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Rape Myths and Consent in College-Aged Southern Students

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Rape Myths and Consent in College-Aged Southern Students

Rape Myths and Consent in College-Aged Southern Students

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Science in Human Environmental Sciences

by

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University of Arkansas
Bachelor of Science in Human Development and Family Sciences, 2012

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Abstract

Rape and sexual assault are problematic issues for women on college campuses. Internal and external consent play a role in understanding sexual assault because sexual assault is defined as “*nonconsensual* sexual activity obtained through force, threats, intoxication, or intimidation.” Factors related to understanding consent may include attitudes regarding sexual assault and rape, known as rape myths, which are defined as attitudes and false statements concerning rape that are widely known and accepted, mainly served to justify male sexual aggression towards women. The southeastern United States is known for being religiously and politically conservative, where gender roles are intertwined with a more traditional sexual script. Gaining additional understanding from the use of Bronfenbrenner’s Human Ecological Theory, the purpose of this study was to recognize the association between rape myth acceptance and the use of internal and external consent measures in 831 college students in the southeastern region of the United States. Men were found to have higher rape myth acceptance, and also reported using more specific external consent cues related to direct nonverbal behavior and borderline pressure compared to women. Women who reported lower acceptance of rape myths also reported using more external explicit consent cues such as communication/initiator behaviors. Future research should continue to examine consent because of the importance in sexual assault discussions. This study showed that rape myth acceptance does play a role in consent behaviors, and if attitudes regarding sexual assault change, the occurrence of sexual assault can potentially change as well.

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Chapter 1: Introduction

“And that’s why I’m gon’ take a good girl, I know you want it, I know you want it, I know you want it...the way you grab me, must wanna get nasty,” (<http://www.azlyrics.com/lyrics/robinthicke/blurredlines.html>). These are the lyrics to a song made popular by Robin Thicke called “Blurred Lines.” This song has attracted attention, more positive than negative, and was recently nominated for two Grammy awards, even with its encouragement of the misconception that “no does not always mean no” (Muehlenhard & Rodgers, 1998) when giving consent for sexual experiences. This fallacy has also been referred to as “token resistance,” which is defined as saying no to sexual activities when one actually intends to say yes (Muehlenhard & Rodgers, 1998) and is often used to justify sexual assault.

Rape and sexual assault are common problems among young adults, especially those in college and especially for women (Fisher et al., 2000). Talbot and colleagues (2010) posit that in order to end sexual violence, rape myth acceptance should be studied because the purpose of rape myths is to “silence the victim...and prevent prosecution and punishment of the perpetrator” (p. 171). However, other researchers focus on internal and external consent as they are an important issue to address in the area of sexual assault because sexual assault hinges on nonconsent to sexual activities (Jozkowski et al., 2014). One current example of the combination of these factors is the Steubenville, Ohio rape case. In 2012, a 16-year old girl was sexually assaulted and raped, while unconscious, with other partygoers watching. Her attackers were two members of the Steubenville high school football team. The lawyer for one of the alleged perpetrators posed a question in court: “Was she conscious enough to give consent or not?” (Swensen, 2012). One who is unconscious is unable to legally consent to sexual activity. The jury found that she was

conscious enough to where consent should have been given before sexual activity, thus the boys were both found guilty of rape. While this case and others receive major attention in the news, sexual assault cases happen everywhere in the United States, and in areas that are primarily known for being conservative and religious.

The southeastern region of the United States is known for political conservatism, and has often been referred to as the “Bible Belt.” In this region, gender roles are typically intertwined with traditional sexual scripts (Rice & Coates, 1995). In the United States, men are socialized to be the aggressive initiators of sexual encounters, while women are seen as “sexual gatekeepers” (pg. 2), with the power to decide if and when sex will happen (Jozkowski & Peterson, 2013a). Thus, due to more traditional gender roles in this region of the United States, and with religion playing a vital role to most people, rape myth acceptance and the use of internal and external consent behaviors may be much different than in other areas of the United States. Thus, by understanding these contextual factors using Bronfenbrenner’s theory, it is likely that rape myth acceptance may be higher in the Southern region of the United States and should be further studied.

Purpose of Study:

By using Bronfenbrenner’s Human Ecological Theory, the current study examines the association between rape myth acceptance and the use of internal and external consent in a sample of college students in the “Bible Belt” region of the United States, focusing on potential gender differences.

Problem Statement:

College campuses are especially dangerous for women. Fisher and colleagues (2000)

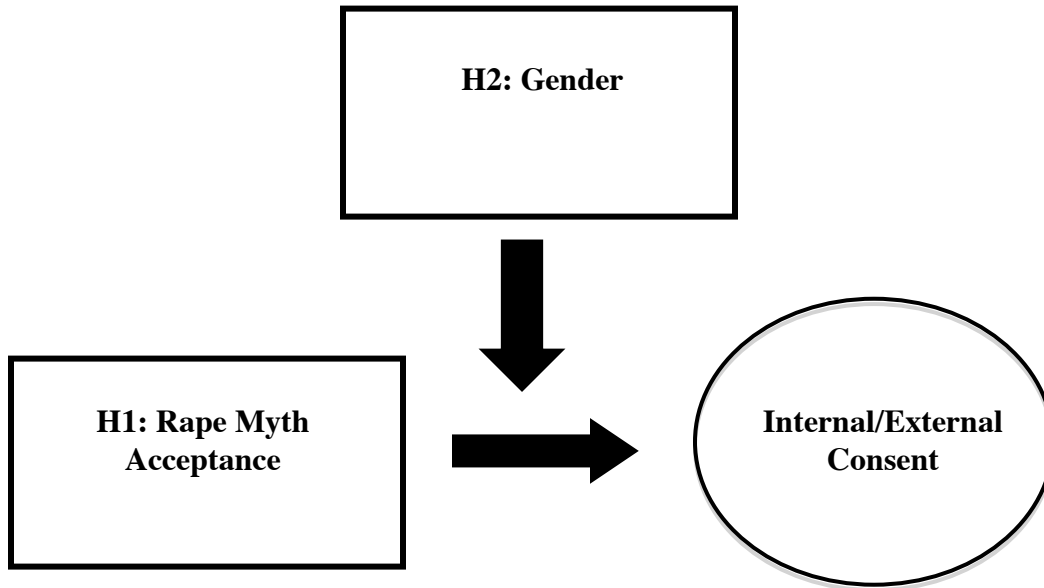
report that between 20%-25% of college women have experienced an attempted rape or have reported sexual assault. Sexual assault is defined as “*nonconsensual* sexual activity obtained through force, threats, intoxication, or intimidation” (Koss et al., 2007), thus the issue of consent is an important area to study in sexual assault cases. Gender role beliefs can play a role in acceptance of rape myths and sub-sequentially the use of consent. Those who are more traditional in their gender role beliefs may have a higher level of rape myth acceptance, and may then feel and use consent behaviors less often. Those with a higher level of rape myth acceptance may not view their own sexually coercive acts as sexual assault (Burt, 1980). Traditional sexual scripts dictate that males must be more aggressive, resulting in higher levels of rape myth acceptance (Talbot et al., 2010). Thus, individuals who identify with more liberal gender role beliefs may have less rape myth acceptance and may feel and use consent behaviors more often.

Objectives: There are two main goals of this study (see Figure 1):

Hypothesis 1: College students who have a higher acceptance of rape myths will report different patterns in internal feelings and external consent cues when engaging in sexual activity.

Hypothesis 2: This association will be moderated by gender, with young adult men identifying with more traditional (higher) rape myth acceptance and less use of explicit external consent, and young adult women reporting less acceptance of rape myths and more use of consent.

Figure 1.



Limitations:

There are multiple limitations to this study. One is that it was conducted at one undergraduate university in the South, also an area called the Bible Belt, and therefore may not be generalizable to other regions. In addition, comparisons cannot be made between the Bible Belt and other regions of the United States, even though this would be an interesting issue to address differences across regions. Another limitation is that even though the current study uses Human Ecological Theory, all contextual factors were unable to be studied due to the difficulty of trying to test all of Bronfenbrenner's systems. Only participants who are sexually active answered questions regarding consent, so the data was limited and did not include students who have never engaged in any sexual activity (i.e., intercourse). Lastly, college students are not representative of the entire population of young adults in the United States.

Definition of Terms:

Sexual assault: “nonconsensual sexual activity obtained through force, threats, intoxication, or intimidation” (Koss et al., 2007); primarily women victims (90%); most victims know their perpetrator (90%)

Rape myth acceptance: “attitudes and generally false beliefs about rape that are widely and persistently held, and that serve to deny and justify male sexual aggression against women” (Lonsway & Fitzgerald 1994, p. 134)

Consent: “the freely given verbal or nonverbal communication of a feeling of willingness to engage in sexual activity” (Hickman & Muehlenhard 1999, p. 259)

Internal: internal feelings that people have which inform their decision to partake in any sexual activities (Jozkowski et al., 2014)

External: behaviors, signals, actions and words that indicate willingness to partake in sexual activities (Jozkowski et al., 2014)

Bible Belt: “a religiously conservative or fundamentalist region in the American South and sometimes the Midwest” (Brunn et al. 2011, p. 513)

Token resistance: saying no to sexual activities when one actually intends to say yes (Muehlenhard & Rodgers, 1998)

Gender role beliefs: “beliefs about the appropriate role activities for women and men” (McHugh & Frieze, 1997, p. 4)

Chapter 2: Literature Review

Human Ecological Theory

Urie Bronfenbrenner developed a model to better understand human development,

composed of the individual level, microsystems, mesosystems, exosystems, macrosystems, and chronosystems (1979). He believed that to gain better insight into how humans develop, one must look at the entire ecological system in which individuals grow. His work examined the role that neighborhoods play in the development of children's concepts, which began in 1870 (Schwabe & Bartholomai, 1870). The strengths that came from this type of research included looking at development from multiple dimensions and subsystems. However, there are a number of problems with the contextual theory, including its perceived difficulty in measuring contextual factors, due to the multiple dimensions previously mentioned.

The first level of Human Ecological theory is the individual model, which is composed of the biological, psychological, and social characteristics, such as age, race/ethnicity, social class, education, marital status, income, personality characteristics, and biological/genetic factors. Next is the microsystem, which Bronfenbrenner defined as "the face-to-face interactions and interrelations between individuals and others in their immediate setting" (Campbell et al., 2009). An example of this is positive or negative reactions when assault victims disclose their attack, which can greatly impact the amount of mental distress victims feel after an assault. If the victims experience negative reactions from friends and family while disclosing their assault, it could be particularly distressing. This negative reaction can cause the victim to abstain from more disclosures and decide against seeking additional help. Less disclosure and not seeking help can be associated with higher self-reported distress (Campbell, 2009).

