at the last event of alcohol-involved sex and generally when drinking prior to sex.

- (a) Women high in sexual agency with high attitudes about the ability to give consent will report the highest feelings of internal consent (the last event of alcohol-involved sex and generally when drinking prior to sex).
- (b) Women low in sexual agency with low attitudes about the ability to give consent will report the lowest feelings of internal consent (the last event of alcohol-involved sex and generally when drinking prior to sex).

H9: Women's alcohol consumption prior to sex (last event and generally), will further moderate this relationship.

- (a) Women high in sexual agency, with high attitudes about the ability to give consent, who consume/d less alcohol will report the highest feelings of internal consent (the last event of alcohol-involved sex and generally when drinking prior to sex).
- (b) Women low in sexual agency, with low attitudes about the ability to give consent, who consume/d more alcohol will report the lowest feelings of internal consent (the last event of alcohol-involved sex and generally when drinking prior to sex).

Figure 2: Hypothesized simple slopes among sexual agency, attitudes about the ability to give consent, and drinking prior to sex on internal consent



RQ4: How are number of drinks and frequency of drinking prior to sex related to endorsement of sex-related alcohol expectancies?

H10: Endorsement of sex-related alcohol expectancies will be positively related to number of drinks consumed prior to sex and frequency of drinking prior to sex, consistent with prior research (for a review, see Cooper, 2006).

Social Justice Implications

This study has several implications for social justice stemming from the need to address campus sexual assault and sexual health. Both have serious consequences for young adults' physical, mental, and sexual health, particularly college women who are at greater

risk for these negative outcomes. With widespread sexual victimization and risky sexual practices and the limited effectiveness of current approaches, it is imperative that researchers and policymakers reconsider ways to approach sexuality-related issues on college campuses. Considering the way in which the traditional heterosexual script perpetuates gender inequality in sexual relations and influences sexual communication, it is necessary to investigate sexual consent and non-consent with greater nuance. With support from literature, shifting the focus toward positive sexuality concepts, such as sexual agency and pleasure, may have promise for reevaluating how we view and create policies around alcohol consumption and sexual engagement on college campuses.

CHAPTER 3

METHOD

Participants

Inclusion Criteria

Participants were recruited from the University of Massachusetts Boston, an urban public university in the northeast, from the undergraduate research listserv, psychology department listserv, and Psychology 101 courses. To be eligible for the study, participants needed to identify as female, be an undergraduate student, and confirm they were 18 years or older. For the purpose of the study, participants also needed to have had sex (as defined as “vaginal-penile intercourse”) with a male-identified partner(s) and consumed alcohol prior to sex in the past six months.

Sample Size and Power

To calculate the number of participants needed, gPower was used to calculate the effect size (Faul, Erdfelder, Lang, & Buchner, 2007; Faul, Erdfelder, Buchner, & Lang, 2009). For multiple regression and 17 predictors (6 demographic, 5 related to consent, 3

related to alcohol, and the 3 scales: sexual agency, attitudes about the ability to give consent in alcohol involved sexual experiences, and sex-related alcohol expectancies), power analysis via gPower indicated that I needed 208 participants for a medium effect size of .15 ($\alpha=.05$, power=.95).

Instruments

The study included items to assess demographic information; alcohol consumption and feelings of internal consent for the last event of alcohol-involved sex; general measures of alcohol use, sexual frequency, alcohol use prior to sex, and internal consent in alcohol-involved sexual experiences; measures of sexual agency; a measure of attitudes about the ability to give consent in alcohol-involved sexual experiences; and a measure of sex-related alcohol expectancies. (All study instruments are available in Appendix C.)

Demographic Information

Information was collected via online survey regarding the participants' age, year in school, gender identity, race/ethnicity, sexual orientation, gender of their sexual partner(s), and relationship status. Students were asked to choose from a set of choices or could self-identify if they indicated "other."

Measures of Last Event of Alcohol-Involved Sex

Last Event Alcohol Consumption

Participants were asked to recall the last event in which they engaged in vaginal-penile intercourse after they consumed alcohol and indicate the number of drinks consumed.

Last Event Feelings of Internal Consent

Items were selected from the consent/wantedness subscale of the Internal Consent Scale (ICS) to assess participants' feelings of internal consent in their last alcohol-involved sexual event. The Internal Consent Scale (ICS) is intended to assess people's feelings associated with consent (ICS) during consensual sexual experiences. The ICS is a five-factor, 25-item scale ($\alpha = .95$) measuring the internal feelings of willingness that inform the decision to engage in sexual activity (Jozkowski et al., 2014). The five factors include physical response ($\alpha = .91$), safety/comfort ($\alpha = .94$), arousal ($\alpha = .93$), consent/wantedness ($\alpha = .93$), and readiness ($\alpha = .90$). Participants were asked to recall the last time they had vaginal-penile intercourse and rate on a 1 (*strongly disagree*) to 4 (*strongly agree*) scale the extent to which they experienced certain feelings (such as sex feeling "wanted" and "consented to").

General Measures of Alcohol Use and Sexual Engagement

Alcohol Use

Typical patterns of alcohol consumption were assessed with the Alcohol Use Disorder Identification Test (AUDIT) subscale C. Participants were asked how often they consume a drink containing alcohol, how many drinks they consume on a typical day they are drinking, and how often they have six or more drinks on an occasion.

Sexual Frequency

Based on Liu and colleagues (2016), participants were asked whether they had sex with a partner in the past year (yes/no). Then, they were asked how often they had sex in the

past year: 1 (*never*), 2 (*less than once a month*), 3 (*about once a month*), 4 (*2-3 times a month*), and 5 (*once a week or more*; Liu, Waite, Shen & Wang, 2016).

Alcohol Use Prior to Sex

To assess typical patterns of alcohol consumption prior to sexual experiences, participants were asked to indicate how often they consume alcohol prior to sexual experiences on a 5-point Likert scale ranging from 1 (*never*) to 5 (*always*).

Feelings of Internal Consent in Alcohol-Involved Sexual Experiences

To assess how often participants experienced their alcohol-involved sexual experiences as consensual, participants were asked to respond to the consent/wantedness subscale of the Internal Consent Scale (Jozkowski et al., 2014) in reference to all vaginal-penile sex in the past six months. Participants were asked to recall their alcohol-involved sexual experiences in the past six months and rate how often, ranging from 1 (*never*) to 5 (*always*), they felt certain feelings (such as sex feeling “wanted” and “consented to”).

Sexual Agency

Sexual agency describes one’s sense of entitlement to sexual pleasure and sexual safety and acting in accordance with this feeling (Bay-Cheng, 2003; Impett & Tolman, 2006; Tolman, Anderson, & Belmonte, 2015). Previous research has operationalized sexual agency through using measures of sexual assertiveness and /or sexual self-efficacy, or a combination of these constructs (e.g., Curtin et al., 2011; Levin et al., 2012).

Sexual Assertiveness

Sexual assertiveness is one's ability to refuse unwanted behavior and communicate one's needs whether they are for sexual pleasure or safe sex practices (Weinstein et al., 2008). Sexual assertiveness was measured via The Hurlbert Index of Sexual Assertiveness (Hurlbert, 1991; Pierce & Hurlbert, 1999). The Cronbach's alpha is 0.84-0.91. This measure consists of 25 items intended to measure the degree of sexual assertiveness an individual exercises with a partner. Responses are indicated from 1 (*all of the time*) to 5 (*never*). Sample items include "I feel uncomfortable talking during sex" and "it is difficult for me to touch myself during sex." Higher scores on the measure represent greater sexual assertiveness.

Sexual Self-Efficacy

Sexual self-efficacy is one's perceived ability to communicate preferences or engage in behaviors that will meet one's desires and/or needs (Rostosky et al.; Schalet, 2010). Sexual self-efficacy was assessed using the Sexual Self-Efficacy Scale (SSES; Rosenthal, Moore, & Flynn, 1991). Cronbach's alpha is 0.80. The original measure is a 20-item instrument with three subscales: "saying no," "assertive," and "precautions." Participants are asked to indicate their confidence in their ability to do activities on a 1 (*very uncertain*) to 5 scale (*absolutely certain*), with 0 indicating no confidence. Examples of activities include "refuse a sexual advance by your partner" and "tell my partner what acts give me sexual pleasure." Mean scores of all items are computed and higher scores indicate greater self-efficacy.

Attitudes about the Ability to Give Consent in Alcohol-Involved Sexual Experiences

An adapted version of the Alcohol and Sexual Consent Scale (Ward, Matthews, Weiner, Hogan, & Popson, 2012) was used to measure attitudes about the ability to give

consent in alcohol-involved sexual experiences. The Alcohol and Sexual Consent Scale is a 12-item instrument containing two subscales: Campus Beliefs and Myths ($\alpha = .72$) and Sexual Assault Programming Messages ($\alpha = .73$). The Cronbach alpha for the overall scale is 0.76. Respondents indicate the degree to which they agree with each of the statements provided on a 7-point Likert scale, ranging from 1 (*not at all agree*) to 7 (*very much agree*). Sample statements include the following: “A woman who is drinking heavily can still give legal consent to sexual activity;” “When a person is drinking alcohol, he or she is implying interest in engaging in sexual activity.” Items are totaled after reverse scoring noted items. Higher scores indicate greater agreement with consent given under the influence of alcohol.

Sex-Related Alcohol Expectancies

Sex-related alcohol expectancies (SRAE) were measured using the Dermen and Cooper’s scale (1994a, 1994b). The original scale is a 13-item instrument measuring each of the three alcohol-related sexual expectancies: enhancement ($\alpha = .83$), disinhibition ($\alpha = .83$), and increased risk-taking ($\alpha = .70$). Each item begins with the stem “After a few drinks of alcohol...” Representative items included: “I feel closer to a sexual partner” (Enhancement), “I am more likely to do sexual things that I wouldn’t do when sober” (Disinhibition), and “I am less likely to take precautions before having sex” (Increased Risk-Taking). Participants rate their agreement with each item on a 1 (*strongly disagree*) to 6 (*strongly agree*) scale. Higher scores indicate greater endorsement of sex-related alcohol expectancies.

Reliability and Use of Instruments in the Present Study

Feelings of Internal Consent Scales

Reliability for the feelings of internal consent scales was assessed at the last event and generally. Internal reliability was 0.94 for the last event scale and 0.89 for the general scale. Based on previous use of this subscale as a unified measure of consent/wantedness (Jozkowski et al., 2014), mean scores of the last event items and general items were used to represent participants' feelings of internal consent, last event and generally, in the analyses.

Sexual Agency Scale

For the sexual agency measures, Cronbach's alpha for the sexual assertiveness and sexual self-efficacy scales were 0.91 and 0.85, respectively. To create a composite measure of sexual agency, z-scores were created to combine each participant's responses to both sets of questions as the original scales, sexual assertiveness and sexual self-efficacy were on two different metrics. The reliability for the combined measure was 0.93. The mean of the z-scores was used to represent participants' sexual agency in the analyses, which is why the mean and standard deviation were 0 and 0.5 rather than the standard 0 and 1.

Attitudes about the Ability to Give Consent in Alcohol-Involved Sexual Experiences Scale

The attitudes about the ability to give consent in alcohol-involved sexual experiences scale proved to have poor reliability ($\alpha = 0.21$). An exploratory factor analysis, suggesting seven factors, was inconsistent with the two subscales of the original scale and unsupported by theory. Due to the scale's limited use in previous research and the lack of empirical support in this sample, we decided to instead utilize a single face-valid, item to assess participant's attitudes about the ability to give consent in alcohol-involved sexual

experiences (i.e., “A woman who is drinking heavily can still give legal consent to sexual activity”).

Sex-Related Alcohol Expectancies Scale

For the sex-related alcohol expectancies, reliability was good and consistent with previous research (Dermen & Cooper, 1994b). Cronbach’s alpha for the overall score was 0.88. Reliability for the three subscales was as follows: enhancement ($\alpha = 0.85$), disinhibition ($\alpha = 0.86$), and increased risk-taking ($\alpha = 0.81$).

Procedure

IRB protocol was submitted and approved according to UMass Boston procedures. Participants were then be invited via the UMB research listserv, psychology department listserv, and Psychology 101 courses to participate in a study about sexual consent and alcohol use. The request was distributed once a month across fall 2019. Participants were administered informed consent prior to the study, which they had to acknowledge the following before beginning the survey: their participation is voluntary, and they are an adult; they can discontinue at any time; their responses are kept confidential (see Appendix A for informed consent). They were also told that they survey will consist of measures on sexual agency, alcohol use, and consent and take approximately 20 minutes.

At the end of the survey, participants were thanked for their time and provided with the debriefing form, which included contact information for the Primary Investigator, advisor, and counseling and rape crisis resources. Participants were given the option of being entered into a drawing to win a \$20 Amazon giftcard or receive Psychology 101 extra credit.

Statistical Analyses

Data was first examined for missing data, outliers, and normality. Then, reliability analyses were run on the study measures. Next, bivariate correlations were reviewed to compare relationships among the variables and test hypotheses (H4; H10). Mann-Whitney U tests for categorical variables and regression for continuous variables were used to investigate differences among the demographic groups (H1-H3). Generalized linear modeling (GzLM) in SPSS was used to test predictive relationships and moderation hypotheses among sexual agency, attitudes about the ability to give consent, drinking, and feelings of internal consent (H5-H7). Simple slope analyses were conducted using Jeremy Dawson's linear interaction Excel templates (Dawson, 2014; Dawson & Richter, 2006) to depict and probe the significant two- and three-way interactions (H8; H9), based on Aiken and West (1991).

CHAPTER 4

RESULTS

Data Cleaning

In total, 387 participants initiated and consented to the survey. Participants who did not meet eligibility criteria (i.e., if they did not have alcohol-involved penile-vaginal sex in the past six months) were removed ($n = 146$). An additional two participants were removed who indicated both “0” drinks consumed at their last alcohol-involved sexual event and that they “never” engage in alcohol-involved sex. Forty-six participants were removed who did not complete the study (i.e., if they did not get to the last question). Preliminary analyses were conducted to determine if there were significant differences between participants who completed the study versus those that did not. There were no significant differences based on demographic characteristics (i.e., race and sexual orientation), but there was a drop off ($n = 13$; 6.7%) after the first item that asked about participants feelings of internal consent in their last alcohol-involved sexual experience.

The remaining data were examined for missing values, outliers, and normality of the distributions. Only 3 participants did not complete the measures needed for the primary study analyses (i.e., the sexual agency scales, attitudes about the ability to give consent, alcohol

consumption, and feelings of internal consent) and were removed. Comparing z-scores, no cases were found to have univariate outliers. Mahalanobis distance statistics indicated no clear multivariate outliers (Tabachnick & Fidell, 1996). Most scales were normally distributed, but the dependent variable, feelings of internal consent, was negatively skewed for both the last event of alcohol-involved sex (skewness = -1.61, SE = 0.19) and general drinking prior to sex (skewness = -1.43, SE = 0.18), with the majority of participants selecting the ceiling response (54.4% last event; 56.8% generally). Those who reported 0 drinks were not included in last event analyses but were included in the general analyses, provided they reported drinking prior to sex more than “never.” In the end, 190 participants were included in the general analyses and 158 were included in the last event analyses. As a reminder, “last event” refers to the last event of alcohol-involved sex while “general/ly” refers to their general experiences of alcohol-involved sex in the past six months; this language will be used throughout the results section.

Demographics and Descriptives of the Sample

As presented in Table 1, the mean age for the sample ($N = 190$) was 20.8 years old ($SD = 4.08$), ranging from 18 to 44 years old. Participants reported their year in school as follows: 36.8% first year, 27.4% sophomore, 14.7% junior, 17.4% senior, and 3.7% other (including non-degree students, transfer students, and one fifth year senior). The race of the sample was as follows: 50% White, 7.4% Black or African American, 26.8% Hispanic, 11.6% Asian or Asian American (Asian and Southeast Asian categories were combined), and 2.1% Multiracial. The majority of participants identified as heterosexual or straight (80%). The rest of the sample identified as follows: 14.7% bisexual, 1.6% gay or lesbian, 2.6%

questioning, and 1.1% other (including participants identifying as homoflexible and pansexual). Participants reported their relationship status as follows: 14.7% not currently dating, 28.9% casually dating or engaging in hook ups, 4.7% in a non-exclusive or non-monogamous relationship, 48.9% in an exclusive/monogamous relationship, and 2.6% other (such as dating their ex-partner).

Table 1: Participant demographic information

Characteristic	Response	Frequency
Age (Mean, SD)		20.8 (4.08)
Year in School	Freshman	70 (36.8%)
	Sophomore	52 (27.4%)
	Junior	28 (14.7%)
	Senior	33 (17.4%)
	Other	7 (3.7%)
Race	White	95 (50%)
	Black	14 (7.4%)
	Hispanic	51 (26.8%)
	Asian	19 (10%)
	SE Asian	3 (1.6%)
	Multiracial	4 (2.1%)
Sexual Orientation	Heterosexual/Straight	152 (80%)
	Gay/Lesbian	3 (1.6%)
	Bisexual	28 (14.7%)
	Questioning	5 (2.6%)
	Other	2 (1.1%)
Relationship Status	Not currently dating	28 (14.7%)
	Casually dating or engaging in hook ups	55 (28.9%)
	In a non-exclusive or non-monogamous relationship	9 (4.7%)
	In an exclusive/monogamous relationship	93 (48.9%)
	Other, please describe	5 (2.6%)

Sex and Alcohol Related Descriptives

As presented in Table 2, descriptive information collected from participants about their general and last event of sexual engagement and alcohol consumption was as follows.

General Descriptives

The average age of first intercourse, among those with a history of sexual intercourse, was 16.57 years old (SD = 1.54; range = 13-21 years old). In terms of sexual frequency, the majority of participants reported engaging in vaginal-penile sex once a week or more (50.5%). The rest of the sample reported rates as follows: less than once a month (8.9%), about once a month (14.7%), and two to three times per month (25.8%). In terms of their frequency of alcohol consumption, participants reported the following: monthly or less (31.1%), two to four times per month (42.1%), two to three times per week (24.7%), with the minority reporting drinking four times or more per week (1.6%) or never (0.5%). On a typical day in which participants consumed alcohol, the number of drinks were as follows: 1-2 drinks (32.1%), 3-4 drinks (35.3%), 5-6 drinks (25.8%), 7-9 drinks (6.3%), and 10 or more drinks (0.5%). In terms of binge drinking (i.e., consuming four or more drinks on one occasion; Hoeppepner et al., 2013), most of the sample engaged in this behavior less than monthly (48.4%) while others reported binge drinking never (12.6%), monthly (21.6%), or weekly (17.4%). In terms of engagement in sexual intercourse after consuming alcohol, the majority reported either drinking rarely prior to sex (45.8%) or some of the time (43.2) with the minority reporting they drank most of the time prior to sex (6.3%), always (3.2%), or never (1.6%) prior to sex. The participants who selected “never” drinking prior to sex

reported consuming at least one drink prior to their last sexual event and thus were included in the general analyses.

Last Event Descriptor

Participants also indicated how many drinks they consumed the last time they had alcohol-involved sexual intercourse. As discussed above, 158 participants met this criterion, reporting 1 or more drinks consumed prior to their last sexual event. For these participants, the mean number of drinks consumed was 3.97 drinks ($SD = 1.99$) with a range of 1 to 10 drinks.

Table 2: Participant descriptive information

Characteristic	Response	N (%)
Age of First Intercourse (Mean, SD)		16.57 (1.54)
Frequency of Sex	Less than once a month	17 (8.9%)
	About once a month	28 (14.7%)
	2-3 times a month	49 (25.8%)
	Once a week or more	96 (50.5%)
Frequency of Alcohol Consumption	Never	1 (0.5%)
	Monthly or less	59 (31.1%)
	2 to 4 times a month	80 (42.1%)
	2 to 3 times a week	47 (24.7%)
	4 or more times a week	3 (1.6%)
Average # of Drinks Consumed	1 or 2	61 (32.1%)
	3 or 4	67 (35.3%)
	5 or 6	49 (25.8%)
	7 to 9	12 (6.3%)
	10 or more	1 (0.5%)
Frequency of Binge Drinking	Never	24 (12.6%)
	Less than monthly	92 (48.4%)
	Monthly	41 (21.6%)
	Weekly	33 (17.4%)
Frequency of Drinking Prior to Sex	Never	3 (1.6%)
	Rarely	87 (45.8%)
	Some of the time	82 (43.2%)
	Most of the time	12 (6.3%)
	Always	6 (3.2%)
# of Drinks Last Sexual Event (M, SD)		3.97 (1.99)

Preliminary Analyses

Bivariate Correlations

As presented in Table 3, correlations were run among the main study variables. Hypothesis 4 was not supported in that sexual agency was not significantly correlated with attitudes about the ability to give consent in alcohol-involved sexual experiences. Hypothesis 10 was supported in that the endorsement of sex-related alcohol expectancies (SRAE) was positively correlated with number of drinks consumed prior to sex at the last event ($r = 0.22$, $p < .001$) and frequency of drinking prior to sex generally ($r = 0.28$, $p < .001$).

Considering that each sex-related alcohol expectancy may have a different relationship with drinking, correlations were also run among the three SRAE sub-scales (enhancement, risk taking, and disinhibition) and the last event and general drinking variables (see Table 4). In terms of the last event of alcohol-involved sex, number of drinks consumed prior to sex was positively correlated with disinhibition ($r = 0.27$, $p < .001$) but not significantly related to risk taking or enhancement. Generally, the frequency of drinking prior to sex was positively correlated with risk taking ($r = 0.19$, $p < .001$) and disinhibition ($r = 0.35$, $p < .001$) but not significantly related to enhancement. Thus, when the SRAE sub-scales were examined individually, hypothesis 10 was further supported for disinhibition (last event and generally) and risk taking (generally), but it was not supported for enhancement (last event or generally) and risk taking (last event).

Table 3: Bivariate correlations between main study variables

	M	SD	Range	1	2	3	4	5	6	7
1. Relationship status	0.5	0.50	0 or 1							
2. Sexual agency	0	0.50	-1.81-.91	.35**						
3. Attitudes about consent	1.6	1.59	0-6	-.15*	-.04					
4. SRAE	1.4	0.58	0-3	-.27**	-.42**	.15*				
5. # of drinks (event)	3.9	1.99	1-10	-.19*	-.26**	.25**	.22**			
6. General frequency of drinking prior to sex (event)	1.6	0.76	0-4	-.33**	-.32**	.20**	.28**	.42**		
7. Consent (event)	2.5	0.60	0-3	.29**	.40**	-.04	-.25**	-.15	-.21**	
8. Consent (general)	3.6	0.54	2-4	.28**	.45**	-.07	-.40**	-.18*	-.25**	.57**

Note: *M* and *SD* are used to represent mean and standard deviation, respectively.

N=190, except for correlations with # of drinks (event) and consent (event) where *N*=158; Pearson correlations used for bivariate correlations, except for consent (event) and consent (general) which used Spearman rho to account for skewness of these variables.

SRAE = Sex-related alcohol expectancies; * indicates $p < .05$. ** indicates $p < .01$.

Table 4: Bivariate correlations between sex-related drinking expectancies and drinking variables

	M	SD	Range	1	2	3	4
1. # of drinks (event)	3.97	1.99	1-10				
2. General frequency of drinking prior to sex	1.64	0.76	0-4	.35**			
3. SRAE Enhancement	1.78	0.64	0-3	.10	.12		
4. SRAE Risk taking	1.20	0.79	0-3	.15	.19**	.27**	
5. SRAE Disinhibition	1.28	0.77	0-3	.27**	.35**	.44**	.61**

Note: *M* and *SD* are used to represent mean and standard deviation, respectively.

N=190, except for correlations with # of drinks (event) where *N*=158.

SRAE = Sex-related alcohol expectancies; * indicates $p < .05$. ** indicates $p < .01$.

Analyses of Demographic Group Differences in Feelings of Internal Consent

A series of Mann-Whitney U tests were conducted to examine group differences among the demographic variables on the feelings of internal consent, last event and general measures. The Mann-Whitney two-sample rank-sum test was selected as it is an alternative to the independent samples *t*-test that can account for non-normal distributions (Gravetter & Wallnau, 2009). To test hypothesis 1, mean rank differences for women's feelings of internal consent were compared based on class year, with class year recoded into "first year" ($n=70$) and "other class years" ($n=120$). The results of the one-tailed Mann-Whitney U test were not significant for (a) the last event they had alcohol-involved sex ($U = 2734.50$, $z = -0.57$, $p = 0.28$) or (b) general alcohol-involved sex in the past six months ($U = 3857$, $z = -1.04$, $p = 0.15$; see Table 5). Thus, the hypothesis that women in their first year of college will report weaker feelings of internal consent was rejected.

Table 5: One-tailed Mann-Whitney Test comparing internal consent by year in school

Variable	Mean Rank		<i>U</i>	<i>z</i>	<i>p</i>
	First year	Other years			
a. consent (event)	82.03	78.07	2734.50	-0.57	0.28
b. consent (general)	100.40	92.64	3857.00	-1.04	0.15

Note: *U* = Mann-Whitney U test statistic; *N* (event) = 158, *N* (general) = 190; last event internal consent was measured on a scale from 0-3 while general internal consent was measured on a scale from 0-4.

To test hypothesis 2, mean rank differences for women’s feelings of internal consent were compared based on relationship status, with relationship status recoded into “single” (those who identified as single or casually dating; *n* = 85) and “in a relationship” (those who identified being in a monogamous or non-monogamous relationship; *n* = 105). The findings of the one-tailed Mann-Whitney U test were significant for (a) the last event they had alcohol-involved sex ($U = 2148.50, z = -3.69, p < .001$) and (b) generally in the past six months ($U = 3149, z = -3.86, p < .001$; see Table 6). At the last event, the median feelings of internal consent for women in a relationship was greater (md = 3.0) compared to the median for single women (md = 2.6). Generally, women in relationships also had greater median feelings of internal consent (md = 4.0) compared to single women (md = 3.8). Thus, hypothesis 2 was supported, confirming previous research that women in relationships are more likely than single women to report stronger feelings of internal consent (Jozkowski, 2013; Jozkowski & Wiersma, 2015).

Table 6: One-tailed Mann-Whitney Test comparing internal consent by relationship status

Variable	Mean Rank		<i>U</i>	<i>z</i>	<i>p</i>
	Single	Relationship			
a. consent (event)	66.77	91.30	2148.50	-3.69	< .001
b. consent (general)	80.05	108.01	3149.00	-3.86	< .001

Note: *U* = Mann-Whitney U test statistic; last event internal consent was measured on a scale from 0-3 while general internal consent was measured on a scale from 0-4.