In Bronfenbrenner's original model, mesosystems and exosystems were separated into two levels. Campbell and colleagues (2009) combined the two, focusing on how both levels influenced the lives of assault victims. Mesosystems are the connections between the systems or

other individuals in the ecological system. When referring to sexual assaults, for example, the mesosystem is defined as the legal or medical systems the victim could use for help. While the victim is connected with the legal system, they may be repeatedly asked questions about their assault. Some of the questions can be victim-blaming (i.e., what attire was worn at the time of assault, prior sexual history, their response sexually to the attack) (Campbell, 2005; 2006; Campbell & Raja, 2005). Sexual assault survivors indicated that after contact with the legal system, they felt bad about themselves (87%), felt guilty or self-blaming (73%), became depressed (71%), felt violated (89%), became cynical of others (53%), and were hesitant to ask for more help (80%), (Campbell, 2005; Campbell & Raja, 2005).

The next level is the exosystem, described as “formal systems with which individuals may or may not have contact” (Campbell et al., 2009, p. 7). An example would be a rape crisis center (RCC) or a domestic violence shelter. Victims who use an advocate from the RCC are less likely to feel secondary victimization while dealing with the legal and/or medical system (Campbell, 2006). Help from a rape crisis center during recovery from a sexual assault has been linked to less reported distress and self-blame, as well as increased social support (Campbell et al., 2009).

Next, the macrosystem includes the rape-prone culture and politics, cultural differences in regards to rape and sexual assault, and the high acceptance of rape myths. Unfortunately, the culture today in the United States is very rape-prone in that it makes allowances for male violence against women, and allows sexually aggressive men to claim they are not rapists (Aronowitz et al., 2012). This rape culture can be detrimental to the recovery of sexual assault

survivors (Rozee & Koss, 2001), which will be further described in the area of rape myth acceptance.

The final level is the chronosystem, which Bronfenbrenner (1994) defined as “encompassing change or consistency over time not only in characteristics of the person but also of the environment in which that person lives” (p. 40). Revictimization can happen in this level and victims can develop lifetime negative outcomes because of their assault, including depression, anxiety, or post-traumatic stress disorder (PTSD) (Campbell et al., 2009). Multiple types of abuse, including physical or verbal, along with sexual, can increase the likelihood of depression, PTSD, and anxiety after a sexual assault. The more abuse a person has had over the lifetime, the higher the levels of depression (Campbell et al., 2009).

Even though all of these systems are important to understand in order to decrease the high rates of sexual assaults, the current study focuses only on a few levels: the individual and macro levels in order to further understand consent and rape myth acceptance and how these may be related to sexual assaults.

Rape Myth Acceptance

In the past 30 years, rape myth acceptance has been defined differently. Burt (1980) first defined this concept as “prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists” (pg. 217). Lonsway and Fitzgerald (1994) defined rape myth acceptance as “attitudes and generally false beliefs about rape that are widely and persistently held, and that serve to deny and justify male sexual aggression against women” (pg. 134). Rape myths have also been called stereotypes (Lonsway & Fitzgerald, 1994). In general, those with a higher acceptance of rape myths are more likely to dismiss sexual assault and deny the reality of rape actually occurring.

Rape myths first appeared in academia in the 1970s, with help from sociologists, Schwendinger and colleagues (1974) and feminists such as Brownmiller (1975). The intended purpose for these myths was to try and describe a set of mainly untrue cultural beliefs that helped to trigger sexual aggression that was committed against women (Edwards et al., 2011). Individuals with more acceptance of rape myth attitudes and who believe in traditional gender roles were more likely to blame the victim, instead of the rapist (Talbot et al., 2010). Johnson et al. (1997) found that rape myths/attitudes fell into three categories: 1) blaming the victim; 2) excusing the perpetrator from responsibility; and 3) justification for the assault. In more traditional areas (perhaps an area like the Bible Belt), there are beliefs that assaulted women have been taught to blame themselves, because of higher rape myth acceptance (Lonsway & Fitzgerald, 1994). Women feel guilty for their attack, and place less blame on the perpetrator because they feel responsible (Lonsway & Fitzgerald, 1994). Harned (2005) established that victims of acquaintance/date/partner rape placed blame on themselves more than the perpetrator because their experiences of sexual assault were not stereotypical assaults (i.e., stranger rape). Women also indicated that they cared for their attacker, and did not believe their attack was done to cause them harm. Peterson and Muehlenhard (2004) reported that survivors of sexual assault who have high acceptance of rape myths were less likely to believe that what happened to them was, by definition, sexual assault. And lastly, a higher acceptance of rape myths lessens the probability that victims will either disclose information about their attack or seek help (Moor, 2007). Giacomassi and Dull (1986) found that people are likely to reject the myths that would reflect poorly on characteristics of themselves, like gender and ethnicity. People more willingly accept the myths that transfer blame to others.

Gender Differences

In terms of rape myth acceptance, there are a number of gender differences due to cultural gender roles. Men and women hold and use rape myth acceptance for different purposes. Gender roles posit that males must be more forceful and insistent, while women should be frail and passive with regards to sexual activities (Johnson et al., 1997). Talbot and colleagues (2010) found that men who had higher levels of rape myth acceptance were more likely than men with a lower level of rape myth acceptance to be the perpetrator in sexual assaults. Men use rape myths to provide explanations for sexual violence and to lessen the male's responsibility for sexual crimes (Talbot et al., 2010). Men also tend to have higher levels of acceptance of rape myths compared to women, in general (Hinck & Thomas, 1999). Women use rape myths for security purposes, such as some believe that if they do not act a certain way, or dress a certain way, they will be safer and not be assaulted (Talbot, 2010; Lonsway & Fitzgerald, 1995).

Women were more likely than their male counterparts to discard the beliefs that women falsely accuse men of rape, that women have dreams that fantasize about being raped, and that the victims share a blame in being raped (Giacopassi & Dull, 1986). Women also were more likely to oppose the declaration that "normal men" do not commit acts of rape or sexual assault (Giacopassi & Dull, 1986). Thus, women typically have fewer rape myth acceptance views as compared to men.

Talbot's (2010) study of university students in the Pacific Northwest found that those with liberal gender role beliefs were less accepting of rape myths/attitudes. Check and Malamuth (1983) and Muehlenhard and Hollabaugh (1988) both found a positive association between the acceptance of rape myths and having a more traditional or liberal belief in gender roles. Those

who were more liberal had fewer acceptances of rape myths, while those who were more conservative in their beliefs had higher rape-accepting beliefs. The more traditional people were also more likely than the liberals to place more blame on the victim than the perpetrator.

However, no study to date has been conducted in the Southern region of the United States, which is typically more traditional (Rice & Coates, 1995), and thus further investigation is needed in this area of rape myth acceptance.

Consent

Rape myth endorsement plays a role in the manner in which people conceptualize rape, and consent is the main factor in determining the legitimacy of rape. Therefore, rape myth acceptance has an impact on people's perceptions of consent (Jozkowski et al., 2014). Consent is one of the key components when discussing sexual assault, as the lack of consent is one of the main characteristics of sexual assault (Beres, 2007). When looking at the Steubenville case, the victim's lack of consent was in question when it really should not have been. Sexual assault happens when consent is either not given, or the answer is no and someone is forced/coerced into sex. Many researchers have attempted to define consent, with no agreement found among them. This is one of the main reasons that there is a lack of literature concerning sexual consent. Within the literature that is present, no clear definition exists, but all researchers are in agreement that consent signifies some form of agreement to take part in sexual activity (Beres, 2007; Koss et al., 2007). Some definitions focus on consent being a physical act, while others believe it is a mental act. Consent research focuses on the gendered nature of consent and is in agreement with the traditional sexual script. Little research takes into account that men can also give consent to women, and not just women giving consent to men. The assumption for this lack of research is

that women more often than men are victims of sexual violence, where consent is not given.

Before Muehlenhard studied consent, she focused on token resistance, which is defined in different ways, but the basis for all are the same: to say no when one intends to say yes, but has reasons for saying no upfront or at first (Muehlenhard & Rodgers, 1998). Token resistance can be somewhat dangerous for women, because men may identify women as engaging in token resistance, when they really mean no. This can be related to men's role as sexual initiators. Men can think that even if the women indicated nonconsent to sexual activity, if they kept initiating, she would more than likely say yes to get the male to stop. There are other issues for women and token resistance. Some women may not powerfully say "no," leading their partners to continue with the sexual assault. Another issue that occurs is women partaking in sexual activity, but stopping right before intercourse. In these situations, she could be labeled as a "tease," and in this case, she would be held responsible for the intercourse being forced upon her. One of the final problems for women that arises from token resistance is agreeing to sexual activity too fast, or with too many different partners. These women are sometimes alleged as "sluts," (Jozkowski & Peterson, 2013a).

Muehlenhard and Hollabaugh (1988) conducted a study with 610 college women, where almost 40% reported that they had said no to sex when they meant yes, at least one time. The majority of the women said they had done this five or less times. Muehlenhard and Rogers (1998) administered a study, and it cleared up three major stereotypes that people have regarding token resistance. These stereotypes are that only women utilize token resistance, it only happens with new partners, and that manipulation is the only cause of token resistance. The results from Muehlenhard and Hollabaugh's 1988 study found that more men utilize token resistance, it

occurs more in ongoing relationships, and individuals in the ongoing relationships use token resistance for reasons other than manipulation. Results show that a majority of the men and women who say no to engage in sexual activity actually mean no and do not wish to engage in sexual activity (Muehlenhard & Rodgers, 1998).

The next research to examine consent included Dripps (1992) who defined consent as “any yes...no matter how much force is used to obtain it” (p. 1793). His definition implied that even though coercion is used to obtain sex, consent is still obtained. O’Sullivan and Allgeier’s (1998) article used two quotes regarding consent that are conflicting. The purpose statement explained that “consensual participation in unwanted sexual activity refers to situations in which a person freely consents to sexual activity” (p. 234). In the introduction, the authors said “willing participation...should not be confused with coercive interactions in which a person consents to engage in sexual activity but does so under duress” (p. 234). Their definitions are differing, in that the first states consent should not occur with force or coercion, while the other definition says that consent under duress is possible. Archard suggests that consent is possibly “an act rather than a state of mind” (1998, p. 4).

Consent, as defined by Hickman and Muehlenhard (1999), is the “freely given verbal or nonverbal communication of a feeling of willingness to engage in sexual activity” (pg. 259). It is much more than just stating yes or no to a sexual advance. Lim and Roloff (1999) have a much simpler description of consent. Their definition is “knowing and voluntary agreement to have sexual intercourse” (p. 1). They found there are at least three standards that should be used to characterize consent: affirmative nonconsent, affirmative behavior, and affirmative language. Affirmative nonconsent assumes that consent is given unless nonconsent is presented verbally or

physically. This standard views silence as an acceptable way of indicating consent (Remick, 1993). When using the affirmative behavior standard, consent can only be shown if a woman has indicated her readiness to engage in sexual intercourse. This can be done by either using words or physical actions. The final standard is affirming language. The only way consent is signaled from this standard is by directly saying “yes” (Remick, 1993). These researchers point out that sexual consent is mostly concerned with interpretation of given signals.

Hickman and Muehlenhard (1999) discovered five categories for conveying sexual consent: direct verbal, direct nonverbal, indirect verbal, indirect nonverbal, and no response. Direct verbal signals include one partner saying “Yes” or directly saying “I would like to sleep with you.” Saying nothing, but beginning to engage in sexual intercourse by either partner is using direct nonverbal signals. Indirect verbal signals consist of asking if a partner has a condom or talking about the importance of birth control. Examples of indirect nonverbal signals are when one partner rubs, fondles, or touches the other sexually or the undressing of partners. No response signals include not resisting advances and not saying no. These researchers point out that many college students indicate consent most of the time using nonverbal cues (i.e., not saying no, not refusing advances, or making eye contact).