To test hypothesis 3, Mann-Whitney U tests were conducted to compare mean ranks on internal consent for sexual orientation and race / ethnicity while nonparametric regression was used to test whether age was predictive of internal consent, given age is a continuous variable (Heppner & Heppner, 2004). To maintain consistency with the previous hypothesis tests, sexual orientation was recoded into “straight” ($n = 152$) and “LGBTQ+” ($n = 38$) and race / ethnicity was recoded into “white women” ($n = 95$) and “women of color” ($n = 95$). No significant differences were found between straight-identified women and LGBTQ+ identified women (a) the last event they had alcohol-involved sex and (b) generally in the past six months (see Table 7). Additionally, no significant differences were found between white women and women of color (a) the last event they had alcohol-involved sex and (b) general alcohol-involved sex in the past six months (see Table 8). Due to the negatively skewed distribution of the dependent variable, generalized linear modeling (GzLM) was used to regress age onto internal consent. As discussed further in this section, the gamma distribution was used for last event analyses and the normal distribution was used for general analyses based on model fit. Age was not found to be a significant predictor of internal consent (a) at the last event or (b) generally (see Table 9). Thus, hypothesis 3 was supported

in that there were no significant differences in internal consent based on age, sexual orientation, or race / ethnicity.

Table 7: Two-tailed Mann-Whitney Test comparing internal consent by sexual orientation

Variable	Mean Rank		<i>U</i>	<i>z</i>	<i>p</i>
	Straight	LGBTQ			
a. consent (event)	80.69	74.43	1768	-0.74	0.46
b. consent (general)	98.24	84.53	2471.00	-1.52	0.13

Note: *U* = Mann-Whitney U test statistic; last event internal consent was measured on a scale from 0-3 while general internal consent was measured on a scale from 0-4.

Table 8: Two-tailed Mann-Whitney Test comparing internal consent by race / ethnicity

Variable	Mean Rank		<i>U</i>	<i>z</i>	<i>p</i>
	White	WOC			
a. consent (event)	80.78	78.34	3016.50	-0.37	0.71
b. consent (general)	95.45	95.55	4508.00	-0.01	0.99

Note: *U* = Mann-Whitney U test statistic; last event internal consent was measured on a scale from 0-3 while general internal consent was measured on a scale from 0-4.

Table 9: GzLM test of model effects of age on internal consent

	a. Consent (event)			b. Consent (general)		
	B	Wald χ^2	Sig.	B	Wald χ^2	Sig.
age	.004	0.99	0.32	-.002	0.03	0.86

Note: Wald χ^2 = Wald Chi-square, the significance test for GzLM, similar to *t*-tests in linear regression. Gamma distribution used for last event and normal distribution used for general.

Generalized Linear Modeling of the Predictive Relationships and Moderation among Sexual Agency, Attitudes about the Ability to Give Consent, Drinking, and Feelings of Internal Consent

Goodness of Fit Indices

Generalized linear modeling (GzLM) was used to examine the relationships among sexual agency, attitudes about the ability to give consent in alcohol-involved sexual experiences, and drinks consumed (i.e., the number for the last event and the frequency of drinking prior to sex for the past six months). GzLM was selected as it allows for custom distribution selection, which was needed to account for the negative skew of the dependent variable (i.e., feelings of internal consent).

To test distribution fit for the last event model, a model with a normal distribution was compared to a model using the gamma distribution, which accounts for nonlinear, skewed distributions (McCullagh & Nelder, 1989; Neal & Simmons, 2007). Based on the deviance, AIC, BIC, and loglikelihood (LL) values (Garson, 2016), the gamma distribution was selected for the last event model as it substantially improved model fit (see Table 10).

To test distribution fit for the general model, a model with a normal distribution was compared to a model using the gamma and binary distributions. Since there were discrepancies between the deviance scores and the AIC, BIC, and LL values (see Table 11), across models, we used the more often reported and stringent AIC and BIC fit criteria to select the normal distribution (Garson, 2016).

Table 10: Last event distribution fit model comparisons

	Normal distribution	Gamma distribution
Deviance	47.15	6.20
AIC	266.74	244.28
BIC	284.96	262.58
LL	-127.37	-116.14

Note: Based on main effect models; AIC= Akaike's Information Criterion; BIC= Bayesian Information Criterion; LL= Loglikelihood

Table 11: General distribution fit model comparisons

	Normal distribution	Gamma distribution	Binary distribution
Deviance	40.91	3.89	225.77
AIC	259.43	298.53	235.77
BIC	278.91	318.02	252
LL	-123.716	-143.267	-112.89

Note: Based on main effect models; AIC= Akaike's Information Criterion; BIC= Bayesian Information Criterion; LL= Loglikelihood

Data Analysis and Model Construction

All predictors were standardized with z-scores before being entered into the models. Since there were significant differences in feelings of internal consent based on relationship status, this variable was entered as a co-variate. The GzLMs were built with main effects entered in the first model, two-way interactions entered in the second model, and three-way interactions entered in the third model. Table 12 includes the parameter estimates and Wald chi-square statistics for the main and interaction effects from the GzLM analyses for last event of alcohol-involved sex and Table 13 includes these for general alcohol-involved sex in the past six months. Whereas linear regressions use F and t -tests to assess the significance of the model and predictors, GzLMs use z and Wald chi-square tests of significance.

Likelihood ratio tests were conducted between each level of the last event and general models to determine if each additional set of interactions improved upon the models. By comparing the difference between the log-likelihood values times -2 and the difference in

degrees of freedom between the models in a chi-square table, one can determine the better fit of the model to the data (Garson, 2016). For the last event models, the two-way model was not a significant improvement over the main effect model, $X^2(3, N = 158) = 2.41, p = 0.49$; however, the three-way model was a significant improvement over the two-way model, $X^2(1, N = 158) = 7.34, p < 0.05$. For the general models, the two-way model was a significant improvement over the main effect model, $X^2(3, N = 190) = 10.55, p < 0.05$; however, the three-way model was not a significant improvement over the two-way model, $X^2(1, N = 190) = 2.13, p = 0.14$.

Feelings of Internal Consent in the Last Event of Alcohol-Involved Sex

Main Effects

When only main effects were entered into the model (Table 12, Model 1), there was a significant positive main effect of sexual agency on feelings of internal consent, providing support for hypothesis 5 (last event). There were no significant main effects for attitudes about the ability to give consent or number of drinks consumed prior to sex; thus, hypotheses 6 and 7 (last event) were not supported. Relationship status was a significant predictor in all levels of the event models.

Two-way and Three-way Interactions

As shown in Table 12, Model 3, the three-way interaction among sexual agency, attitudes about the ability to give consent, and drinks consumed was significant. This provides initial support for hypothesis 10 (last event), which is further modeled and tested via simple slope analyses (Figure 3). The two-way interaction between sexual agency and attitudes about the ability to give consent was also significant; it is also depicted and probed via simple slope analyses (Figure 4).

Table 12: Last event GzLM parameter estimates of main and interactive effects of sexual agency on feelings of internal consent

	Model 1			Model 2			Model 3		
	B	Wald X ²	Sig	B	Wald X ²	Sig	B	Wald X ²	Sig
Relationship Status	-0.09	8.65	0.00	-0.09	8.18	0.00	-0.08	7.38	0.01
Sexual Agency	0.12	13.13	0.00	0.13	14.88	0.00	0.16	26.53	0.00
Attitudes	0.00	0.02	0.88	-0.01	0.47	0.49	-0.01	0.58	0.45
Drinks	0.00	0.01	0.93	0.00	0.03	0.86	-0.01	0.13	0.72
Sexual Agency x Attitudes				0.03	1.24	0.27	0.06	4.27	0.04
Sexual Agency x Drinks				0.00	0.01	0.92	0.03	0.94	0.33
Attitudes x Drinks				0.03	2.69	0.10	0.01	0.75	0.39
Agency x Attitudes x Drinks							-0.10	7.86	0.01

Note: N=156; Attitudes = attitudes about the ability to give consent in alcohol-involved sexual experiences; Drinks = number of drinks consumed prior to last event of alcohol-involved sex

Simple Slopes Analyses: Three-Way Interaction

The significant interaction was probed by plotting the simple regression lines between sexual agency and feelings of internal consent for participants' attitudes about the ability to give consent (at the 16th and 84th percentiles) for different values of drinks consumed (at the 16th and 84th percentiles; Figure 3). Values at the 16th and 84th percentiles were used to ensure the values plotted were within the range of possible values for the dependent variable (Hayes, 2017). To ensure the values plotted were within the regions of significance, the Preacher, Curran, and Bauer (2006) interaction utility was used to determine the values for attitudes about the ability to give consent that were within the regions of significance for drinks consumed. Combining these two methods, the values plotted are within the regions of significant and can be interpreted accordingly. Additionally, error bars were included on the graph to show the standard error of the slopes; these were calculated based on the simple slope and t-critical value. Areas in which the error bars overlap indicate these two slopes do not significantly differ from each other.

Simple slope analyses were conducted to determine if the four slopes, indicating the four combinations of attitudes and drinks, significantly differed from zero (Aiken & West, 1991). The slope for women high in attitudes and high in drinks, $t(149) = 1.64, p = 0.10$, and the slope for women low in attitudes and low in drinks, $t(149) = 0.49, p = 0.63$, did not differ from zero. However, the slope for women high in attitudes and low in drinks, $t(149) = 3.86, p < .001$, and the slope for women low in attitudes and high in drinks, $t(149) = 3.80, p < .001$, significantly differed from zero.

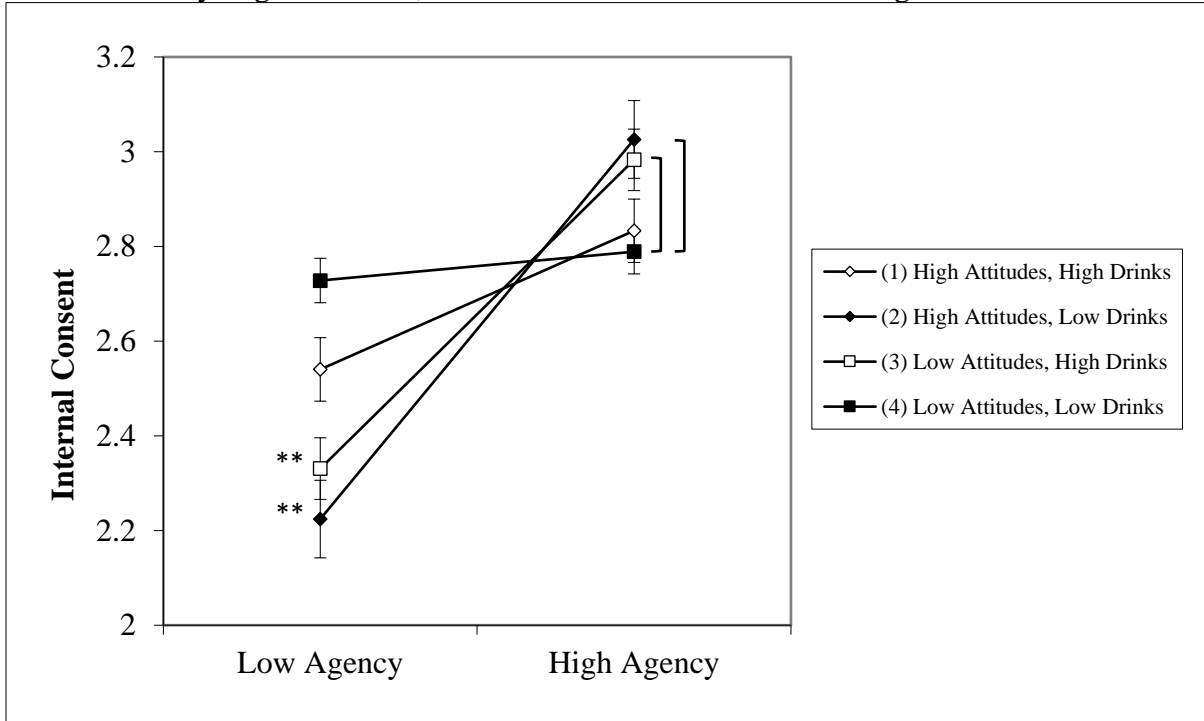
Slope difference tests were conducted to determine if the slopes for attitudes and drinks significantly differed from each other (Dawson & Richter, 2006). The slope difference tests indicated that two pairs of slopes were significantly different from each other. The first pair of slopes was high attitudes / low drinks and low attitudes / low drinks ($p = .004$). High attitudes / low drinks had a significantly greater slope than low attitudes / low drinks (slopes 2 and 3 in Figure 3), indicating a stronger relationship between sexual agency and feelings of internal consent in the former than the latter. The second pair of slopes that were significantly different from each other was low attitudes / high drinks and low attitudes / low drinks ($p = .006$). Low attitudes / high drinks had a significantly greater slope than low attitudes / low drinks (slopes 2 and 4 in Figure 3), indicating that the former had a stronger relationship between sexual agency and feelings of internal consent than the latter.

In respect to hypothesis 9a (last event), women high in sexual agency, with high attitudes about the ability to give consent, who consumed less alcohol (low drinks) reported the highest feelings of internal consent. However, the overlapping error bars between the high attitudes / low drinks slope and the low attitudes / high drinks slope on the right side of the graph indicate that it is less likely these two slopes are significantly different from each other among those with high agency. The high attitudes / high drinks slope and the low attitudes / low drinks slope also overlap, indicating these do not significantly differ from each other. Therefore, for women with high agency, it appears that the combination of high attitudes and low drinks or low attitudes and high drinks led to higher reported feelings of internal consent than women with high attitudes and high drinks or low attitudes and low drinks. Thus, the three-way interaction described in hypothesis 9a (last event) was only

partially supported, but the results should be interpreted with caution due to the overlap of the error bars of the slopes.

In respect to hypothesis 9b (last event), women low in sexual agency, with low attitudes about the ability to give consent, who consumed more alcohol were among those that reported the lowest feelings of internal consent. However, the slope for women with low attitudes / high drinks and high attitudes / low drinks overlap, indicating it is less likely there is a significant difference between the two. Comparatively, those with low attitudes about the ability to give consent and low drinks had the highest feelings of consent and women with high attitudes about the ability to give consent and high drinks had the second highest. Thus, for women with low sexual agency, when one's attitudes aligned with one's drinks consumed (i.e., high / high and low / low), feelings of internal consent were overall higher than when one's attitudes are mismatched with one's drinks consumed (i.e., high / low and low / high). While hypotheses 9a and 9b received mixed support, higher sexual agency was generally predictive of higher feelings of internal consent across attitudes and drinking patterns.