A study done at a Canadian university established that 61% of their participants would rather assume there is consent than to explicitly ask for it (Humphreys, 2007). Sixty-nine percent of men stated they would continue engaging in sexual acts without consent, but only until their partner indicated their nonconsent. Participants in this study also explained that more clear-cut consent is necessary for newer relationships, rather than those relationships that are much more well-known (Humphreys, 2007). Beres (2010) found in her study that participants reported using

the concept of tacit knowing to decide if their partner is willing to engage in sexual activity. Tacit knowing is where “you just know” that your partner is ready. One participant described it as unexplainable, “you’re just in sync together and you don’t even have to say the words” (p. 6).

Jozkowski and Peterson’s (2013b) conceptualization of consent is much different from previous studies. The authors state that college students most frequently indicated their consent using verbal cues, such as saying yes when asked to have sex, possibly asking their partner to engage in sexual activity, or asking their partner to get a condom/getting one themselves.

Muehlenhard (1995/1996) first introduced the concept of internal and external consent, however Jozkowski was the first to introduce the internal and external consent to sexual activity scale. Internal consent is the internal feelings that people have which inform their decision to partake in any sexual activities (Jozkowski et al., 2014). Words that could be used to describe internal consent would be “want” and consent,” as these are positively associated with eagerness to participate in sexual activity. The words “interest, in the mood, desire,” and “agreement” can also be used to indicate internal consent to sexual activity (Jozkowski et al., 2014).

External consent is defined as behaviors, signals, actions and words that indicate willingness to partake in sexual activities (Jozkowski et al., 2014). Jozkowski’s list of external consent measures shared similar patterns with Hickman and Muehlenhard’s (1999) factors of consent: direct verbal, direct non-verbal, indirect verbal, indirect non-verbal, and no-response signals. See Table 1 for a complete list of Internal and External Consent Scale Items.

Table 1. List of Internal and External Consent Scale Items

Internal Consent Scale Items

Factor 1: Physical Response

1. Rapid heart beat

2. Flushed
3. Eager
4. Heated
5. Lustful
6. Erect/vaginally lubricated

Factor 2: Safety/Comfort

7. Secure
8. Protected
9. Safe
10. Respected
11. Certain
12. Comfortable
13. In control

Factor 3: Arousal

14. Aroused
15. Turned on
16. Interested

Factor 4: Consent/Want

17. Consented to
18. Agreed to
19. Wanted
20. Consensual
21. Desired

Factor 5: Readiness

22. Ready
23. Sure
24. Willing
25. Aware of my surrounds

External Consent Scale Items

Factor 1: Direct Nonverbal Behaviors

1. I increased physical contact between myself and my partner
2. I engaged in some level of sexual activity such as kissing or “foreplay”
3. I touched my partner, showed him/her what I wanted through touch or increasing physical contact between myself and the other person
4. I used non-verbal cues such as body language, signals, flirting
5. I removed mine and/or my partner’s clothing

Factor 2: Passive Behaviors

6. I did not resist my partner’s attempts for sexual activity
7. I did not say no or push my partner away
8. I let the sexual activity progress to the point of intercourse
9. I reciprocated my partner’s advances

Factor 3: Communication/Initiator Behavior

10. I initiated sexual behavior and checked to see if it was reciprocated
11. I used verbal cues such as communicating my interest in sexual behavior or asking if he/she wanted to have sex with me
12. I indirectly communicated/implied my interest in sex (i.e. talked about getting a condom)

Factor 4: Borderline Pressure

13. I took my partner somewhere private
14. I shut or closed the door
15. I just kept moving forward in sexual behaviors/actions unless my partner stopped me

Factor 5: No Response Signals

16. It just happened
17. I did not say anything
18. I did not do anything; it was clear from my actions or from looking at me that I was willing to engage in sexual activity/sexual intercourse

Gender Differences

In terms of consent, there are a number of gender differences that have been found. For example, Koss and colleagues (1988) found that 59% of women who were raped by their dating partner say the assault stemmed from a miscommunication of consent. Lim and Roloff (1999) believe that this misreading of signals can be derived from the differences in inferring sexual interest or intent, which can vary across genders. Ostler's (2003) study examined consent from the nature of gender, in that the literature looks at the way women consent to men, not the other way around. It is assumed that men are always consenting and it is never contested, therefore women are responsible for responding to the initiations they receive from men, setting the limits for the activities that will take place, and deciding if they even wish to engage in sexual activity at the current time (Beres, 2007). MacKinnon (1989) stated that it was impossible for women to consent to sexual activity due to the inequality of powers between men and women. The power structure that currently exists in our society do not truly allow females to consent because "women do not have the freedom to give consent because they are not free subjects" (Beres,

2007, p. 98; MacKinnon, 1989). Lindergrén, Parkhill, George, and Hendershot (2008) have found that men are moderately incorrect in their gauges of female consent, and can sometimes misread friendliness from women as signs of attraction and interest. However, Jozkowski and Peterson (2013a) found that men are the ones responsible for initiating sex because college students perceive that it is their responsibility to correctly read the women's cues, either of consent or nonconsent.

In terms of consent and gender, Jozkowski et al. (2014) found differences in the way each gender communicates their consent. Men are more likely to use nonverbal cues, while women use verbal communication. Jozkowski and Peterson (2013a) found that college-aged students, as well as other young adults, still endorse more traditional beliefs regarding the sexual roles of men and women. They found that in order to show participants' use of traditional gender roles, the men would directly ask for sex and women said they would wait for the men to initiate the sexual experience. Humphreys (2004) established that while young adults know what consent means, some do not see the necessity in using it. Women, as well as those engaging in sex for the first time, desire to establish consent using a very clear and precise method (Humphreys, 2004).

Hickman and Muehlenhard (1999) found that men more frequently utilized the indirect verbal signals or no response signals than women. Women more often used indirect verbal signals to designate their consent than men. When using direct verbal signals, direct nonverbal signals, or direct refusal signals, men and women did not show any gender differences. One significant problem with men and women differing in their consent signals is the mistaken assumption for each sex that the other would use their preferred method of signaling consent, which is not always the case (1999).

Jozkowski et al. (2013b) found in their study of 185 Midwestern U.S. college students that men and women had similar definitions of consent and both were more likely to endorse verbal indicators of consent instead of nonverbal. This is where similarities end. Men were more likely to use nonverbal cues, where women were more inclined to indicate their consent using verbal cues. Women also used combinations of nonverbal and verbal cues to indicate sexual consent more often than men. Men were more likely to assume consent by nonverbal cues only.

Another important issue in consent involves relationship status. When indicating consent, some researchers have shown that those who are in committed relationships communicate consent differently than those who are single, hooking-up, or in casual relationships (Humphreys, 2007). As couples get more intimate, the less unambiguous their signals indicating consent become (Humphreys, 2007). This could be due in part to the precedence theory, which states that once a relationship has turned sexual, the expectation is that the sexual aspect of the relationship will continue. Consent in the future in more committed relationships will be intrinsic and assumed (Shotland & Goodstein, 1992). However, further research is needed in the area of consent and relationship type.

Previous victimization is also important to look at when focusing on consent behaviors. Testa et al. (2010) found a positive association between sexual victimization and re-victimization. Approximately 35% of women who have reported previous victimization before age 18 reported being re-victimized as an adult (Black et al., 2011). If victimization occurs before college, it could be predicted that more negative sexual experiences will occur (Scaglione et al., 2013). Thus, it is another area of research that should be addressed in terms of consent and sexual assault.

Southern Culture

In the Southern United States, religion is an important part of the culture for most people. This area is known as the “Bible Belt.” Mencken first coined the term “Bible Belt” in the middle 1920s, after spending some time in Dayton, Tennessee. Though he never actually defined the geographic location of said “belt”, one essay he wrote mentions the states of South Carolina, Iowa, Georgia, Mississippi, Nebraska, and Tennessee (Tweedie, 1978). Brunn and colleagues (2011) state that the region includes areas from northern Texas to western North Carolina, as well as Mississippi north to Kentucky. According to Rice and Coates (1995), the states included in the South are Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, and the District of Columbia. Goldhaber (1997) thinks that the Bible Belt is possibly just a state of mind, rather than an actual place.

Regardless of where one considers the area of the Bible Belt to stretch, this area is normally described as “a religiously conservative or fundamentalist region in the American South and sometimes the Midwest” (Brunn, 2011, p. 513). One possible reason for this area of the United States being termed the Bible Belt is that church attendance and percentage of people accepting the Bible literally as the word of God are highest in the South (Newport, 2007). Garcia and Kruger (2010) believe this term to be caused by strong Evangelical beliefs and high levels of church attendance.

Multiple articles discuss what is known as the “buckle” of the Bible Belt, which is the most conservative area. No article states the same area as the “buckle,” because the definition is ambiguous. Some of the areas that have been said to be the “buckle” include Jackson,

Mississippi; Columbia, South Carolina; southern Louisiana; Oklahoma City, Oklahoma; Oklahoma, Arkansas, Tennessee; Memphis, Tennessee; Nashville, Tennessee; Springfield, Missouri; Texas; Kentucky, Ohio, Georgia; Florida panhandle; Knoxville, Tennessee; Lubbock, Texas; Tulsa, Oklahoma; and Lynchburg, Virginia (Brunn, 2011). Garcia and Kruger believe that Fayetteville, the city where the current study was conducted, falls into their description of the “buckle,” (2010).

Gender roles do vary across geographic regions. Women in the South are supposed to have subscribed to the genteel Southern woman myth, to have the traditional Southern belle mentality (Good, 1989; Upchurch, 1989). These women (in theory) are completely committed to God and their families, not concerned with politics, and are only paying attention to matters dealing with their homes (Rice & Coates, 1995). What is interesting is that women tend to have the more egalitarian attitudes regarding gender roles than men, who tend to hold the more conservative or traditional attitudes. However, gender roles in all regions are slowly becoming more egalitarian. People with more formal education tend to be more egalitarian, and younger people tend to be more egalitarian as well. People who live in urban areas hold more egalitarian attitudes than those who live in rural areas. While Southerners are becoming more egalitarian, they still hold the most conservative attitudes when it comes to gender roles (Rice & Coates, 1995). Thus, the Southern region of the United States is an important contextual factor that could be important in understanding the association of rape myth acceptance and consent in young adults.

The Current Study

The current study focuses on the association between rape myth acceptance and sexual

internal and external consent among a sample of Southern college students, while also examining gender differences. Previous studies have examined differences in gender role stereotypes with regards to rape myth acceptance, but none have combined rape myth acceptance, sexual consent, and gender differences, and none have been conducted in the Southern portion of the United States. This has left gaps in the literature because no study, to date, has connected rape myth acceptance with consent, and especially in the South. The use of consent measures may vary depending on gender role beliefs. Those with traditional views may see men in charge of consent, whether the female would like to engage in sexual activity or not. Thus, additional research is warranted.