Figure 3: Simple slope analysis of the three-way interaction between sexual agency, attitudes about the ability to give consent, and drinks at the last event on feelings of internal consent



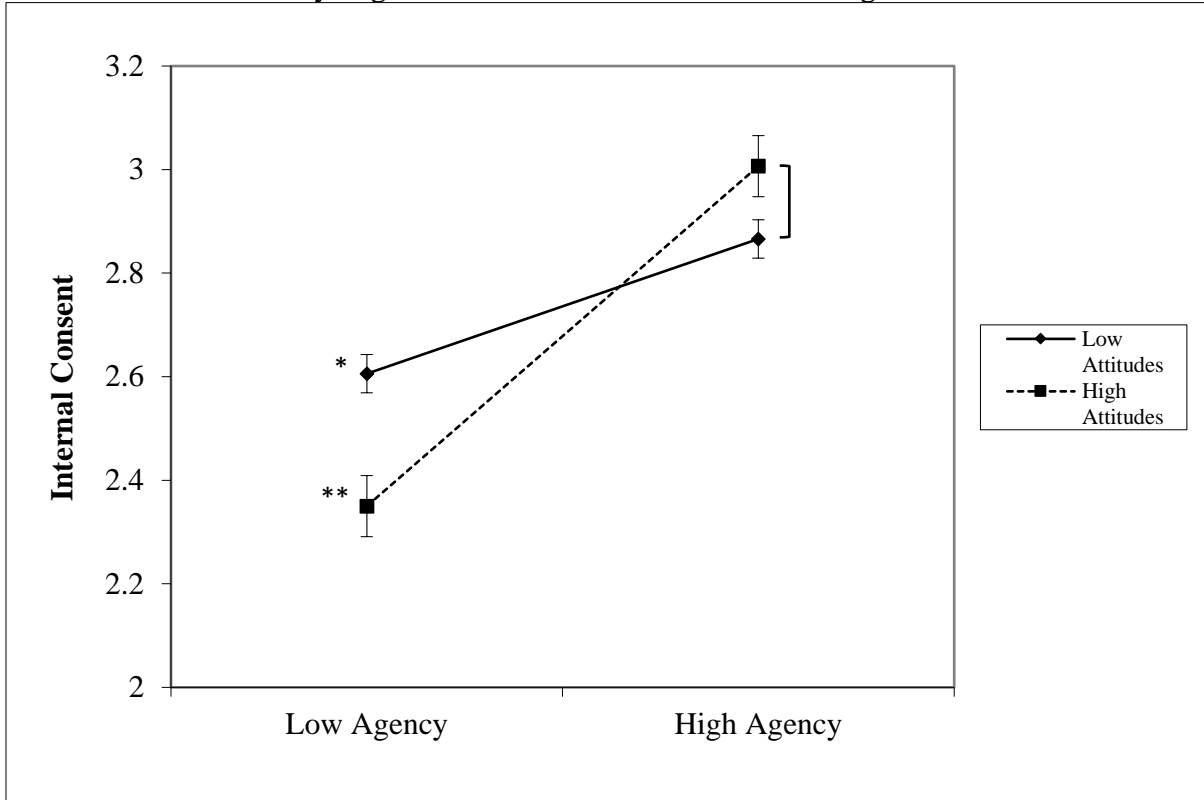
Note: Asterisks denote slopes that are significantly different from zero. ** $p \leq 0.001$, * $p \leq 0.01$. Brackets denote slopes that are significantly different from each other.

Simple Slopes Analyses: Two-Way Interaction between Sexual Agency and Attitudes

The significant interaction was probed by plotting the simple regression lines between sexual agency and feelings of internal consent for participants' attitudes about the ability to give consent (at the 16th and 84th; Figure 4). Simple slope analyses were conducted to determine if the slopes significantly differed from zero (Aiken & West, 1991). For women high in attitudes, the slope was significantly different from zero, $t(149) = 4.20, p < .001$. For women low in attitudes, the slope also significantly differed from zero, $t(149) = 2.58, p = .01$. Given the significant interaction between attitudes and sexual agency ($p = 0.04$), the slopes are significantly different from each other (Dawson & Richter, 2006).

Supporting hypothesis 8a (last event), women higher in sexual agency with high attitudes about the ability to give consent reported the highest feelings of internal consent. Inconsistent with hypothesis 8b (last event), women low in sexual agency with low attitudes about the ability to give consent reported higher feelings of internal consent than women with higher attitudes. In general, higher agency remains predictive of higher feelings of internal consent.

Figure 4: Simple slope analysis of the two-way interaction between sexual agency and attitudes about the ability to give consent at the last event on feelings of internal consent



Note: Asterisks denote slopes that are significantly different from zero. ** $p \leq 0.001$, * $p \leq 0.01$. Brackets denote slopes that are significantly different from each other.

General Feelings of Internal Consent in Alcohol-Involved Sex in the Past Six Months

Main Effects

When only main effects were entered into the model (Table 13, Model 1), there was a significant positive main effect of sexual agency on feelings of internal consent, providing support for hypothesis 5 (general). There were no significant main effects for attitudes about the ability to give consent or frequency of drinking prior to sex; thus, hypotheses 6 and 7 (general) were not supported. Relationship status was not a significant predictor in all levels of the general models.

Two-Way and Three-Way Interactions

As shown in Table 13, Model 2, the two-way interaction between sexual agency and attitudes was significant ($p = 0.03$), thus providing support for hypothesis 8 (general). The two-way interaction between attitudes and frequency of drinking prior to sex was also significant ($p = 0.01$). The simple regression lines are depicted in Figures 5 and 6, respectively, and discussed below. The three-way interaction among sexual agency, attitudes about the ability to give consent, and frequency of drinking prior to sex was not significant (Table 13, Model 3); thus, hypothesis 10 (general) was not supported.

Table 13: General GzLM parameter estimates of main and interactive effects of sexual agency on feelings of internal consent

	Model 1			Model 2			Model 3		
	B	Wald X ²	Sig	B	Wald X ²	Sig	B	Wald X ²	Sig
Relationship Status	-0.04	3.06	0.08	-0.04	3.24	0.07	-0.04	3.32	0.07
Sexual Agency	0.13	28.03	0.00	0.13	34.45	0.00	0.14	39.32	0.00
Attitudes	0.01	0.40	0.53	0.00	0.00	0.98	0.00	0.19	0.66
Drinking	-0.01	0.63	0.43	-0.01	0.74	0.39	-0.01	0.58	0.45
Sexual Agency x Attitudes				0.05	5.02	0.03	0.06	7.06	0.01
Sexual Agency x Drinking				-0.01	0.13	0.72	-0.01	0.21	0.64
Attitudes x Drinking				0.03	7.13	0.01	0.02	5.91	0.02
Agency x Attitudes x Drinking							-0.03	1.31	0.25

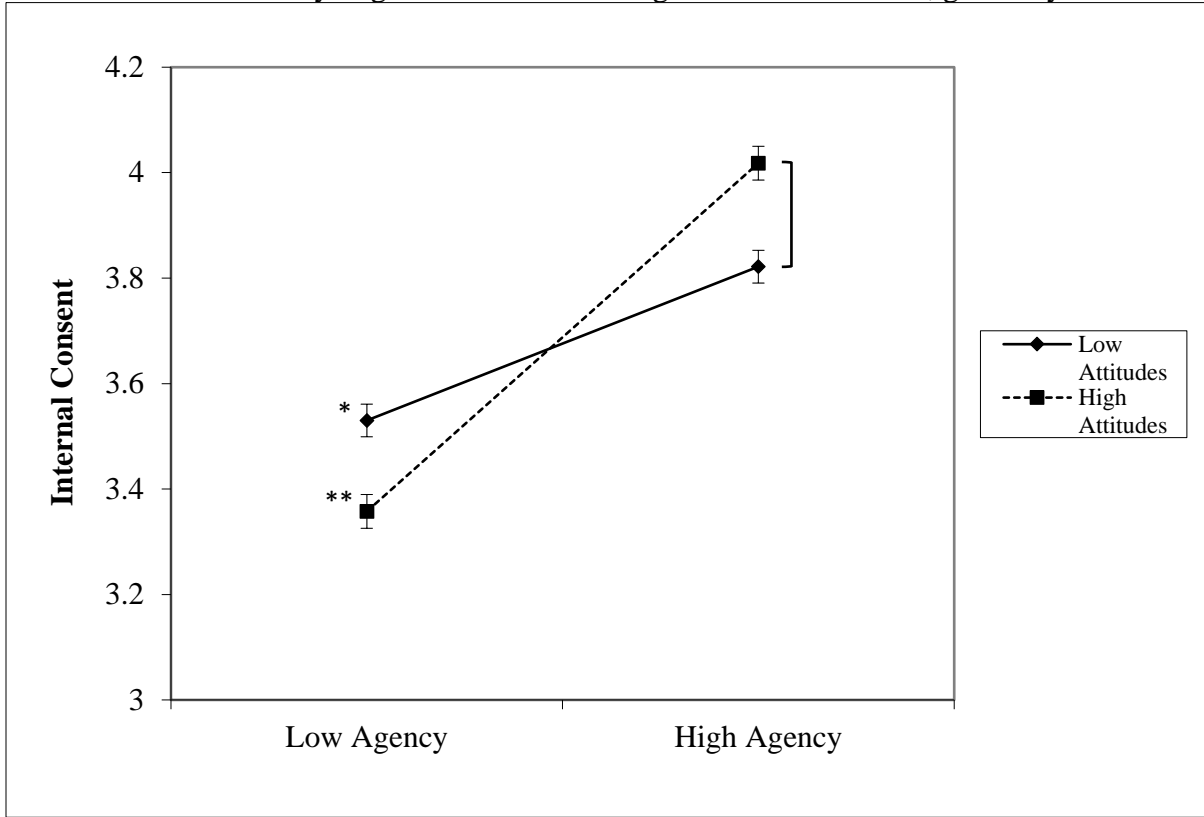
Note: N= 190; Attitudes = attitudes about the ability to give consent in alcohol-involved sexual experiences; Drinking = frequency of drinking prior to sex

Simple Slopes Analyses: Two-Way Interaction between Sexual Agency and Attitudes

The significant interaction was probed by plotting the simple regression lines between sexual agency and feelings of internal consent for participants' attitudes about the ability to give consent (at the 16th and 84th; Figure 5). Simple slope analyses were conducted to determine if the slopes significantly differed from zero (Aiken & West, 1991). For women high in attitudes, the slope was significantly different from zero, $t(182) = 5.56, p < .001$. For women low in attitudes, the slope was also significantly different from zero, $t(182) = 2.53, p = 0.01$. Given the significant interaction between sexual agency and attitudes about the ability to give consent ($p = 0.03$; Table 13, Model 2), the slopes are significantly different from each other (Dawson & Richter, 2006).

Supporting hypothesis 8a (general), women higher in sexual agency with high attitudes about the ability to give consent reported the highest feelings of internal consent. Inconsistent with hypothesis 8b (general), women low in sexual agency with low attitudes about the ability to give consent reported higher feelings of internal consent than women with higher attitudes. In general, higher agency remains predictive of higher feelings of internal consent.

Figure 5: Simple slope analysis of the two-way interaction between sexual agency and attitudes about the ability to give consent on feelings of internal consent, generally



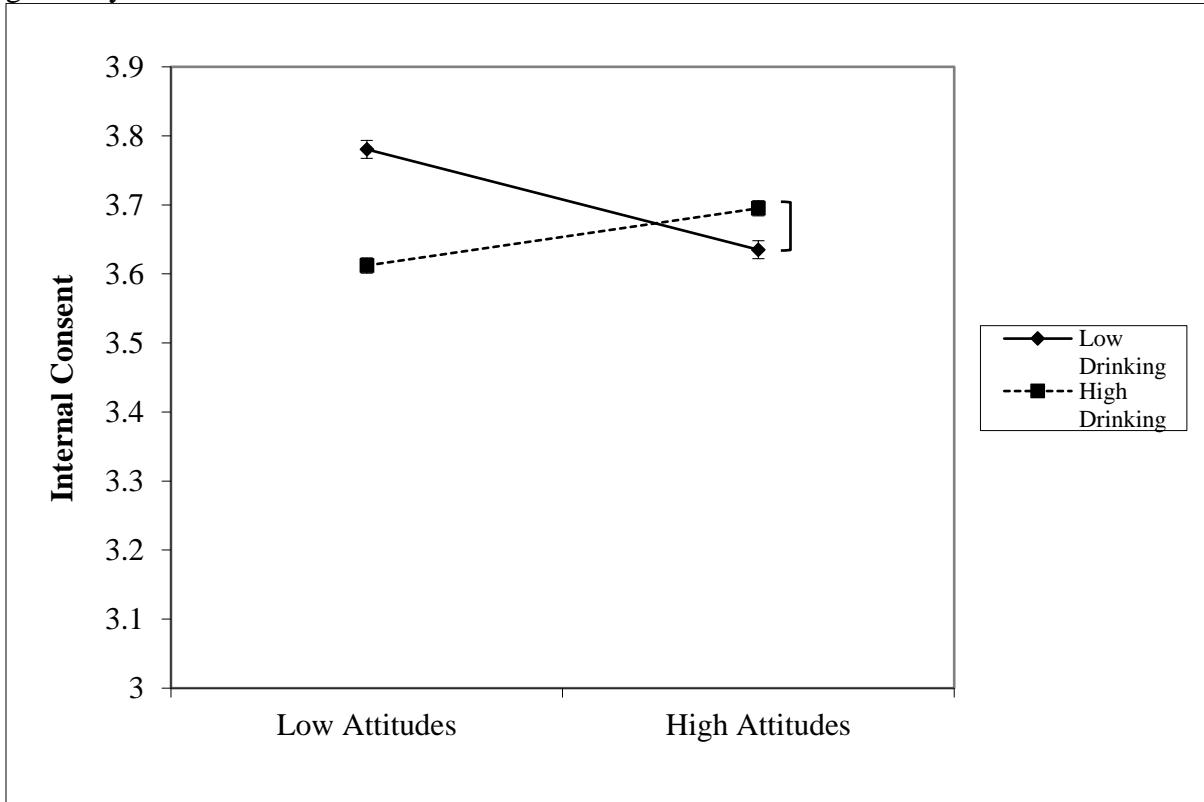
Note: Asterisks denote slopes that are significantly different from zero. ** $p \leq 0.001$, * $p \leq 0.01$. Brackets denote slopes that are significantly different from each other.