The current study assesses rape myth acceptance and the feelings and use of internal and external consent in a college student sample, focusing on potential gender differences, while also examining other possible control variables that may be related, such as previous victimization and relationship type. These will also be used to assess baseline associations that have been found to be related to consent behavior. Thus, the current study has two main goals:

Hypothesis 1: College students with a higher acceptance of rape myths will report different patterns related to internal and external consent behaviors when engaging in sexual activity.

Hypothesis 2: This association will be moderated by gender, with more men identifying with rape myth acceptance and being less explicit in their use of consent, and women agreeing less with rape myths being more explicit in their use of consent.

Chapter 3: Methodology

Participants/Procedure

A convenience sample of approximately 831 students was drawn from a university located in the Southern United States (Wiersma, Jozkowski, Cofer, 2013). Students, who were at least 18 years of age, enrolled in large introductory classes across various schools across campus were given the paper-and-pencil survey (see attached Appendix A). Students were told that at any time during the survey, participation could stop if discomfort occurred. The survey, which focused on alcohol and sexual experiences, contained 197 multiple-choice questions and 2 open-ended questions. Survey responses were completely anonymous. Participants had the option to enter into a drawing for a \$50 gift card by filling out a separate entry form. Attached to the first page of the survey was information about the survey, which included the phone numbers and email addresses of both researchers, for participants who had any questions. IRB approval was gained from the institution where data was collected.

Out of the 831 students, 21% were male ($n = 175$) and 79% were female ($n = 654$). The demographics for the university are 49.9% male ($n = 11,626$) and 50.1% female ($n = 11,660$) (University of Arkansas, 2013), thus the sample was largely female and not representative of the university population. Eighty-two percent of study respondents were Caucasian ($n = 672$) and 18% ($n = 157$) were non-Caucasian. Seventy-seven percent of university students identified themselves as Caucasian, with 23% non-Caucasian (University of Arkansas, 2013), thus the sample is mostly representative of the university's ethnicity. The age range for this study was from 18 to 54 years, with a mean of 20.39 years. Fifty-six percent ($n = 464$) reported being single, hooking-up or in casual relationships, while 44% ($n = 365$) reported being in a committed

relationship. The average GPA was 3.33.

Participants who were over age 25 (approximately 1%), identified themselves as non-heterosexual (approximately 1%), and those who had never engaged in sexual activities (38%) were excluded from the sample. The final sample consisted of 549 students, of which 420 were women and 129 were men. Seventy-nine percent ($n=435$) of this sample identified as Caucasian. Forty-eight percent ($n=265$) of participants reported being single, hooking-up or in casual relationships, and 52% ($n=286$) reported being in a committed relationship. The average GPA was 3.27, while the average age was 20.26 years.

Measures

Controls

Two control variables were utilized in this study: previous victimization and relationship type. Previous victimization in this study was examined by using 8 questions that asked about experiences both before attending the university, as well as *while* attending the university. Questions included “experiencing sexual behavior that you did not consent or agree to because you were incapable of giving consent or resisting due to using drugs, alcohol, or other substances,” “experiencing sexual behavior that you did not consent to or agree to because your refusals were ignored,” and “experiencing sexual behavior that you did not consent or agree to because the other person used physical force or somehow made you afraid to say no.” Survey participants had the options of choosing before attending, while attending, or never. One hundred and twenty-one participants (15%) reported being victimized previously. Last, relationship type was included in the demographic section of the survey, asking for the participant’s present relationship status.

Rape Myth Acceptance

Rape myth acceptance was assessed using 24 statements, which included “Rape happens when a man’s sex drive gets out of control,” “Many women secretly desire to be raped,” “Women tend to exaggerate how much rape affects them,” “Rape accusations are often used as a way of getting back at men,” and “Although most women wouldn’t admit it, they generally find being physically forced into sex a real ‘turn on.’” These statements were developed from the Illinois Rape Myth Acceptance Scale, which was created to measure individual’s support for rape myth attitudes and beliefs (Payne et al., 1999). The scale ranged from 1=*Not At All Agree* to 7=*Very Much Agree* ($M = 2.34$, $SD = .92$; $\alpha = .93$).

Consent

Consent was calculated using the list of Internal and External Consent Scale items (Jozkowski et al., 2014), with 53 items included on the survey concerning consent to sexual activity. The questions were broken into two sections, Internal and External Consent items. The first section, which was designed around the External Consent Scale (ECS), included statements like “I touched my partner or showed him/her what I wanted through touch” and “I did not resist my partner’s attempts at sexual activity.” For this section, survey participants put a check if they had engaged in this particular behavior to indicate consent. The other section, which focused on the Internal Consent items, contained words or phrases, with circles to indicate responses from *Strongly Disagree* (1) to *Strongly Agree* (4). Some of these words included “Comfortable, Aware of my surroundings, Agreed to, and In love with my partner.”

The internal items, comprised of the Internal Consent Scale (ICS), consists of: *physical response* (rapid heart rate, flushed, eager, heated, lustful, and erect/vaginally lubricated; $\alpha =$

.89); *safety/comfort* (secure, protected, safe, respected, certain, comfortable, and in control; alpha = .96); *arousal* (aroused, turned on, and interested; alpha = .96); *consent/want* (consented to, agreed to, wanted, consensual, and desired; alpha = .99); and *readiness* (ready, sure, willing, and aware of my surroundings; alpha = .96). The external items are: *direct nonverbal behaviors* (I increased physical contact between myself and my partner, I engaged in some level of sexual activity such as kissing or “foreplay,” I touched my partner/showed him or her what I wanted through touch or increasing physical contact between myself and the other person, I used non-verbal cues such as body language/signals/flirting, and I removed mine and/or my partner’s clothing; alpha = .78); *passive behaviors* (I did not resist my partner’s attempts for sexual activity, I did not say no or push my partner away, I let the sexual activity progress to the point of intercourse, and I reciprocated my partner’s advances; alpha = .82); *communication/initiator behavior* (I initiated sexual behavior and checked to see if it was reciprocated, and I used verbal cues such as communicating my interest in sexual behavior or asking if he/she wanted to have sex with me; alpha = .79); *borderline pressure* (I took my partner somewhere private, I shut or closed the door, and I just kept moving forward in sexual behaviors/actions unless my partner stopped me; alpha = .75); and *no response signals* (It just happened, I did not say anything, and I did not do anything; it was clear from my actions or looking at me that I was willing to engage in sexual behavior/sexual intercourse; alpha = .67). The external consent alphas were reported using data collected by Jozkowski et al., 2014.

Chapter 4: Results

Analyses were run using SPSS Statistics. First, descriptive statistics were run to examine means, standard deviations, and correlations among all study variables. See Table 2 for

correlations of all the study variables. Sex was positively correlated with relationship status, physical response, safety, and arousal; sex was negatively correlated with consent/want and readiness. Previous victimization was positively correlated with arousal, direct behaviors, passive behaviors, and communication/initiator behaviors; it was negatively correlated with relationship status, safety, consent/want, readiness, and pressure. Previous victimization approached significance with physical behavior and no-response. Relationship status was positively correlated with communication/initiator behavior, borderline pressure, and no-response, meaning those who are in relationships use these external behaviors more than those who are single or casually hooking up. Rape myth acceptance was negatively correlated with physical response, safety, and communication/initiator behavior, which shows that higher acceptance of rape myths leads to less use of these external consent behaviors. Significance was approached with arousal and readiness. Internal consent/want approached significance at communication/initiator behavior. See Table 2 for other correlations.

To examine descriptive statistics of the main study variables, an ANOVA was used to examine gender differences on rape myths. Men were found to have a higher mean and distribution of rape myths ($M = 2.87$, $SD = .96$) compared to women ($M = 2.21$, $SD = .87$). Comparisons of consent means and standard deviations between college men and women revealed that men reported using more external consent measures (direct nonverbal behavior, communication/initiator, and borderline pressure) than women; but there were no differences on reporting internal feelings of consent. Table 3 details means and standard deviations for men, women, and overall internal and external consent items.

Table 2. Correlations of Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Sex														
Prev Victim	.13													
Rel Status	.05*	-.00***												
Rape	-.29	-.08	-.04*											
Myths														
Physical	.00**	.06 <i>t</i>	.13	-.01*										
Safety	.02*	-.02*	.26	-.05*	.70									
Arouse	.04*	.03*	.17	-.06 <i>t</i>	.77	.80								
Consent	-.01**	-.05*	.11	-.08	.59	.68	.72							
Ready	-	-.01**	.23	-.07 <i>t</i>	.67	.90	.82	.73						
	.00***													
Direct	-.08	.03*	.18	.00**	.31	.24	.28	.24	.23					
Passive	-.09	.03*	.13	.02*	.26	.23	.22	.14	.23	.48				
Communicative	-.15	.04*	.01**	-.03*	.18	.10	.10	.07 <i>t</i>	.08	.29	.43			
Pressure	-.20	-.03*	.02*	.19	.23	.09	.06 <i>t</i>	.08	.09	.25	.27	.27		
No-response	-.10	.05 <i>t</i>	.01**	.16	.13	.07 <i>t</i>	.10	.13	.06 <i>t</i>	.15	.18	.20	.27	
Mean, SD	.77 (.42)	.22 (.41)	.52 (.50)	2.34 (.92)	3.06 (.68)	3.31 (.69)	3.41 (.67)	3.49 (.68)	3.39 (.69)	4.21 (1.12)	2.90 (1.07)	1.90 (.83)	1.74 (.81)	1.45 (.69)

Note: ^t< .06 * *p* < .05 ** *p* < .01 *** *p* < .001

Next, the main study hypotheses were tested. *H1*, which states that college students with a higher acceptance of rape myths will report feeling less strongly about internal consent and use less explicit external consent when engaging in sexual activity, was tested using a regression analysis. Last, *H2*, which states that this association will be moderated by gender, with more men identifying with higher rape myth acceptance and feeling less strongly about internal consent and use less explicit external consent, and with women identifying with lower rape myth acceptance and feeling more strongly about internal consent and using more explicit external consent, was tested using regression, with interactions of gender and rape myth acceptance on the 10 consent outcomes. Models controlled for relationship type and previous victimization. Table 4 contains the multivariate analyses run.

In Table 4, Model 1 included dummy variables for gender, relationship status, and previous victimization, which were the control variables used for this study. Model 2 added in rape myth acceptances to examine the main effect of rape myth acceptance on all the 10 consent outcomes (and to test *H1*). Model 3 added in the interaction of gender and rape myth acceptances to examine the effect of gender as a moderator between rape myth acceptance and the 10 consent outcomes (and to test *H2*).