Simple Slopes Analyses: Two-Way Interaction between Attitudes and Frequency of Drinking Prior to Sex

The significant interaction was probed by plotting the simple regression lines between attitudes about the ability to give consent and feelings of internal consent for participants' frequency of drinking prior to sex (at the 16th and 84th; Figure 6). Simple slope analyses were conducted to determine if the slopes significantly differed from zero (Aiken & West, 1991). For women high in drinking prior to sex, the slope was not significantly different from zero, $t(182) = 1.13, p = 0.26$. For women low in drinking prior to sex, the slope was also not significantly different from zero, $t(182) = -1.61, p = 0.11$. However, given the significant interaction between attitudes about the ability to give consent and frequency of drinking prior to sex ($p = 0.01$; Table 13, Model 2), the slopes are significantly different from each other (Dawson & Richter, 2006).

As shown in Figure 6, among women with low attitudes about the ability to give consent, those with low drinking prior to sex reported higher feelings of internal consent than women with high drinking prior to sex. Among women with high attitudes about the ability to give consent, those with high drinking prior to sex reported higher feelings of internal consent than women with low drinking prior to sex. Thus, when one's attitudes about the ability to give consent in alcohol-involved sexual experiences aligned with one's drinking prior to sex, feelings of internal consent were higher, and when one's attitudes did not align with one's drinking, feelings of internal consent were lower.

Figure 6: Simple slope analysis of the two-way interaction between attitudes about the ability to give consent and frequency of drinking prior to sex on feelings of internal consent, generally



Note: Asterisks denote slopes that are significantly different from zero. ** $p \leq 0.001$, * $p \leq 0.01$. Brackets denote slopes that are significantly different from each other.

CHAPTER 5

DISCUSSION

The study examined the relationship among sexual agency, attitudes about the ability to give consent in alcohol-involved sexual experiences, and alcohol consumption prior to sex, and how these impact college women's feelings of internal consent in their sexual encounters. The call for this study arose from the widespread use of alcohol prior to sex in college students, the prevalence of sexual assault and risky sexual behaviors in this population, and the way in which current campus approaches to reduce these issues fail to consider the larger gendered context surrounding sexual engagement and alcohol consumption. The purpose was to better understand college women's drinking prior to sex through a contextualized lens that considers the impact of traditional heteronormative gender scripts on women's sexuality, integrating sexual agency as a response to issues of gender inequality. This chapter will discuss the results of the study in the context of relevant literature, the strengths and limitations of this study, future areas of research, as well as implications for college campus policy, education and outreach, and clinical practice.

Summary of Findings

The main findings of the study include the significant predictive relationship of college women's sexual agency on the extent to which their alcohol-involved sexual experiences felt consensual, the relationship between women's attitudes about the ability to give consent in alcohol-involved sexual experiences and how much they drink prior to sex, and the impact of their relationship status on the extent to which they felt their sex was consensual. College women who had higher sexual agency consistently reported higher feelings that their sex felt consensual after alcohol-involved sexual experiences, for both the last event of alcohol-involved sex and those that occurred over the past six months. This was consistent regardless of women's attitudes about their ability to give consent after drinking and how much they typically drink prior to sex. However, at the last event of alcohol-involved sex, consistency between a woman's attitudes about the ability to give consent after drinking and the amount she drank or did not drink prior to sex influenced the extent to which she felt the sex was consensual. When a woman's attitudes were consistent with her drinking behavior, her sex felt more consensual than when a woman's attitudes were discordant with her drinking behavior. Additionally, women in relationships, in comparison to single women and women who were casually dating, reported higher feelings of their sex feeling consensual in their last alcohol-involved sexual experience and those that occurred over the past six months. It is also noteworthy that most women in this study reported feeling that they consented to sex in the majority of their alcohol-involved sexual experiences. In the following sections, I examine each research question and hypothesis individually.

Research Question 1: Demographics and Feelings of Internal Consent

My first research question pertained to whether there were differences in the extent to which women's alcohol-involved sexual experiences felt consensual based on their demographic characteristics. In hypothesis 1, I hypothesized that women in their first year of college would report lower feelings that their sex felt consensual in comparison to women in other class years. This hypothesis was based on research that first-year students are among those at highest risk for sexual victimization (for a review, see Krebs et al., 2007). Given the respectively higher rates of sexual victimization in first-year college students, I thought that women in their first year might experience lower feelings that their sex felt consensual. Hypothesis 1 was not supported in that there was not a significant difference in the sex feeling consensual between women in their first year and women in other years of college, at the last event or generally. A number of differences in the sample may have contributed to this finding. The students in the sample differed in their engagement in drinking prior to sex from traditional college students which may result in a lack of effect. Additionally, students at a commuter campus may be less likely than traditional students to attend parties on campus where sexual victimization is prevalent and may be more likely to live at home and work while in school.

In hypothesis 2, I hypothesized that women in relationships would report higher feelings that their sex felt consensual than single women, including women casually dating. The literature on women's perceptions of their consent in alcohol-involved sexual experiences has consistently observed the impact of relationship status in this direction (Jozkowski, 2013; Jozkowski & Wiersma, 2015). Hypothesis 2 was supported at both the last

event of alcohol-involved sex and generally in the past six months, confirming previous research. This can be explained by the difference in women's comfort expressing consent and non-consent depending on their relationship with their sexual partner. Women in committed relationships are likely to feel greater comfort expressing their wants and needs for pleasure and safety than women who do not have a significant committed or longstanding relationship with their sexual partner(s).

Hypothesis 3 stated that there would be no significant differences in the extent to which women's alcohol-involved sexual experiences felt consensual based on age, sexual orientation, or race. In the literature reviewed, there was limited evidence to make determinations for these demographic variables. Analyses supported this hypothesis in that there were no significant differences based on age, sexual orientation (straight v. LGBTQ+), or race (white v. women of color). Experiences of sex feeling consensual and issues related to coercion and consent exist across all populations, which may account for these findings. A larger sample and/or intentional recruitment of diverse populations may yield distinctions not found in this sample.

Research Question 2: Sexual Agency and Attitudes about Consent

In hypothesis 4, I hypothesized that sexual agency would have a positive correlation with attitudes about the ability to give consent in alcohol-involved sexual experiences. Based on understanding sexual agency as one's ability to act in accordance with one's sexual interests (Bay-Cheng, 2003), I anticipated a connection between sexual agency and attitudes that were supportive of one's ability to be sexually agentic, and in this research, this meant giving consent after consuming alcohol. However, the correlation between sexual agency and

attitudes about the ability to give consent was not significant, so hypothesis 4 was not supported. This relationship may not have been supported due to the nature of the single item used to measure women's attitudes about the ability to give consent. As discussed below in the limitations section, this item may have captured women's general attitudes about other women's ability to give consent rather than their own attitudes about their ability to give consent; thus, their sexual agency was not correlated with their attitudes about other women's ability to give consent in alcohol-involved sexual situations. On the other hand, if this is a true and accurate finding, it suggests that women's sexual agency may not be related to their attitudes about their ability to give consent in alcohol-involved sexual experiences. Instead, these attitudes may develop and exist separately from their personal sexual agency.

Research Question 3: Sexual Agency, Attitudes about Consent, Drinking Prior to Sex, and Feelings of Internal Consent

My third research question aimed to investigate the predictive relationship of women's sexual agency on the extent to which women's alcohol-involved sexual experiences felt consensual as moderated by their attitudes about the ability to give consent in these situations, and as further moderated by their drinking prior to sex (number of drinks at the last event or frequency of drinking prior to sex generally).

In hypothesis 5, I hypothesized that women higher in sexual agency would report higher feelings that their sex felt consensual than women lower in sexual agency. Previous literature has conceptualized sexual agency as one's sense of entitlement to sexual pleasure and sexual safety and acting in accordance with this feeling (Bay-Cheng, 2003; Impett & Tolman, 2006; Tolman et al., 2015). Sexual agency in this study was measured via sexual

self-efficacy and sexual assertiveness. Sexual self-efficacy captures one's perceived ability to communicate one's sexual preferences or engage in behaviors that meet one's sexual desires and needs (Rostosky et al., 2008; Schalet, 2010), and sexual assertiveness captures one's ability to refuse unwanted behavior and communicate one's needs for sexual pleasure and sexual safety (Levin et al., 2012; Weinstein et al., 2008). Thus, I predicted that women with higher levels of sexual agency would act in ways to promote their sexual interests which I anticipated would translate into evaluating their sexual experiences as more consensual. The findings demonstrated a positive predictive relationship of women's sexual agency on their feelings that their sex felt consensual, supporting hypothesis 5 for both the last event of alcohol-involved sex and across women's experiences in the last six months. Thus, women who have higher sexual agency are more likely to feel that their alcohol-involved sex was consensual, which may be explained by their having higher sexual self-efficacy and sexual assertiveness.

In hypothesis 6, I hypothesized that women with higher attitudes about the ability to give consent in alcohol-involved sexual experiences would report higher feelings that their sex felt consensual than women with lower attitudes. Given that the attitudes were intended to capture support for one's ability to drink and give consent to sexual activity, I predicted that women who felt they could drink and consent would have higher feelings that their sex felt consensual in alcohol-involved sexual experiences. This hypothesis was not supported as there was not a significant direct effect of women's attitudes about the ability to give consent on their feelings that their sex felt consensual, at either the last event of alcohol-involved sex or generally. This raises questions about women's attitudes about their ability to give consent

after drinking and what cultural messages contribute to these beliefs. When women believe that they cannot give consent after drinking, they may be influenced by stigma around women's drinking, its connection to their sexuality, and the issue of women being blamed for their own sexual victimization after drinking. Thus, women may be less likely to hold attitudes that are supportive of giving consent after drinking that are not self-serving but reflect a cultural bias towards women's alcohol consumption and sexuality. In the study, these attitudes were not predictive of their feelings that their sex was consensual potentially due to a disconnect between internalized cultural messages and their own experiences of alcohol-involved sex. However, this conclusion cannot be drawn from the data, but it could be examined in future research that integrates cultural messages about alcohol and sex. Further, as discussed below in regard to hypothesis 9, the relationship between attitudes about the ability to give consent and feelings that sex felt consensual is further moderated by women's drinking prior to sex, thus suggesting a more complex three-way relationship.

In hypothesis 7, I hypothesized that women who drink more at the last event and drank more generally prior to sex would report lower feelings that their sex felt consensual than women who drank/drink less. Previous literature has found an association between drinking prior to sex and reduced internal feelings of consent, including safety, comfort, and readiness (Jozkowski & Wiersma, 2015). Thus, I predicted that the number of drinks and frequency of drinking may further impact feeling that sex was consensual. However, this hypothesis was not supported as there was not a significant direct effect of women's drinking on their feelings that their sex felt consensual, at either the last event of alcohol-involved sex or generally. I believe that this prediction was not supported as drinking on its own does not

reduce women's ability to give consent, but it is the relationship between drinking and their attitudes about their ability to give consent that impacts feeling that they consented.

In hypothesis 8, I hypothesized that women's attitudes about the ability to give consent in alcohol-involved sexual experiences would moderate the relationship between their sexual agency and their feelings that their sex felt consensual at the last-event and generally, such that (a) women high in sexual agency with high attitudes about the ability to give consent would report the highest feelings that their sex felt consensual, and (b) women low in sexual agency with low attitudes about the ability to give consent would report the lowest feelings that their sex felt consensual. At the last alcohol-involved sexual event, the two-way interaction between sexual agency and attitudes about the ability to give consent was significant in Model 3 (Table 12). Generally in the past six months, the two-way interaction between sexual agency and attitudes about the ability to give consent was significant in Model 2 (Table 13). In both models, women high in sexual agency with high attitudes about the ability to give consent reported the highest feelings that their sex felt consensual, providing support for hypothesis 8a. However, across both models, women low in sexual agency with high attitudes about the ability to give consent reported the lowest feelings that their sex felt consensual in contrast to hypothesis 8b. Thus, while having high sexual agency with high attitudes amplified women's feelings that their sex felt consensual, having low sexual agency with high attitudes reduced women's feelings that their sex felt consensual. This highlights the importance of sexual agency as a key factor in feeling that an alcohol-involved sexual experience was consensual. It also suggests that having attitudes that one can consent in alcohol-involved sexual experiences may not translate into feeling one

consented without the sexual agency to communicate and act in accordance with one's sexual wants and needs.