Table 3. Internal and External Consent Scale Items by Gender

Variables	Men (<i>M, SD</i>) <i>n</i> = 129	Women (<i>M, SD</i>) <i>n</i> = 420	Overall (<i>M, SD</i>)
Internal Consent			
Physical Response	3.01 (.63)	3.07 (.69)	3.06 (.68)
Safety/Comfort	3.24 (.57)	3.33 (.72)	3.31 (.69)
Arousal	3.33 (.59)	3.44 (.70)	3.41 (.67)
Consent/Want	3.47 (.55)	3.50 (.71)	3.49 (.68)
Readiness	3.33 (.59)	3.41 (.72)	3.39 (.69)
External Consent			
Direct Nonverbal	4.26 (1.11)*	4.19 (1.30)	4.21 (1.12)
Passive Behaviors	3.01 (1.15)	2.86 (1.04)	2.90 (1.07)
Communication/Initiator	2.08 (.84)*	1.82 (.81)	1.90 (.83)
Borderline Pressure	1.99 (.76)*	1.65 (.80)	1.74 (.81)
No Response Signals	1.56 (.77)	1.40 (.65)	1.45 (.69)

*indicates significant gender difference

Using the hierarchical regression models, results showed that in Model 1, communication/initiator behavior and borderline pressure were significantly associated with gender. Physical response, safety/comfort, arousal, consent/want, readiness, direct nonverbal, and passive behaviors were all significantly associated with relationship status, indicating that those students in committed relationships reported higher scores on the consent subscales compared to single students. There were no significant correlations associated with previous victimization.

In Model 2, rape myths were found to be a significant main effect for internal

safety/comfort ($p = .04$), internal readiness ($p = .03$), and external borderline pressure ($p = .02$). Internal consent/want approached significance when looking at rape myths alone ($p = .07$). Thus, hypothesis 1 was only partially supported, as it was found to be associated with only a few internal feelings and external behaviors.

As shown in Table 4, there were two statistically significant interactions of gender and rape myth acceptance: external direct nonverbal behaviors and external communication/initiator behaviors. Due to the difficulty of interpreting these results, Table 5 displays the breakdown of the association between rape myth acceptance and consent by men (left side) and women (right side). For men, those who reported a higher acceptance of rape myths reported using more external direct nonverbal consent behaviors. There was no significant association for women for external direct nonverbal behaviors. However, for women, those who reported having lower acceptance of rape myths reported higher use of external communication/initiator consent behaviors; there was no significant association for men. For the other eight outcome measures, no gender differences were found; men and women reported similar consent behaviors. The 2nd hypothesis was only partially supported, as the association for men was opposite of what was predicted. However, women who reported lower rape myths did report higher use of external communication/initiator consent behaviors, which was in the predicted direction.

Table 4. Full Models of Internal and External Consent Differences Looking at Rape Myth Acceptances, Gender, Relationship Status, and Previous Victimization

INTERNAL		Physical Respon e (n = 433)	Safety/Comf ort (n = 433)	Arousal (n = 438)	Consent/ Want (n = 443)	Readiness (n = 434)
Model 1	Intercept	2.95 (.07) ***	3.09 (.07) ***	3.25 (.07) ***	3.40 (.07) ***	3.20 (.07) ***
	Gender	.01 (.08)	.05 (.08)	.06 (.08)	.00 (.08)	.03 (.08)
	Partner	.14 (.06) *	.34 (.06) ***	.19 (.06) **	.17 (.06) **	.31 (.06) ***
	Victim	.12 (.08)	.04 (.08)	.08 (.08)	.02 (.08)	.04 (.08)
Model 2	Rape Myths	-.02 (.04)	-.07 (.04) *	-.05 (.04)	-.07 (.04) ^t	-.08 (.04) *
Model 3	Rape Myths*Gender	-0.05 (.08)	.03 (.08)	.04 (.08)	.07 (.08)	.08 (.08)
	R ²	.02	.08	.04	.03	.07
EXTERNAL		Direct Nonverb al (n = 447)	Passive Behaviors (n = 402)	Initiator Behaviors (n = 293)	Borderli ne Pressure (n = 299)	No Response Signals (n = 201)
Model 1	Intercept	4.11 (.12) ***	2.91 (.12) ***	2.03 (.10) ***	1.98 (.09) ***	1.55 (.09) ***
	Gender	-.11 (.13)	-.18 (.13)	-.30 (.11) **	-.36 (.11) **	-.20 (.11)
	Partner	.34 (.11) **	.23 (.11) *	.09 (.10)	.00 (.09)	-.02 (.10)
	Victim	-.00 (.13)	.03 (.13)	.10 (.12)	.07 (.11)	.16 (.11)
Model 2	Rape Myths	-.01 (.06)	-.01 (.06)	-.05 (.05)	.12 (.05) *	.08 (.05)
Model 3	Rape Myths*Gender	-.35 (.13) **	-.06 (.13)	-.18 (.11) ^t	.05 (.11)	-.11 (.10)
	R ²	.04	.01	.04	.06	.04

Note: ^t< .06 * $p < .05$ ** $p < .01$ *** $p < .001$

Table 5. The Association of Rape Myths and Consent By Gender

	Men	Women
External Direct Nonverbal Rape Myths	.24 (11) * (n = 105)	-.11 (.07) (n = 342)
<i>R</i> ²	.08	.03
External Communication/ Initiator Behaviors Rape Myths	.06 (.09) (n = 89)	-.13 (.07) * (n = 204)
<i>R</i> ²	.06	.02

Note: * $p < .05$

Chapter 5: Discussion/Summary

In general, rape myth acceptance was found to be associated with some internal/external consent outcome behaviors, when controlling for gender, relationship status, and previous victimization. Research has also shown that men and women utilize different consent behaviors (Jozkowski et al., 2014), but none have looked at these together, and especially not from students located in the South. For the current study, there were significant findings for men and women in terms of their reported rape myth acceptance and use of consent. Previous literature has shown that men have higher rape myth acceptance and women have lower (Edwards et al., 2011; Lonsway & Fitzgerald, 1994; Talbot et al., 2010), which was found in the current study with men reporting higher acceptance of rape myths compared to women. When examining the association of rape myth acceptance and consent, men who had higher rape myth acceptance reported higher use of external direct nonverbal consent; but no association was found for women. This may be because rape myths indicate that if a woman is willing to kiss/make out, intercourse is likely to

happen, thus men's assumptions about rape myths may be related to how they show indirect nonverbal behaviors; and direct nonverbal consent uses no words, just one partner making advances without permission. And women with lower acceptance of rape myths reported more use of external communication/initiator consent behaviors, indicating that they communicated verbally that they wanted to advance towards sexual activity. Lower rape myth acceptance, in this example, was related to asking for verbal consent, and reciprocation of advances that increased sexual activity. Thus, attitudes regarding sex and rape are related to one's own way of showing consent, either verbally or nonverbally.

In addition, the current study examined relationship status and previous victimization as control variables since these have been found to be related to consent. Those who were in a serious relationship felt more strongly about internal consent and used explicit external consent behaviors more often than those who were single, hooking up, or casually dating someone. Perhaps more nonverbal consent is associated with serious relationships rather than casual encounters because of comfort levels. Those who have been together longer may use less explicit consent for sexual behaviors (Humphreys, 2007). Research reported that those who have been previously victimized, especially before age 18 are at a greater risk of being victimized than those who have not been previously victimized (Scaglione et al., 2013). The current study found no significant associations between previous victimization and consent, however, further research is needed to examine these correlates.

Strengths and Limitations

There were many strengths with this study. First, due to the anonymity of the survey, the social desirability bias was less likely. However, due to the sensitive nature of the items (i.e.,

rape myths, sexual assault items), some students may have underreported their behaviors.

Second, previous research that focused on rape myth acceptance and consent was conducted using a majority of participants who had not been sexually assaulted; this study examined young college-age adults, some of whom reported previous victimization (approximately 15%), indicating a somewhat diverse sample of those who have been victimized as well as those who have not. However, there were multiple limitations in this study. First, the survey was conducted at a Southern undergraduate university, so results are not generalizable to other regions of the United States. Second, all levels of Bronfenbrenner's Human Ecological Theory were unable to be tested due to difficulty in measurement of all contextual factors; the focus of this study was on the individual and macro levels. Future research should look at examining additional contextual factors to gain a better understanding of consent behaviors. Another limitation included the fact that only a small number of men completed the survey, with the majority being Caucasian women. Future research should aim to gather equal numbers of men and women, while also trying to gather a more diversified sample. Since people who have never engaged in vaginal/penile sex were excluded from the sample data, future research should examine internal and external consent behaviors for all types of sexual activity, not just intercourse. The current study utilized only a convenience sample, thus young adults not enrolled in a college or university are needed to be representative of the young adult population. Another limitation is that rape myth acceptance is a global attitude measure, and the ICS and ECS are event-level measures, so comparisons may be difficult. Lastly, this study was only able to account for a small variance (low R^2) of understanding consent, thus future research should aim to include additional variables (in Bronfenbrenner's theory) to fully understand consent. Some examples include the

microsystem for religious reasons, seeing if religion plays a role in the use of consent, or using the chronosystem to see how internal and external consent behaviors have changed over the course of decades in areas of the United States for both genders. Another possible area of future research would be determining if alcohol plays a role in sexual consent behaviors because intoxication can hinder one's way of showing consent, as well as the fact that intoxication is a characteristic of nonconsensual sex, and ultimately sexual assault.

Implications for Future Research

By looking at the results of this study, sexual assault prevention can be further amended to pay more attention to rape myth acceptance, understanding that rape myths play a role in how men and women communicate certain consent behaviors. This association goes above and beyond gender, previous victimization, and relationship status. Higher and lower acceptances of attitudes regarding rape result in the use of more internal or external consent, and this seems to be affected by gender. Future research should include daily diary studies to gain more complete information on how college students obtain and give consent for sexual activities, by examining event-level usage of consent, rather than the survey method which assesses overall memory of consent. Prevention and intervention efforts can be aided by providing gender-specific information on sexual assault. Men and women communicate their consent differently, so sexual assault prevention curriculum should take that into account. College campuses should also focus on eradicating the negative attitudes regarding women (i.e., rape myths) that may ultimately lead to sexual assault. Sexual assault is an uncomfortable topic, but is worth discussing. This research will hopefully pave the way for more in-depth exploration of consent outcomes and of the factors that can influence consent behaviors. The more knowledge and education promoted to young

people on the subject of consent could potentially lessen the number of sexual assaults on college campuses. This study added information that was gender specific, even though most outcome measures were not different by gender. By examining the gendered nature of consent research, one can better understand the ways in which men and women communicate their consent behaviors differently, and which ways are similar.

Finally, Robin Thicke's "Blurred Lines" and the Steubenville rape case are just a few instances of sexual assault "culture" that are currently prevalent in the media. The title of the song indicates that some lines are not clear, when in fact nonconsent is rape, not a blurry line, indicating that sexual consent and sexual assault are issues that need to be further talked about in our society. In the town and case of Steubenville, consent, and the lack thereof, was also the main focus. With more knowledge on consent behaviors and what influences them, society can hopefully begin to educate and promote healthier sexual experiences in young men and women.