In hypothesis 9, I hypothesized that women's alcohol consumption prior to sex would further moderate the moderating relationship of attitudes about the ability to give consent on sexual agency and feelings that their sex felt consensual at the last event and generally, such that (a) women high in sexual agency, with high attitudes about the ability to give consent, who consume/d less alcohol would report the highest feelings that their sex felt consensual, and (b) women low in sexual agency, with low attitudes about the ability to give consent, who consume/d more alcohol will report the lowest feelings that their sex felt consensual. The three-way interaction among sexual agency, attitudes about the ability to give consent, and drinking was significant at the last event of alcohol-involved sex but not generally. This difference may be explained by participants' ability to recall specific details better than when asked to think about their experiences generally in the past six months. There may also be differences across experiences in the past six months that make it harder to capture the interaction of three variables that each can change over time.

Hypothesis 9a was partially supported in that women high in sexual agency were among those with the highest feelings that their sex felt consensual, including women with high attitudes about the ability to give consent that consumed fewer drinks. Though, among women high in sexual agency, there were limited significant differences in feelings that their sex felt consensual based on their attitudes about the ability to give consent and drinking prior to sex. Hypothesis 9b also received partial support in that women low in sexual agency generally reported lower feelings that their sex felt consensual. However, among women low

in sexual agency, those with attitudes that aligned with their drinking prior to sex (high attitudes and high drinks or low attitudes and low drinks) had higher feelings that their sex felt consensual than those with attitudes that did not align with their drinking prior to sex (high attitudes and low drinks or low attitudes and high drinks). Thus, sexual agency remains the most significant predictor of feelings that their sex felt consensual, and among those low in sexual agency, alignment between one's attitudes about the ability to give consent and drinking is important for experiencing an alcohol-involved sexual event as more consensual.

Research Question 4: Sex-Related Alcohol Expectancies

In hypothesis 10, I hypothesized that women's endorsement of sex-related alcohol expectancies (SRAE) would be positively related to the number of drinks they consumed prior to sex at the last event and their general frequency of drinking prior to sex. This was based on previous literature that consistently found a connection between SRAE and alcohol consumption (for a review, see Cooper, 2006). The results supported hypothesis 10 at both the last event and generally. However, when I examined the three sex-related alcohol expectancies individually (enhancement, risk taking, and disinhibition), only disinhibition was positively related at the last event while risk-taking and disinhibition were positively related generally. Thus, in the current study, the expectancy for sexual enhancement was not found to be significantly correlated to number of drinks or frequency of drinking. This may be because modern college students do not see alcohol as enhancing sex in ways consistent with the SRAE scale. While they may expect sex to allow them to feel more disinhibited or engage in riskier behavior, they do not see alcohol as making them feel closer to their

partner, more sexually responsive, increase their ability to engage sex, or be a better lover (Dermen & Cooper, 1994a).

Strengths and Limitations of the Study

There are a number of strengths and several limitations to the present study. The examination of alcohol consumption and its impact on sexual consent is a growing area of research, but it is still in its early stages with an emphasis on risk prevention. Given the high rates of sexual engagement and drinking on college campuses (Johnston et al., 2013) and the prevalence of alcohol-involved nonconsensual sexual experiences (Kilpatrick et al., 2007; Krebs et al., 2016; Messman-Moore et al., 2008), it is imperative to better understand sexual consent in alcohol-involved sexual experiences. Considering the context of the traditional heterosexual script and its influence on college sexual engagement (Jozkowski, Peterson, et al., 2014) and the way in which sexual agency has been promoted as an antidote to the oppressive forces of patriarchy (Lamb, 2010; Lamb & Peterson, 2011; Peterson & Lamb, 2012), this study pioneered the integration of sexual agency into alcohol and consent research. The results of this study highlight the positive effect of sexual agency on women's feelings that their sex felt consensual in alcohol-involved sexual experiences. The findings also indicate a connection between sexual agency and relationship status and built upon previous research that has shown that being in a committed relationship is positively associated with feeling a sexual encounter was consensual (Jozkowski, 2013; Jozkowski & Wiersma, 2015).

Another key area that this study addresses is the intentional use of alcohol by college students to engage in sexual activity and the way that young adults believe that they can

consent after drinking. Consistent with previous literature (Cooper 2002, 2006; Cooper et al., 2016), the results of this study indicate that college students use alcohol with the expectation that it helps lower sexual inhibitions. They also demonstrate that young women perceive their consent to be valid after drinking (similar to Drouin et al., 2018). However, this study adds nuance in that the findings suggest that women's feelings that their sex felt consensual differ based on the interaction between their drinking patterns and whether they believe one can consent after consuming alcohol. When one's drinking patterns match with one's attitudes about the ability to give consent, women's feelings that their sex felt consensual were higher. These findings have implications for policy, education, and practice as discussed in the subsequent section.

Participant Sample

There are both benefits and limitations to the sample of college students used in the study. The sample was relatively representative of the US population in terms of demographics, sexual activity, and drinking behaviors. In terms of demographics, the mean age of participants in the study ($M=20.8$) was consistent with the national average ($M=20-21$), and the racial background of students was diverse, aligning with or exceeding the diversity in the general college population (US Census, 2018). In regard to sexual orientation, the majority of women in the sample identified as heterosexual (80%) or bisexual (14.7%), due to the inclusion criteria that participants must identify as female and have engaged in vaginal-penile sexual intercourse in the last six months. Thus, the findings of the study are not largely generalizable to the LGBTQ+ community and are restricted to primarily heterosexual and bisexual women.

In terms of sexual activity, the sample is skewed and includes more sexually active students than in the general population, which is to be expected given the eligibility criteria of the study. According to the 2018 National College Health Assessment, only 66% of students in the US had sex in the past twelve months while 75% of participants in the study engaged in sex more than once a month (National Center for Education Statistics, 2019). However, the drinking patterns (e.g., the number of drinks consumed per drinking event and frequency of binge drinking) of students in the study align with the general population of female college students (NCES, 2019). With regard to alcohol-involved sex, rates were on the lower end in the study, with most women reporting that they engaged in this practice “rarely” or “some of the time.” Comparatively, a review of previous literature found that upwards of 25-50% of students consumed alcohol prior to their last sexual experience (Cooper, 2006). Rates in the study may be more consistent with the young adult population outside of college. The study was conducted on a public, primarily commuter campus, which may reduce on-campus partying and result in a more generalizable social environment.

Methodology

The self-report nature of the study instruments is another potential limitation. Self-report instruments may inflate the correlations among variables due to common method variance. It also relies on the assumption that the instruments measure the underlying constructs they are designed to measure. While the majority of the instruments exhibited appropriate reliability and validity, there were issues with using the Attitudes Toward Consent and Alcohol Scale (Ward et al., 2012) which had limited use in previous research and a lack of empirical support in the current sample. In place of the scale, a single face-valid

item was selected to measure participants' attitudes about the ability to give consent in alcohol-involved sexual experiences (i.e., "A woman who is drinking heavily can still give legal consent to sexual activity"). One potential limitation of this item is that it may capture participants' views about other women and their ability to give consent rather than their own views regarding their ability to consent.

Another issue when using self-report measures is social desirability. Women's self-report of sex and drinking behaviors may be affected by social stigma around female sexuality, its connection to drinking, and how women who drink alcohol may be blamed for their own victimization. As discussed in the literature review, women's sexuality has been ignored, shamed, and considered secondary and responsive to men's sexual desires (e.g., Brown, 2010; Fine, 1988). Women who are sexually assertive, or demonstrate sexual agency, risk being seen as unfeminine, unattractive, or "sluts" (Attwood, 2007; Lamb, 2002; Powell 2010). Thus, women may be less likely to report sexual engagement. Additionally, traditional gender roles have positioned women who drink as sexual disinhibited and promiscuous (Leigh, 1995; Plant, 2008; Young et al., 2005) and unfit to be responsible mothers and wives due to their lack of sexual restraint and purity (Knupfer, 1964). Recent research has found that women who drink are perceived as more sexually available resulting in their dehumanization (Reimer et al., 2019) and vulnerability toward being sexually assaulted (Lyons & Willott, 2008). These messages may impact women's responses to questions about their drinking and whether they felt they consented to sex after drinking. In the study, it is possible that social desirability contributed to reduced reports of drink number and drink frequency and increased reports of feelings that their sex felt consensual. If this is the case,

then drinking may have had a direct influence on feelings that sex felt consensual. Further, if drinking was underreported and feelings that their sex felt consensual was overreported, then participants may have been drinking more and experiencing sex as less consensual, which may lead to biases in the findings, such that alcohol-involved sex could have been less consensual than it appeared to be. While this is important to consider, it does not negate the significant findings of the study that provide support for consensual alcohol-involved sex, especially among women higher in sexual agency, for those whose attitudes (about the ability to give consent) align with their drinking patterns, and for women in committed relationships.

Implications of the Study

Implications for College Campus Policy

As discussed in the literature review, in response to the issues of problematic drinking, risky sexual practices, and sexual victimization, campuses have adopted policies and programs to reduce these behaviors (Hogben et al., 2014; Toomey et al., 2007; Vladutiu et al., 2011). In the area of sexual violence prevention, the focus on consent as the standard for differentiating between consensual and nonconsensual sex, or rape, has led to policies stipulating how students must engage in consent. 77% of policies state that consent must be obtained without force, threat, or coercion, and given when not intoxicated (Graham et al., 2017). While these efforts have the intention of reducing sexual victimization, they fail to address the way students use alcohol, at times intentionally, prior to sex. They also neglect to consider the larger sociocultural context of traditional heteronormativity, which sets narrow expectations for sexual behavior often ignoring female pleasure and safety. Researchers have

advocated for more nuanced approaches to policy that consider the broader context that influences alcohol use in sexual situations.

Findings from the present study confirmed previous research that women engage in alcohol-involved sex, and more often than not, they experience it as consensual (e.g., Drouin et al., 2018). In fact, 90% of women in the study who consumed alcohol prior to their last sexual event reported either “agreeing” or “strongly agreeing” that it was consensual. This is an important finding that is relevant to college campus policies on drinking and sexual consent. Current policies that stipulate that students cannot give consent under the influence are inconsistent with students’ feelings that they can consent. By insisting that students cannot consent in alcohol-involved sexual situations, campuses may be doing more harm than good by discouraging communication around consent in these situations. Instead, they should be providing education based on research about the ways in which alcohol impacts the consent process to help students make informed decisions and offering trainings to increase students’ knowledge and skills.

Implications for Education and Outreach

One of the key takeaways from this study is the importance of sexual agency as a predictor of consensual sexual experiences. As previously discussed, current risk-focused approaches fail to address students’ needs and perpetuate issues of gender inequality. Given the findings of the study, institutions may better serve their students by adopting a positive sexuality framework that embraces and promotes sexual agency. Sexual agency can be integrated into first-year orientation curriculum and campus outreach events through the counseling center or health promotion office.

To help promote sexual agency, it is necessary to understand how it develops. Before one can develop sexual self-efficacy and sexual assertiveness, one must have a sense of herself as a sexual person with wants, needs, and desires. She must be given the opportunity to connect with her body outside of the needs of her partner. Then, she can begin to develop sexual self-efficacy that she can communicate her preferences as well as sexual assertiveness to act in ways to meet her needs and refuse unwanted sexual behavior. These needs can be for her own sexual pleasure but also for her sexual safety, which includes consensual sex and safe sex practices. Traditional sexual scripts, which reinforce passive female sexuality and stigmatize female sexual assertiveness, must be countered by institutions with messages that promote sexual agency and speak to its benefits. Campus education and outreach can focus on helping women to understand the gendered barriers to sexual agency, develop a sense of themselves as autonomous sexual beings, and learn strategies to communicate their sexual interests. However, women, on their own, cannot be expected to change the way sex happens and be held accountable for their sexual safety and sexual pleasure. Men and the community must also be better educated on issues of gender inequality and sexual assault and how to listen for sexual agency and be attuned to women's wants and needs.

The findings of this study also suggest that relationship status plays a role in perceiving one's alcohol-involved sexual experiences as consensual. Consistent with previous research, women in a relationship were more likely than single or casually dating women to report higher feelings of their sex feeling consensual (Jozkowski, 2013; Jozkowski & Wiersma, 2015). This finding is particularly relevant given the prevalence of hook up culture on college campuses in which students engage in casual sex, oftentimes under the

influence of alcohol. From an observer's lens, hook up culture appears to level the playing field between men and women, providing an opportunity for women to be sexually empowered and choose when and with whom to have sex. However, if single women engaging in hook ups are less likely to experience alcohol-involved sex as consensual, then seeing their experience as empowering must be reconsidered.

In the study, single women, not only reported lower feelings of their alcohol-involved sex as consensual, but they also had lower sexual agency. In comparison, women in relationships reported higher feelings of their sex feeling consensual and higher sexual agency. Thus, it seems that relationship status is related to both sexual agency and sex feeling consensual. It is important to consider what is different about sexual consent for alcohol-involved sex between single women and women in relationships.

Single women who are dating or engaging in casual sexual encounters may find it more difficult to communicate their sexual wants and needs, and this may be further complicated with their and their partners' use of alcohol prior to sex. In relationships, it may be easier for women to communicate their wants and needs, their consent may be more consistently respected, and alcohol may not complicate their ability to communicate with one another. If sexual agency is advocacy for one's sexual interests, then it makes sense that women with higher sexual agency would be more likely to feel they consented to sex, provided that their consent was respected.

Given the impact of relationship status on consent, campuses may find it helpful to educate students about the potential downside to alcohol use prior to casual sexual encounters. Campus programming can speak to the prevalence of hook up culture and the

way in which the sex that occurs under the influence of alcohol may be less likely to feel consensual. Providing evidence-based findings can help students to make informed decisions. However, it is imperative to also consider why women might actively choose to drink prior to sex, such as the expectation that alcohol disinhibits them in a culture that shames their sexuality. Thus, any effort to diminish drinking and hook up culture on a campus must go hand in hand with sex positivity messaging.

Implications for Clinical Practice

The findings from this study have implications for college counselors and mental health professionals who work with college students. As with counseling generally, it is important to approach clinical concerns related to sex and drinking with nonjudgment and openness. Failure to address these topics openly can further perpetuate the shaming of women's sexuality and stigmatization of college women's drinking. It is likely that women may come into counseling experiencing with conflicting messages about their sexuality and drinking. They may receive messages from peers that drinking and hooking up is empowering and allows them to have sex when and with whom they want. Meanwhile, they may be faced with internalized messages that casual sex and drinking are shameful and unfeminine. In addition to these messages, women must grapple with the prevalence of sexual assault and other potential negative risk-related outcomes.

As clinicians, we can draw upon the literature to inform how we might approach sex and drinking related presenting concerns. Given the findings in this study regarding the positive impact of women's sexual agency on their feelings that sex was consensual, counselors can assess women's sexual agency to determine if this might be an area for

intervention. They can ask women about their sexual wants and needs, whether they believe that they are able to act on them, and times in which they have or have not acted on them. Then, they might work on helping clients to develop sexual agency based on their embodied desire, if this is consistent with the client's experience.

Counselors may also examine barriers that arise in sexual situations and whether alcohol plays a role in women's experiences of sex as consensual. Given that the study found that alcohol consumption interacts with women's attitudes about the ability to give consent after drinking, it may also be helpful to assess for women's attitudes and inquire about attitudes that do not align with their drinking. Interventions might include challenging inconsistent beliefs and actions or presenting psychoeducation from evidence-based literature. It may be beneficial to also explore women's beliefs about hook up culture and romantic relationships and see if there are differences in their expectations and their experiences. Oftentimes negative experiences may not be shared and do not become a part of the discourse resulting in inaccurate expectations and disconnected experiences. In addition to individual counseling, group counseling or support groups for women may provide an additional opportunity to exchange shared experiences of the college culture and promote growth and empowerment. When considering these recommendations, it is important to not impose one's own values on clients and listen for clients' values and readiness for change.

Future Research Directions

Based on the findings of this study, further research is needed to explore the factors that promote feeling that sex felt consensual in single women who consume alcohol prior to sex. While theories were presented above about the potential differences in the experiences

of single women versus women in relationships, empirical support is needed to confirm what factors differentiate these experiences and what factors allow single women to feel that they consented in situations where alcohol was consumed. Better understanding these factors can help provide venues for further intervention via education and clinical practice.

Given the newness of the field, research is needed in many other directions. While sexual agency, attitudes about the ability to give consent, and drinking prior to sex were explored in this study, it may be informative to investigate other factors that predict feelings that their sex felt consensual. In particular, further research is needed on the influence of sex-related alcohol expectancies on drinking and their subsequent connection to feelings that their sex felt consensual. In this study, disinhibition and risk taking were significantly positively related to drinking prior to sex, and sex-related alcohol expectancies, in general, were significantly negatively related to feelings that their sex felt consensual. Thus, it may be informative to study this relationship to better understand the underlying mechanisms at play to inform the field of alcohol and consent research.

Additionally, qualitative research is needed to gain a clearer sense of how women are understanding their experiences of sexual agency, alcohol use, and sexual consent. While quantitative work, such as this study, allow for the creation of exploratory models based on theory, qualitative inquiry is needed to capture the lived experiences of participants. Additional research on how women use alcohol prior to sexual encounters would be valuable. It would also be helpful to hear about whether they perceive themselves as sexual agents and what enhances or hinders their sexual agency. Learning from their contextualized experiences can then inform further quantitative work and discovery.

Summary and Conclusions

This study demonstrates the connection between college women's sexual agency and the extent to which women felt their sex was consensual in alcohol-involved sexual experiences. The findings highlight the importance of sexual agency as a predictor of women's feelings that their sex felt consensual (i.e., internal consent) and explain the relationship between their attitudes about the ability to give consent and their drinking prior to sex and the way that the interaction between the two influences whether they felt that they consented. The results also built upon previous research about the impact of relationship status on women's feelings of internal consent and the influence of drinking prior to sex on their feelings of internal consent.

Key findings of the study were that women are more likely to experience alcohol-involved sex as consensual if (1) they have higher sexual agency, (2) their drinking patterns match their attitudes about whether they can consent after drinking, and (3) they are in a committed relationship. Sexual agency was directly predictive of women's feelings that they consented, and it amplified their feelings when they also had attitudes about consent that matched their drinking pattern, whether it was attitudes that they can drink and consent and they did drink or it was attitudes that they cannot drink and consent and they did not drink. Having the sexual agency to advocate for their sexual interests was imperative to feeling more strongly that they consented to sex. Additionally, women in relationships were not only more likely to experience their alcohol-involved sex as consensual, but they also had higher levels of sexual agency, which may point to dynamics in romantic relationships, in comparison to hook ups, that may promote sexual agency and feelings of internal consent.

While there were differences among women based on their sexual agency, attitudes about consent, drinking, and relationship status, the majority of women in the study reported either “agreeing” or “strongly agreeing” that their last alcohol-involved sexual experience was consensual. This is an important finding that speaks to women’s perception of their ability to consent after drinking; it should be considered in the context of college campus policy regarding sexual consent and alcohol consumption.

One of the defining strengths of this study was the integration of sexual agency into the field of sexual consent research as a way to consider the context of traditional heteronormative sexual scripts and issues of gender inequality. Sexual agency was a focus of the study as a way to promote female sexual empowerment and acknowledge the historical oppression of women and the regulation of their sexuality. The findings about the significance of sexual agency have implications for college policy, education, and outreach, which include a sex positive alternative to problematic risk-focused approaches. This alternative considers the gendered context of sex and drinking, recognizing the ways that women may intentionally drink prior to sex to feel more disinhibited in a culture that shames their sexuality. Campuses can support women by focusing on ways to promote their sexual agency, rather than denying them the knowledge and autonomy to make informed decisions. Colleges and counselors can help women connect to their sexual wants and desires and experience greater sexual safety and pleasure in a culture that has historically denied these entitlements from them.

APPENDIX A

RECRUITMENT MATERIALS

Recruitment email:

Subject: Sex, Alcohol, and Consent

Participate in a research study on sex, alcohol, and consent!

We want to know about your experiences engaging in sex after consuming alcohol to better understand how college students perceive their sexual consent. Survey participation will take about 20 minutes. Participation is voluntary and you can withdraw at any time. Students have the option of receiving psychology research credit or entering a raffle for 1 in 20 chance to win a \$20 Amazon gift card.

To participate, you must be **age 18 or older**, a **female student** at UMass Boston, and **have had sex after consuming alcohol in the past six months**. For this study, we are only interested in women who have had sex with men.

The principal investigator of this study is Julie Koven, who can be contacted at Julie.Koven001@umb.edu if you have questions about the study. Her advisor is Dr. Sharon Lamb in the Counseling and School Psychology program who can be reached at Sharon.Lamb@umb.edu.

Click [here] to participate!

Powerpoint slide:



The slide features a dark purple background with a pink square in the top right corner. At the top, the text "Let's talk about sex & booze!" is written in a bold, white, sans-serif font. Below this, on the left side, is a white-bordered box containing the following text: "ARE YOU:" followed by two bullet points: "❖ A FEMALE STUDENT" and "❖ WHO HAS HAD SEX WITH A MALE AFTER CONSUMING ALCOHOL IN THE PAST SIX MONTHS?". Below the box, the text "EARN PSYCH RESEARCH CREDIT" is displayed, followed by "- OR -" and "ENTER RAFFLE FOR 1 OF 10 \$20 GIFT CARDS". On the right side of the slide, there is a silhouette photograph of a man and a woman at a bar, with the man pouring a drink into the woman's glass. At the bottom of the slide, the text "VISIT [URL] TO PARTICIPATE" is written in a bold, white, sans-serif font.

APPENDIX B

INFORMED CONSENT FORM

University of Massachusetts Boston
Department of Counseling and School Psychology
100 Morrissey Boulevard
Boston, MA. 02125-3393

Study Title: Investigating Sex, Alcohol, and Consent among College Women

Introduction and Contact Information

You will be asked to complete a confidential online survey about yourself and your views and experiences around giving sexual consent in alcohol-involved sexual experiences. The Principal Investigator is Julie Koven, M.S.Ed., M.Phil.Ed. I am a doctoral student in the Department of Counseling and School Psychology at University of Massachusetts Boston, and this research is for my dissertation, advised by Dr. Sharon Lamb. If you have questions after reading this form or completing the survey, feel free to contact me at Julie.Koven001@umb.edu or my advisor at Sharon.Lamb@umb.edu.

Description of the Project:

The primary purpose of this project is to better understand college women's perspectives on sexual consent, how they view drinking prior to sex, and how this is related to their sexual agency. I hope that these findings will inform campus policies on consent and drinking.

Participation in this study is voluntary and will take approximately 20 minutes. You will be asked basic demographic questions followed by brief surveys about your sexual experiences, your consumption of alcohol, and your beliefs around drinking, consent, and sex. You are free to withdraw your participation at any time and to choose not to answer any specific questions.

For completion of these questionnaires, you will have the option of receiving 1 psychology research credit or being entered into a raffle to win one of 10 \$20 Amazon gift cards. If you choose to be entered into the raffle to win a gift card, you will need to provide your email address. If you win, you will be e-mailed the gift card electronically. If you choose to receive credit, you will need to provide your name, instructor, and course number. Your name and email address will not be connected to your survey responses in any way.

Risks or Discomforts:

Risks: The primary risk associated with this study is the emergence of negative or distressing feelings in completing the research materials. Some of the questions require you to reflect on whether you consented in a recent or past sexual situation, which may cause discomfort or distress. If at any time you feel too distressed to continue, please feel free to withdraw your participation or skip those questions. For additional support, you can reach out to the UMB counseling center (617-287-5690) or RAINN (1-800-656-4673).

Benefits:

There is no direct benefit to you from participating in this project. Your participation will help us to understand the experiences of students and will inform recommendations for university policy.

Confidentiality:

Your participation in this research is **confidential**. That is, the information gathered for this project will not be published or presented in a way that would allow anyone to identify you. All survey data are stored securely on the Qualtrics database. Survey data are password protected. Your first name and last name will be collected if you choose to receive research credit or email address will be collected for the raffle. This identifying information will be kept separate from the data file and not linked to the survey data. It will be destroyed after credit has been applied and raffles have been drawn.

Voluntary Participation:

The decision whether or not to take part in this research study is voluntary. If you do decide to take part in this study, you may terminate participation at any time by clicking on the “X” in the corner of their web browser to exit out of Qualtrics. You may also choose to not answer specific questions. In addition, there will be no consequences should you decline to complete any of the survey. Whatever you decide will not affect your grades or status as a student.

Questions:

You have the right to ask questions about this research before you sign this form and at any time during the study. You can reach Julie Koven at Julie.Koven001@umb.edu or my advisor at Sharon.Lamb@umb.edu.

If you have any questions or concerns about your rights as a research participant, please contact a representative of the Institutional Review Board (IRB), at the University of Massachusetts, Boston, which oversees research involving human participants. The

Institutional Review Board may be reached by telephone or e-mail at (617) 287-5374 or at human.subjects@umb.edu.

If you have read and understand the above statements, select "I AGREE" from the menu below to indicate that you consent to participate in this study.

I AGREE, AND I AM 18 YEARS OR OLDER

I DECLINE TO PARTICIPATE IN THIS STUDY

APPENDIX C

STUDY INSTRUMENT

Study Introduction

Welcome to the study!

I would like your help in understanding how female college students think about and experience sexual consent in sexual experiences that involve prior consumption of alcohol. Your answers to this survey will be used to better understand students' alcohol use and how they view sexual consent. We hope this will inform research and policy. Your name or email address will not be connected to your responses.

Please keep in mind, there are no right or wrong answers to these questions. You may omit any question or section that makes you feel uncomfortable. At the end of the survey, you will have the option of receiving 1 psychology research credit or entering a raffle for 1 in 20 chance to win a \$20 Amazon gift card. The survey will take about 20 minutes to complete. Participation is voluntary and you can choose not to answer certain questions or terminate at any time.

Thank you for your participation in this study.

Demographic Questions

1. What is your age?
____ years old
2. Do you identify as female?
 - a. Yes
 - b. No
3. This study is only for women who have had sexual intercourse with a man (or men) **in the past six months**, is this true for you? When we refer to "sexual intercourse," we are specifically referring to "penile-vaginal sex."
 - a. Yes
 - b. No
4. This study is only for women who have had sexual intercourse with a man (or men) **in the past six months** during or after consuming alcohol, is this true for you?
 - a. Yes
 - b. No
5. What is your class standing?
 - a. Freshman
 - b. Sophomore
 - c. Junior
 - d. Senior

- e. Other, please describe _____
- 6. How do you describe yourself? (Please select ALL that apply.)
 - a. White
 - b. Black or African American
 - c. Latino or Hispanic
 - d. Asian or Asian American
 - e. South East Asian
 - f. Middle Eastern
 - g. Other, please describe _____
- 7. Which of the following best describes your sexual orientation?
 - a. Heterosexual/Straight
 - b. Gay/Lesbian
 - c. Bisexual
 - d. Questioning
 - e. Other, please describe _____
- 8. At what age did you first have sexual intercourse?
 _____ years old
- 9. Which of the following best describes your current relationship status?
 - a. Not currently dating
 - b. Casually dating or engaging in hook ups
 - c. In a non-exclusive or non-monogamous relationship
 - d. In an exclusive/monogamous relationship
 - e. Other, please describe _____

(On a separate page)

Throughout this survey, we'll be asking questions about sexual encounters. When we refer to "sexual intercourse," we are specifically referring to "penile-vaginal sex."

In the next section, you will be asked questions about your most recent experience having sexual intercourse after consuming alcohol. In the following section, you will be asked questions about your general alcohol consumption and sexual experiences in the past six months.