References:

- Archard, D. (1998). *Sexual Consent*. Boulder, CO: Westview Press.
- Aronowitz, T., Lamber, C. A., & Davidoff, S. (2012). The Role of Rape Myth Acceptance in the Social Norms Regarding Sexual Behavior Among College Students. *Journal of Community Health Nursing, 29*, 173-182.
- Beres, M. A. (2007). 'Spontaneous' Sexual Consent: An Analysis of Sexual Consent Literature. *Feminism and Psychology, 17*, 93-108.
- Beres, M. (2010). Sexual miscommunication? Untangling assumptions about sexual communication between casual sex partners. *Culture, Health, & Sexuality, 12*, 1-14.
- Black, M. C., Basile, K. C., Breiding, M. J., et al. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U. (1994). Ecological models of human development. In *International Encyclopedia of Education, Vol. 3, 2nd Ed.* Oxford: Elsevier. Reprinted in: Gauvain, M. & Cole, M. (Eds.), *Readings on the development of children, 2nd Ed.* (1993, pp. 37-43). NY: Freeman.
- Brownmiller, S. (1975). *Against our will: Men, women, and rape*. New York: Bantam.
- Brunn, S. D., Webster, G. R., & Archer, J. C. (2011). The Bible Belt in a Changing South: Shrinking, Relocating, and Multiple Buckles. *Southeastern Geographer, 51*, 513-549.
- Burt, M. R. (1980). Cultural Myths and Supports for Rape. *Journal of Personality and Social Psychology, 38*, 217-230.
- Campbell, R. (2005). What really happened? A validation study of rape survivors' help-seeking experiences with the legal and medical systems: *Violence & Victims, 20*, 55-68.
- Campbell, R. (2006). Rape survivors' experiences with the legal and medical systems: Do rape victim advocates make a difference? *Violence Against Women, 12*, 1-16.
- Campbell, R., & Raja, S. (2005). The sexual assault and secondary victimization of female veterans: Help-seeking experiences in military and civilian social systems. *Psychology of*

Women Quarterly, 29, 97-106.

- Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence, & Abuse*, 10, 225-246.
- Check, J. V. P., & Malamuth, N. (1983). Sex role stereotyping and reactions to depictions of stranger versus acquaintance rape. *Journal of Personality and Social Psychology*, 45, 344-356.
- Dripps, D. (1992). Beyond Rape: An Essay on the Difference between the Presence of Force and the Absence of Consent. *Columbia Law Review*, 92, 1780-1809.
- Edwards, K. M., Turchik, J. A., Dardis, C. M., Reynolds, N., & Gidycz, C. A. (2011). Rape Myths: History, Individual and Institutional-Level Presence, and Implications for Change. *Sex Roles*, 65, 761-773.
- Fisher, B., Cullen, F., & Turner, M. (2000). *The sexual victimization of college women* publication No. NCJ 182369. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- Garcia, J. R., & Kruger, D. J. (2010). Unbuckling in the Bible Belt: Conservative Sexual Norms Lower Age at Marriage. *Journal of Social, Evolutionary, and Cultural Psychology*, 4, 206-214.
- Giacopassi, D. J., & Dull, R. T. (1986). Gender and Racial Differences in the Acceptance of Rape Myths Within a College Population. *Sex Roles*, 15, 63-75.
- Goldhaber, M. (1997, September 13). Where's the Bible Belt? Colorado Springs to Grand Rapids? Buckled in Texas or Tennessee? Maybe it's just a state of mind. *The Dallas Morning News*. Retrieved from <http://www.dallasnews.com>
- Good, C. (1989). Southern lady, or the art of dissembling. *Journal of American Studies*, 23, 72-77.
- Hall, D. S. (1998, August 10). Consent for sexual behavior in a college student population. *Electronic Journal of Human Sexuality*, 1, Retrieved from <http://www.ejhs.org/volume1/consent1.htm>.
- Harned, M. (2005). Understanding women's labeling of unwanted sexual experiences with dating partners. *Violence Against Women*, 11, 374-413.
- Hickman, S. E., & Muehlenhard, C. L. (1999). "By the semi-mystical appearance of a condom": How young women and men communicate consent in heterosexual situations. *Journal of*

Sex Research, 36, 258-272.

Hinck, S. S., & Thomas, R. W. (1999). Rape Myth Acceptance in College Students: How Far Have We Come? *Sex Roles*, 40, 815-832.

Humphreys, T. (2004). Understanding sexual consent: An empirical investigation of the normative script for young heterosexual adults. In M. Cowling and P. Reynolds (Eds.), *Making sense of sexual consent*. Aldershot, UK: Ashgate.

Humphreys, T. (2007). Perceptions of Sexual Consent: The Impact of Relationship History and Gender. *Journal of Sex Research*, 44, 307-315.

Johnson, B. E., Kuck, D. L., & Schander, P. R. (1997). Rape Myth Acceptance and Sociodemographic Characteristics: A Multidimensional Analysis. *Sex Roles*, 36, 693-707.

Jozkowski, K. N., & Peterson, Z. D. (2013a). College Students and Sexual Consent: Unique Insights. *Journal of Sex Research*, 50, 517-523.

Jozkowski, K. N., & Peterson, Z. D. (2013b). Assessing the Validity and Reliability of the Perceptions of Consent to Sex Scale. *Journal of Sex Research*, 0, 1-14.

Jozkowski, K. N., Peterson, Z. D., Sanders, S. A., Dennis, B., & Reece, M. (2013). Gender Differences in Heterosexual College Students' Conceptualizations and Indicators of Sexual Consent: Implications for Contemporary Sexual Assault Prevention Education. *Journal of Sex Research*. Online advance of print. doi: 10.1080/00224499.2013.792326

Jozkowski, K. N., Sanders, S., Peterson, Z. D., Dennis, B., & Reece, M. (2014). Consenting to Sexual Activity: The Development and Psychometric Assessment of Dual Measures of Consent. *Archives of Sexual Behavior*, 43, 437-450.

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

Koss, M. P., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., et al. (2007). Revisiting the SES: A collaborative process to improve assessment of sexual aggression and victimization. *Psychology of Women Quarterly*, 31, 357-370. DOI: 10.1111/j. 1471-6402.2007.00385

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

- Lindgren, K. P., Parkhill, M. R., George, W. H., & Hendershot, C. S. (2008). Gender differences in perceptions of sexual intent: Qualitative review and integration. *Psychology of Women Quarterly*, 32, 423-439.
- Lonsway, K. A., & Fitzgerald, L. F. (1994). Rape Myths In Review. *Psychology of Women Quarterly*, 18, 133-164.
- Lonsway, K. A., & Fitzgerald, L. F. (1995). Attitudinal Antecedents of Rape Myth Acceptance: A Theoretical and Empirical Reexamination. *Journal of Personality and Social Psychology*, 68, 704-711.
- MacKinnon, C. (1989). *Toward a Feminist Theory of the State*. Harvard University Press.
- McHugh, M. C., & Frieze, I. H. (1997). The Measurement of Gender-Role Attitudes. *Psychology of Women Quarterly*, 21, 1-16.
- Moor, A. (2007). When recounting the traumatic memories is not enough: Treating persistent self-devaluation associated with rape and victim-blaming myths. *Women & Therapy*, 30, 19-33.
- Muehlenhard, C. L., & Hollabaugh, L. C. (1988). Do women sometimes say no when they mean yes? The prevalence and correlates of women's token resistance to sex. *Journal of Personality and Social Psychology*, 54, 872-879.
- Muehlenhard, C. L., & Rodgers, C. S. (1992, November). "Token resistance" to sex: Not what it appeared to be. Presented at the Society for the Scientific Study of Sex, San Diego.
- Muehlenhard, C. L., & Rodgers, C. S. (1998). Token Resistance to Sex: New Perspectives on an Old Stereotype. *Psychology of Women Quarterly*, 22, 443-463.
- Newport, F. (2007). One-third of Americans believe the Bible is literally true. Accessed 20 August 2013 at <http://www.gallup.com/poll/27682>.
- Ostler, T. A. (2003). Verbal and Nonverbal Dating Behaviors and Sexual Consent: Implications for Miscommunication between Men and Women. Unpublished doctoral dissertation, University of Nevada; Reno, Nevada.
- O'Sullivan, L., & Allgeier, E. R. (1998). Feigning Sexual Desire: Consenting to Unwanted Sexual Activity in Heterosexual Dating Relationships. *The Journal of Sex Research*, 35, 234-243.
- Payne, D., Lonsway, K., & Fitzgerald, L. (1999). Rape myth acceptance: Exploration of its structure and its measurement using the Illinois Rape Myth Acceptance Scale. *Journal of Research in Personality*, 33, 27-68.

- Peterson, Z. D., & Muehlenhard, C. L. (2004). Was it rape? The function of women's rape myth acceptance and definitions of sex in labeling their own experiences. *Sex Roles, 51*, 129-144.
- Remick, L. A. (1993). Read her lips: An argument for a verbal consent standard in rape. *University of Pennsylvania Law Review, 141*, 1103-1151.
- Rice, T. W., & Coates, D. L. (1995). Gender Role Attitudes in the Southern States. *Gender and Society, 9*, 744-756.
- Rozee, P. D., & Koss, M. P. (2001). Rape: A century of resistance. *Psychology of Women Quarterly, 25*, 295-311.
- Scaglione, N. M., Turrisi, R., Mallett, K. A., et al. (2013). How Much Does One More Drink Matter? Examining Effects of Event-Level Alcohol Use and Previous Sexual Victimization on Sex-Related Consequences. *Journal of Studies on Alcohol and Drugs, 75*, 241-248.
- Schwabe, H., & Bartholomai, F. (1870). Der Vorstellungskreis der Berliner Kinder beim Eintritt in die Schule. In: *Berlin und seine Entwicklung: Städtisches Jahrbuch für Volkswirtschaft und Statistik Vierter Jahrgang*. Guttentag, Berlin.
- Schwendinger, J. R., & Schwendinger, H. (1974). Rape myths: In legal, theoretical, and everyday practice. *Crime and Social Justice, 1*, 18-26.
- Shotland, R. L., & Goodstein, L. (1992). Sexual Precedence Reduces the Perceived Legitimacy of Sexual Refusal: An Examination of Attributions Concerning Date Rape and Consensual Sex. *Personality and Social Psychology Bulletin, 18*, 756-764.
- Swensen, J. (2012, December 17). Rape Case Unfolds on Web and Splits City. *The New York Times*, pp. D1.
- Talbot, K. K., Neill, K. S., & Rankin, L. L. (2010). Rape-accepting attitudes of university undergraduate students. *Journal of Forensic Nursing, 6*, 170-179.
- Testa, M., Hoffman, J. H., & Livingston, J. A. (2010). Alcohol and sexual risk behaviors as mediators of the sexual victimization-revictimization relationship. *Journal of Consulting and Clinical Psychology, 78*, 249-259.
- Thicke, R. (2013). "Blurred Lines."
<http://www.azlyrics.com/lyrics/robinthicke/blurredlines.html>.

Tweedie, S. W. (1978). Viewing the Bible Belt. *Journal of Popular Culture*, 11, 865-876.

University of Arkansas. (2013). 11th Day Enrollment Report. *Office of Institutional Research*.
<http://oir.uark.edu/students/pdfs/Spring2013EnrlRptSummary.pdf>

Upchurch, F. (1989). Not whistling dixie. *Chicago Tribune*. 16 July: 5.

Wiersma, J. D., Jozkowski, K., & Cofer, A. (2013, October). Young adults sexual behavior and consent: Does drinking influence how you show consent? *The Society for the Study of Emerging Adulthood Biennial Conference, Chicago, IL*.