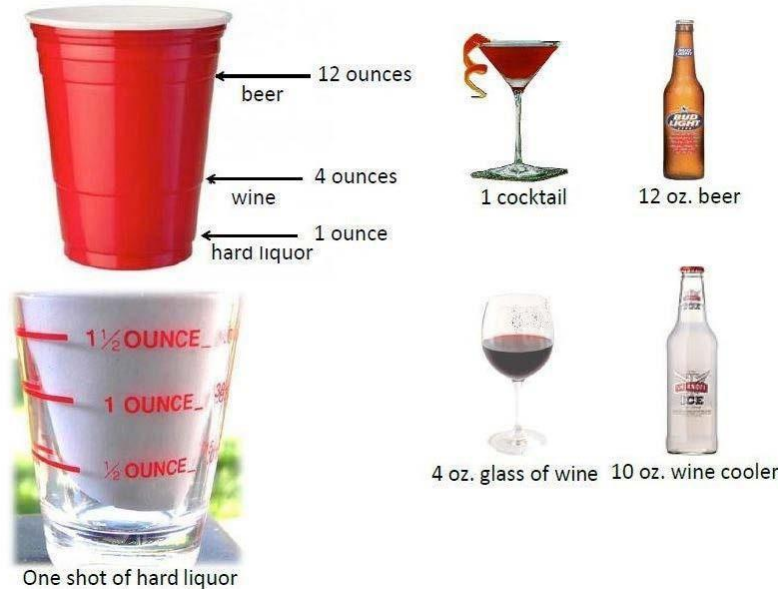
Most Recent Sexual Experience after Consuming Alcohol (*event-level measures*)

People may have different feelings associated with their willingness to engage in sexual activity. Think back to the last time you engaged in sexual intercourse. Please indicate the extent to which you agree or disagree that you felt the following during the last time you engaged in sexual intercourse **after consuming alcohol**.

The sex felt:

- 1. Consented to Strongly Disagree - Disagree - Agree - Strongly Agree
- 2. Agreed to Strongly Disagree - Disagree - Agree - Strongly Agree
- 3. Wanted Strongly Disagree - Disagree - Agree - Strongly Agree

4. Consensual Strongly Disagree - Disagree - Agree - Strongly Agree
 5. Desired Strongly Disagree - Disagree - Agree - Strongly Agree
 6. Confusing Strongly Disagree - Disagree - Agree - Strongly Agree
 7. Distressing Strongly Disagree - Disagree - Agree - Strongly Agree
8. During the last time you engaged in sexual intercourse, please indicate the number of alcohol drinks you consumed prior to sex: (one alcoholic drink is equivalent to one beer, one 6-ounce glass of wine, 1/5 ounces of hard liquor).



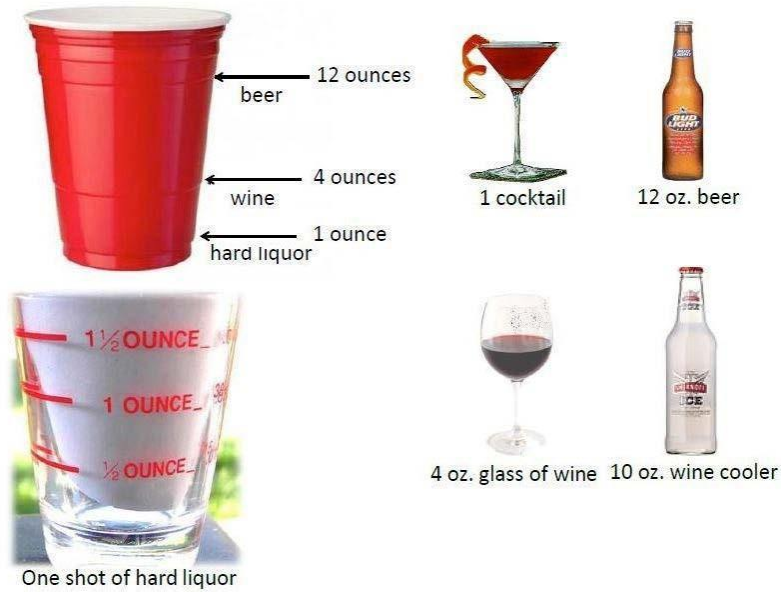
_____ number of drinks (if you did not have any drinks, please write “0”)

Please indicate the extent to which you agree or disagree with the following statements regarding your alcohol consumption and the last time you engaged in sexual intercourse.

9. My alcohol consumption impacted my decision to engage in sexual intercourse.
Strongly Disagree - Disagree - Agree - Strongly Agree
10. My alcohol consumption made it easier to consent to the sexual intercourse.
Strongly Disagree - Disagree - Agree - Strongly Agree
11. My alcohol consumption made it more difficult to consent to the sexual intercourse.
Strongly Disagree - Disagree - Agree - Strongly Agree

General Alcohol Use and Sexual Activity (*global measures*)

For the following questions, remember one alcoholic drink is equivalent to one beer, one 6-ounce glass of wine, and 1/5 ounces of hard liquor.



1. How often do you have a drink containing alcohol?
 - a. Never
 - b. Monthly or less
 - c. 2 to 4 times a month
 - d. 2 to 3 times a week
 - e. 4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
 - a. 1 or 2
 - b. 3 or 4
 - c. 5 or 6
 - d. 7 to 9
 - e. 10 or more
3. How often do you have four or more drinks on one occasion?
 - a. Never
 - b. Less than monthly
 - c. Monthly
 - d. Weekly
 - e. Daily or almost daily
4. Have you had sexual intercourse **in the past six months**?
 - a. Yes
 - b. No
5. How often have you had sexual intercourse **in the past six months**?
 - a. Never
 - b. Less than once a month

- c. About once a month
 - d. 2-3 times a month
 - e. Once a week or more
6. How often do you consume alcoholic drinks prior to sexual intercourse?
- a. Never
 - b. Rarely
 - c. Some of the time
 - d. Most of the time
 - e. Always

Thinking about the times you have had sex after consuming alcohol, how often did the sex feel...

- | | |
|------------------|---|
| 7. Consented to? | Never - Rarely - Some of the time - Most of the time - Always |
| 8. Agreed to? | Never - Rarely - Some of the time - Most of the time - Always |
| 9. Wanted? | Never - Rarely - Some of the time - Most of the time - Always |
| 10. Consensual? | Never - Rarely - Some of the time - Most of the time - Always |
| 11. Desired? | Never - Rarely - Some of the time - Most of the time - Always |
| 12. Confusing? | Never - Rarely - Some of the time - Most of the time - Always |
| 13. Distressing? | Never - Rarely - Some of the time - Most of the time - Always |

Sexual Assertiveness

This inventory is designed to measure the degree of sexual assertiveness you have in the sexual relationship with your most recent sex partner. This is not a test, there are no right or wrong answers. Please answer each statement as accurately as you can by selecting one response option for each.

0 (*all of the time*), **1** (*most of the time*), **2** (*some of the time*), **3** (*rarely*), **4** (*never*)

1. I feel uncomfortable talking during sex.
2. I feel that I am shy when it comes to sex.
3. I approach my partner for sex when I desire it. (R)
4. I think I am open with my partner about my sexual needs. (R)
5. I enjoy sharing my sexual fantasies with my partner. (R)
6. I feel uncomfortable talking to my friends about sex.
7. I communicate my sexual desires to my partner. (R)
8. It is difficult for me to touch myself during sex.
9. It is hard for me to say no even when I do not want sex.
10. I am reluctant to describe myself as a sexual person.
11. I feel uncomfortable telling my partner what feel good.
12. I speak up for my sexual feelings. (R)
13. I am reluctant to insist that my partner satisfy me.
14. I find myself having sex when I do not really want it.
15. When a sexual technique does not feel good, I tell my partner. (R)
16. I feel comfortable giving sexual praise to my partner. (R)
17. It is easy for me to discuss sex with my partner. (R)

18. I feel comfortable in initiating sex with my partner. (R)
19. I find myself doing sexual things with my partner that I do not like.
20. Pleasing my partner is more important than my own sexual pleasure.
21. I feel comfortable telling my partner how to touch me. (R)
22. I enjoy masturbating myself to orgasm. (R)
23. If something feels good in sex, I insist on doing it again. (R)
24. It is hard for my to be honest about my sexual feelings.
25. I try to avoid discussing the subject of sex.

Sexual Self-Efficacy

The questions below will ask you how certain you feel you could perform the activity.

Choose the answer that best describes your level of certainty from:

1 (*very uncertain*) to **5** scale (*absolutely certain*):

1. Refuse a sexual advance by your partner
2. Have a sexual encounter without feeling obligated to have intercourse
3. Put a condom on an erect penis
4. Initiate sexual activities
5. Discuss using condoms and/or other contraceptives with a potential partner
6. Ask a potential partner to wait if precautions are not available at the time
7. Carry condoms around with you “in case”
8. Control your sex urges while under the influence of alcohol or drugs
9. Meet your own sexual needs by masturbation
10. Discuss with a partner using of condoms for AIDS protection
11. Choose when and with whom to have sex
12. Tell your partner how to treat you sexually
13. Refuse to do something sexually which you don’t feel comfortable about
14. Be able to buy condoms/contraceptives
15. Discuss precautions with a doctor or health professional
16. Admit being inexperienced to your sexually experienced peers
17. Reject an unwanted sexual advance from someone other than your partner, e.g., an acquaintance
18. Watch sexually explicit movies without embarrassment
19. Ask someone other than your partner for a date
20. Ask your partner to provide sexual stimulation you require

Beliefs about Alcohol and Sexual Consent

Please state your agreement with the following statements on a scale from:

1 (*not at all agree*) to **7** (*very much agree*)

1. A woman who is drinking heavily can still give legal consent to sexual activity.
2. Consensual drunk sex is a normal and harmless part of college life.
3. When a person is drinking alcohol, he or she is implying interest in engaging in sexual activity.

4. The more alcohol a person has consumed, the less able he/she is to consent to sexual activity. (R)
5. If a person who has been drinking becomes sleepy or unconscious, he/she cannot give consent to any sexual activity. (R)
6. When alcohol is involved in a sexual situation, communication signals are easily misinterpreted. (R)
7. As a general rule, alcohol makes sexual situations easier and more enjoyable for both men and women.
8. A person who is sexually assaulted after drinking should only blame him- or herself.
9. Alcohol is the most common date rape drug (or substance). (R)
10. If both partners are drunk and have sex, there is no way the man can be accused of sexual assault or rape.
11. For men, intoxication is not a defense against the charge of rape or sexual assault. (R)
12. Alcohol use makes a person more vulnerable to sexual assault. (R)

Campus Beliefs and Myths (CBM) = 1, 2, 3, 5, 6, 11

Sexual Assault Programming Messages (SAPM) = 4, 7, 8, 9, 10, 12

Beliefs about Alcohol and Sex

Many people believe that alcohol can influence how they feel and act sexually. We would like to know how you think having a few drinks affects your sexual feelings and behavior.

Response options: Strongly Disagree—Disagree—Agree—Strongly Agree

After having a few drinks of alcohol...

1. I feel closer to a sexual partner.
2. I am more sexually responsive.
3. I am less nervous about sex.
4. I am less likely to use birth control.
5. I have sex with people who I wouldn't have sex with if I were sober.
6. I enjoy sex more than usual.
7. I am a better lover.
8. I am less likely to take precautions before having sex.
9. I am less likely to talk with a new sexual partner about whether he/she has a sexually transmitted disease, like AIDS or gonorrhea.
10. I am more likely to do sexual things that I wouldn't do when sober.
11. I find it harder to say no to sexual advances.
12. I am less likely to use or ask a partner to use a condom.
13. I am more likely to have sex on a first date.

End of Survey

Thank you for your participation in this study. If you have any questions or concerns related to study participation, please email Julie Koven at julie.koven001@umb.edu.

If you would like additional information about sexual consent or alcohol consumption or wish to speak with someone about your experiences, here are some resources:

UMB Counseling Center for free, confidential support (617-287-5690 for daytime or 855-634-4135 for after-hours support)

Boston Area Rape Crisis Center (BARCC) offers support and services to survivors of sexual violence, including a 24-hour hotline, counseling, and medical and legal advocacy (24-hour hotline: 1-800 841-8371)

Planned Parenthood Sex and Consent Education offers a series of educational videos on sex and consent education. You can watch these videos and learn more at:

<https://www.plannedparenthood.org/learn/for-educators/digital-tools>

Brief Alcohol Screening and Intervention for College Students (BASICS) is a service for UMB students who want to learn more about their alcohol and other drug use. It is a confidential, non-judgmental service. To make an appointment contact Linda Dunphy at 617-287-5680 or via email linda.dunphy@umb.edu.

SAMHSA's National Mental Health Information Center provides information on a number of substance use and mental health topics, as well as a referral hotline (hotline: 1-800-662-4357; website: www.samhsa.gov/topics)

If you would like to receive psychology research credit or be entered into a raffle for 1 in 20 chance to win a \$20 Amazon gift card, please select "Continue" and click the arrow to proceed. **Your responses from this survey will not be linked in any way to your name or the email entered on the following page.** If you do not wish to be considered for credit or the raffle, please select "End survey" and press the arrow to submit your responses.

Continue

End survey

(If continue)

PLEASE SELECT ONE OF THE FOLLOWING:

If you would like to receive 1 psychology research credit, please provide your first and last name, your instructor's name, and the course number. This information will be **used solely for the purposes of receiving credit and will not be linked to your responses** in the survey.

First name _____

Last name _____

Instructor _____

Course number _____

If you would like to participate in a raffle for 1 in 10 \$20 Amazon gift cards, please provide an email below. Your email will be **used solely for the purposes of this drawing** and **will not be linked to your responses** in the survey.

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