Appendix 1: IRB Approval



Office of Research Compliance
Institutional Review Board

February 18, 2013

MEMORANDUM

TO: Kristen Jozkowski
Jacquelyn Wiersma

FROM: Ro Windwalker
IRB Coordinator

RE: New Protocol Approval

IRB Protocol #: 13-02-468

Protocol Title: *Understanding College Students' Alcohol and Sexual Behaviors*

Review Type: EXEMPT EXPEDITED FULL IRB

Approved Project Period: Start Date: 02/18/2013 Expiration Date: 02/17/2014

Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. This form is available from the IRB Coordinator or on the Research Compliance website (<http://vpred.uark.edu/210.php>). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval. Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

This protocol has been approved for 1,000 participants. If you wish to make *any* modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior* to implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 210 Administration Building, 5-2208, or irb@uark.edu.

210 Administration Building • 1 University of Arkansas • Fayetteville, AR 72701
Voice (479) 575-2208 • Fax (479) 575-3846 • Email irb@uark.edu

The University of Arkansas is an equal opportunity/affirmative action institution.

Appendix 2:

UNIVERSITY OF ARKANSAS UNDERSTANDING COLLEGE STUDENTS' ALCOHOL AND SEXUAL BEHAVIORS SPRING 2013 SURVEY

Principal Researchers: Kristen N. Jozkowski, PhD & Jacquelyn D. Wiersma, PhD

INVITATION TO PARTICIPATE: You are invited to participate in a research study about your alcohol and sexual behaviors. You are being asked to participate in this study because you are a college student, currently enrolled in courses.

WHAT YOU SHOULD KNOW ABOUT THE RESEARCH STUDY

Who are the Principal Researchers?

Kristen N. Jozkowski PhD
XXX XXXX Building
University of Arkansas
Phone: 479-XXX-XXXX
Email: XXXX@uark.edu

Jacquelyn D. Wiersma PhD
XXX XXXX
University of Arkansas
Phone: 479-XXX-XXXX
Email: XXXXXX@uark.edu

What is the purpose of this research study?

The purpose of this study is to better understand college students' alcohol and sexual activity.

Who will participate in this study?

If you participate in this study, you will be one of approximately seven hundred college students participating in the study. You must be at least 18 years old to participate and need to be currently enrolled in classes.

What am I being asked to do?

Your participation will require the following:
Participate in a close-ended survey.

What are the possible risks or discomforts?

There are no anticipated risks to participating in this study. If you feel uncomfortable at any time while completing the survey, you can omit an answer to a question or can terminate your involvement in the study. You will not be penalized for omitting answers or terminating the survey early.

What are the possible benefits of this study?

There are no anticipated benefits to the participant, however, you will be contributing to increasing the body of knowledge about alcohol and sexual behaviors among college students.

How long will the study last?

The survey should take approximately 15 minutes to complete.

Will I receive compensation for my time and inconvenience if I choose to participate in this study?

You will have the opportunity to separately submit your email address for a drawing to receive a \$50 gift card as compensation for your participation in this study.

Will I have to pay for anything?

No, there will be no cost associated with your participation.

What are the options if I do not want to be in the study?

Participation is completely voluntary. If you do not want to be in this study, you may refuse to participate; you can leave the classroom if you do not wish to participate. Also, you may refuse to participate at any time during the study. Your relationship with the investigators and course instructor will not be affected in any way if you refuse to participate.

How will my confidentiality be protected?

All information will be kept confidential to the extent allowed by applicable State and Federal law. Your survey response will be anonymous meaning that no identifying information will be asked during the survey. Your name or any other identifying information will, in no way, be connected to your responses on the survey.

Will I know the results of the study?

At the conclusion of the study you will have the right to request feedback about the results. You may contact the Principle Researchers, Kristen N. Jozkowski at XXXX@uark.edu or Jacquelyn D. Wiersma at XXXX@uark.edu or by phone at 479-XXX-XXXX. You can keep this form for your files.

What do I do if I have questions about the research study?

You have the right to contact the Principal Researchers as listed below for any concerns that you may have.

Kristen N. Jozkowski PhD
XXX XXXXX Building
University of Arkansas
Phone: 479-XXX-XXXX
Email: XXXX@uark.edu

Jacquelyn D. Wiersma PhD
XXX XXXX
University of Arkansas
Phone: 479-XXX-XXXX
Email: XXXX@uark.edu

You may also contact the University of Arkansas Research Compliance office listed below if you have questions about your rights as a participant, or to discuss any concerns about, or problems with the research.

Ro Windwalker, CIP
Institutional Review Board Coordinator
Research Compliance
University of Arkansas
120 Ozark Hall
Fayetteville, AR 72701-1201
479-575-2208
irb@uark.edu

I have read the above statement and have been able to ask questions and express concerns, which have been satisfactorily responded to by the investigator. I understand the purpose of the study as well as the potential benefits and risks that are involved. I understand that participation is voluntary. I understand that significant new findings developed during this research will be shared with the participant. I understand that no rights have been waived by consenting to participate in this study. I understand that I am allowed to keep this copy of the study information sheet. By filling out the attached survey, I am implying my consent to participate in this study.

Alcohol and Sexual Experiences Survey

Thank you for agreeing to be a part of this project. Below is a survey that we would like you to complete. Please circle your response choice or write in the answer where necessary. Your responses will be anonymous, which means there will be no way to link your identity to your responses. Please answer honestly and completely.

1. What is your Age: _____

2. What year are you in college? (please circle)

Freshman Sophomore Junior Senior Graduate Student Non-degree Student Other

3. Please place a check next to the ethnic groups you belong to:

Black or African American Hispanic or Latino
 American Indian or Native American White or Caucasian
 Asian or Pacific Islander Middle Eastern American
 Other (please list) _____

4. Your Present Relationship Status: (circle the most appropriate)

1. Single
2. Nonexclusive dating
3. Hooking up with acquaintances/friends
4. Dating 1 person casually
5. Dating 1 person in a very committed relationship
6. Engaged
7. Living together
8. Married
9. Divorced/Separated
10. Other: _____

5. Referring to the previous question, how long have you maintained this status? Use any combination of the boxes below.

5a. Years _____
5b. Months _____
5c. Weeks _____

6. What is your gender: Female Male Transgender

7. Do you currently consider your sexual orientation as:

1. Straight/Heterosexual
2. Bisexual
3. Gay/Lesbian
4. Not sure/Questioning
5. Other: _____

8. What is the best estimate of your current grade point average (gpa) ? _____

9. Indicate your current college residence?

_____ College Residence Hall

_____ Sorority/Fraternity

_____ Off Campus house or apartment

_____ Your partners home

_____ Home of another relative(s)

_____ Other

THE FOLLOWING QUESTIONS ASK YOU ABOUT YOUR EXPERIENCES AND VIEWS ON ALCOHOL. WE ARE INTERESTED IN YOUR ANSWERS REGARDLESS OF YOUR EXPERIENCES WITH OR WITHOUT ALCOHOL

☞ The following questions concern aspects of your experiences with alcohol, including how often and how much you drink, things you may have done while drinking, and how alcohol affects you. Although the answers provided here look exact, we want your **best estimate**. Please circle your answer. We appreciate your honesty.

10. How often do you have some kind of beverage containing alcohol (e.g., wine, beer, hard liquor)?

1. Every day or nearly every day
2. 3 - 4 times a week
3. 1 - 2 times a week.
4. 2 - 3 times a month
5. About once a month
6. A few times this whole semester
7. Did not drink in the last 12 months

11. On a day when you consume at least some alcohol, how many drinks do you typically have?

NOTE: 1 drink = 1 can or bottle of beer, or 1 glass of wine/wine cooler mixed drink, or 1 shot of liquor.

1. I do not drink alcohol
2. Less than 1 drink
3. 1 drink
4. 2 drinks
5. 3 drinks
6. 4 drinks
7. 5 drinks
8. 6 to 8 drinks
9. 9 to 11 drinks
10. 12 or more drinks

12. **During the past 30 days**, how often did you have 4 or more drinks of beer, liquor on a single occasion?

- | | | |
|---|-----------------------|-----------------------|
| 1. Every day or nearly every day | 2. 3 - 4 times a week | 3. 1 - 2 times a week |
| 4. 2 - 3 times a month | 5. About once a month | |
| 6. Did not drink 4 drinks on a single occasion this month | | |

13. **During the past 30 days**, how often did you have 5 or more drinks of beer, liquor on a single occasion?

- | | | |
|---|-----------------------|-----------------------|
| 1. Every day or nearly every day | 2. 3 - 4 times a week | 3. 1 - 2 times a week |
| 4. 2 - 3 times a month | 5. About once a month | |
| 6. Did not drink 5 drinks on a single occasion this month | | |

The next set of questions refers to the types of sexual behaviors you have engaged in. Please check the box that refers to the most recent time you engaged in the following sexual behavior(s). If you have never engaged in this behavior, you can select "never."

Behavior	Past 30 days	Past 90 Days	Past Year	Lifetime	Never
1. I kissed/made out with another person					
2. I masturbated alone (stimulated your body for sexual pleasure whether or not you had an orgasm)					
3. I touched my partner's genitals					
4. My partner touched my genitals					
5. I gave my partner oral sex					
6. My partner gave me oral sex					
7. I had vaginal intercourse (penis into vagina)					
8. Someone put their penis in my anus					
9. I put my penis into someone else's anus **If you do not have a penis, please write "NA" on the line					
10. I used sex toys such as vibrators or dildos with my partner					
11. While in a committed relationship, I had sex with someone other than my partner					
12. I experienced vaginal-penile intercourse that I consented or agreed to, but that I did not want					

The following questions concern a variety of aspects of your experiences with sex. Although the answers provided here look exact, we want your best estimate. Please circle your answer. We appreciate your honesty.

1. Have you ever "hooked up?"
1. Yes
 2. No

2. How many times have you hooked up?

1. I have never hooked up
2. Only 1 time
3. 2-3 times
4. 4-6 times
5. More than 7 times

3. If you said YES to ever hooking up, what sexual behaviors did you engage in during the last time you hooked-up? Please check all that apply. If you've never engaged in hooking up behaviors, please check 10.

Behavior	YES
1. I kissed/made out with another person	
2. I masturbated alone (stimulated your body for sexual pleasure whether or not you had an orgasm)	
3. I touched my partner's genitals	
4. My partner touched my genitals	
5. I gave my partner oral sex (I licked or kissed my partners genitals)	
6. My partner gave me oral sex (My partner licked or kissed my genitals)	
7. I had vaginal intercourse (penis into vagina)	
8. Someone put their penis in my anus	
9. I put my penis into someone else's anus	
10. I have never hooked up	

4. During the last time you hooked-up, how would you describe the partner you hooked up with:

1. Someone you just met
2. An acquaintance
3. Someone you view as a potential partner
4. Friends with benefits
5. Someone you are dating casually
6. Someone you are seriously dating
7. Someone you are living with, engaged to, or married to
8. Someone you used to date or be in a relationship with
9. Other: _____
10. I have never hooked up

5. During the last time you hooked up, did you or your partner consume alcohol before or during the hook-up?

- a. We both did
- b. Just I did
- c. Just my partner did
- d. Neither of us did
- e. Not applicable; never engaged in any hooking up behaviors

6. During the last time you hooked up, what was the context of the **hook up**? (e.g., was it after a date, a night out at the bar/drinking alcohol, after watching a movie with a friend, etc.)

Please use the scale below to rate **HOW MUCH YOU AGREE OR DISAGREE** about any of the following questions or statements. Please circle your answers. Even if you not drink alcohol, please respond to the questions considering how you **THINK** you will act or feel.

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE		
	SD	D	N	A	SA		
1.	Alcohol can transform my personality.		SD	D	N	A	SA
2.	Drinking helps me feel whatever way I want to feel.		SD	D	N	A	SA
3.	When they drink, women become more sexually relaxed.		SD	D	N	A	SA
4.	I feel powerful when I drink, as if I can really influence others to do as I want.		SD	D	N	A	SA
5.	Drinking increases male aggressiveness.		SD	D	N	A	SA
6.	Drinking gives me more confidence in myself.		SD	D	N	A	SA
7.	I can discuss or argue a point more forcefully after I have had a few drinks.		SD	D	N	A	SA
8.	When I am drinking I feel free to be myself and to do whatever I want.		SD	D	N	A	SA
9.	Alcohol allows me to be more assertive.		SD	D	N	A	SA
10.	I often feel sexier after I have had a couple of drinks.		SD	D	N	A	SA
11.	I drink when I am feeling mad.		SD	D	N	A	SA
12.	After a few drinks, I feel brave and more capable of fighting.		SD	D	N	A	SA
13.	Alcohol makes me more tolerant of people I do not enjoy.		SD	D	N	A	SA
14.	Drinking increases female aggressiveness.		SD	D	N	A	SA
15.	I am a better lover after a few drinks.		SD	D	N	A	SA
16.	A few drinks make it easier to talk to people.		SD	D	N	A	SA
17.	Women can have orgasms more easily if they have been drinking.		SD	D	N	A	SA
18.	At times, drinking is like permission to forget problems.		SD	D	N	A	SA
19.	Drinking helps me get out of a depressed mood.		SD	D	N	A	SA
20.	Alcohol makes me more interesting.		SD	D	N	A	SA
21.	A couple of drinks make me more aroused or physiologically excited.		SD	D	N	A	SA

22.	Alcohol makes me feel better physically.	SD	D	N	A	SA
23.	After a few drinks, I am more sexually responsive.	SD	D	N	A	SA
24.	If I am nervous about having sex, alcohol makes me feel better.	SD	D	N	A	SA
25.	I find that conversing with members of the opposite sex is easier for me after I have had a few drinks.	SD	D	N	A	SA
26.	After a few drinks, I feel less sexually inhibited.	SD	D	N	A	SA
27.	After a few drinks, it is easier to pick a fight.	SD	D	N	A	SA
28.	After a few drinks, I don't worry as much about what other people think of me.	SD	D	N	A	SA
29.	When drinking, I do not consider myself totally accountable or responsible for my behavior.	SD	D	N	A	SA
30.	Alcohol enables me to have a better time at parties.	SD	D	N	A	SA
31.	It is easier to act on my feelings after I have had a few drinks.	SD	D	N	A	SA
32.	I become lustful when I drink.	SD	D	N	A	SA
33.	Men can have orgasms more easily if they have had a drink.	SD	D	N	A	SA
34.	I can be more persuasive if I have had a few drinks.	SD	D	N	A	SA
35.	Women are friendlier after they have had a few drinks.	SD	D	N	A	SA
36.	I feel more sexual after a few drinks.	SD	D	N	A	SA
37.	Alcohol makes it easier to act impulsively or make decisions quickly.	SD	D	N	A	SA
38.	Having a drink in my hand can make me feel secure in a difficult social situation.	SD	D	N	A	SA
39.	Men are friendlier when they drink.	SD	D	N	A	SA
40.	Alcohol makes women more sensuous.	SD	D	N	A	SA
41.	Women get mean when they drink	SD	D	N	A	SA
42.	Men get mean when they drink	SD	D	N	A	SA
43.	Women are more sexually responsive after a few drinks	SD	D	N	A	SA
44.	Men are more sexually responsive after a few drinks	SD	D	N	A	SA

Please use the following scale to respond to the questions below. If you are not currently sexually active, please respond to the questions thinking of a time when you were. If you have not been sexually active, please respond to the questions considering how you THINK you will act.

Always	Most of the Time	Sometimes	Rarely	Never
1	2	3	4	5

- | | | | | | | |
|----|--|---|---|---|---|---|
| 1. | I feel like I get mixed messages, making it hard to know whether or not the person I am with wants to have sex | 1 | 2 | 3 | 4 | 5 |
| 2. | I believe that I need to ask my partner for sex first, every time I want it | 1 | 2 | 3 | 4 | 5 |
| 3. | I stop the first time my date says “no” to sexual activity. | 1 | 2 | 3 | 4 | 5 |
| 4. | I have sex when I am intoxicated. | 1 | 2 | 3 | 4 | 5 |
| 5. | I have sex when my partner is intoxicated. | 1 | 2 | 3 | 4 | 5 |
| 6. | When I want to touch someone sexually, I try it and see how he or she reacts. | 1 | 2 | 3 | 4 | 5 |
| 7. | I won’t stop sexual activity when asked to if I am already sexually aroused. | 1 | 2 | 3 | 4 | 5 |
| 8. | I make out in remotely parked cars. | 1 | 2 | 3 | 4 | 5 |
| 9. | When I hear a sexist comment, I indicate my displeasure. | 1 | 2 | 3 | 4 | 5 |

Please read each question and place a check under the appropriate column if you have had the experience in the past year.

Over the past year...		Zero	One	Two	3-4	5-6	7-9	10 or more
1.	how many times have you had sex when you were unsure whether or not your partner was willing?							
2.	how many times have you attempted to convince someone to have sex when he or she was unwilling?							
3.	how many times have you had sex with someone (vaginal, anal, or oral intercourse) when he or she was unwilling?							
4.	how many times have you had sex with someone who was passed out?							
5.	how many times have you found yourself being aggressive on a date because of your drinking							
6.	how many times have you been told that your behavior, while you were drinking, was unacceptable?							
7.	How many times have you had sex with someone while you were intoxicated							
8.	How many times have you had sex with someone while they were intoxicated							

Please use the scale below to rate **HOW MUCH YOU AGREE OR DISAGREE** about any of the following questions or statements. Please circle your answers.

	NOT AT ALL AGREE	DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	AGREE	VERY MUCH AGREE	
	NA	D	SD	N	SA	A	VA	
1.								
	If a woman is raped while she is drunk, she is at least somewhat responsible for letting things get out of control.							
2.								
	Although most women wouldn't admit it, they generally find being physically forced into sex a real "turn-on."							
3.								
	If a woman is willing to "make out" with a guy, then it's no big deal if he goes a little further and has sex.							
4.								
	Many so-called rape victims are actually women who had sex and "changed their minds" afterwards.							
5.								
	Many women secretly desire to be raped.							
6.								
	Most rapists are not caught by the police.							
7.								
	If a woman doesn't physically fight back, you can't really say that it was rape.							
8.								
	Men from nice middle-class homes almost never rape.							
9.								
	Rape isn't as big a problem as some feminists would like people to think.							
10.								
	Rape accusations are often used as a way of getting back at men.							
11.								
	If a woman goes home with a man she doesn't know, it is her own fault if she is raped.							
12.								
	All women should have access to self-defense classes.							
13.								
	It is usually only women who dress suggestively that are raped.							
14.								
	If the rapist doesn't have a weapon, you really can't call it a rape.							
15.								
	Rape is unlikely to happen in the woman's own familiar neighborhood.							
16.								
	Women tend to exaggerate how much rape affects them.							
17.								
	A lot of women lead a man on and then they cry rape.							
18.								
	It is preferable that a female police officer conduct the questioning when a woman reports a rape.							
19.								
	If a woman doesn't physically resist sex—even when protesting verbally—it really can't be							

	considered rape.							
20.	A woman who “teases” men deserves anything that might happen.	NA	D	SD	N	SA	A	VA
21.	When women are raped, it’s often because the way they said “no” was ambiguous.	NA	D	SD	N	SA	A	VA
22.	Men don’t usually intend to force sex on a woman, but sometimes they get too sexually carried away.	NA	D	SD	N	SA	A	VA
23.	A woman who dresses in skimpy clothes should not be surprised if a man tries to force her to have sex.	NA	D	SD	N	SA	A	VA
24.	Rape happens when a man’s sex drive gets out of control.	NA	D	SD	N	SA	A	VA

We would like to ask you a series of questions about your experiences *before you came to the UofA* and your experiences *here at the UofA*. Please read each question and place a check under the appropriate column if you have had the experience. With some questions you may be placing a check in both columns, either column or just one column. If these behaviors have never happened to you, then please check the box labeled “never.”

<i>Have you...</i>	Before the UofA	At the UofA	Never
1. experienced sexual behavior that you did not consent or agree to because you were incapable of giving consent or resisting due to using drugs, alcohol or other substances			
2. perpetrated sexual behavior that another person did not consent or agree to because they were incapable of giving consent or resisting due to using drugs, alcohol or other substances			
3. experienced sexual behavior that you did not consent or agree to because the other person used physical force or somehow made you afraid to say no			
4. perpetrated sexual behavior that another person did not consent or agree to because the you used physical force or somehow made them afraid to say no			
5. experienced sexual behavior that you did not consent or agree to because your refusals were ignored			
6. perpetrated sexual behavior that another person did not consent or agree to because their refusals were ignored			
7. experienced sexual behavior that you did not consent or agree to because you realized that refusing was useless			
8. perpetrated sexual behavior that another person did not consent or agree to because they realized that refusing was useless			

The next set of questions refers to the **MOST RECENT TIME** you engaged in different types of sexual behaviors. If you have never engaged in this behavior, you can select "never."

Behavior	YES	NO	NEVER
1. I kissed/made out with another person			
2. I touched my partner's genitals			
3. My partner touched my genitals			
4. I gave my partner oral sex (I licked or kissed my partners genitals)			
5. My partner gave me oral sex (My partner licked or kissed my genitals)			
6. I had vaginal intercourse (penis into vagina)			
7. Someone put their penis in my anus			
8. I put my penis into someone else's anus **If you do not have a penis, please write "NA"			
9. I used sex toys such as vibrators or dildos with my partner			
10. While in a committed relationship, I had sex with someone other than my partner			
11. I experienced vaginal-penile intercourse that I consented or agreed to, but that I did not want			

12. During the **MOST RECENT TIME** you engaged in a sexual behavior, how would you describe your relationship status with your partner:

1. Someone you just met
2. An acquaintance
3. Someone you view as a potential partner
4. Friends with benefits
5. Someone you are dating casually
6. Someone you are seriously dating
7. Someone you are living with, engaged to, or married to
8. Someone you used to date or be in a relationship with
9. Other: _____
10. Not applicable; I have never engaged in any sexual activity

13. During the **MOST RECENT TIME** you engaged in a sexual behavior, did you or your partner consume alcohol before or during this experience?

1. We both did
2. Just I did
3. Just my partner did
4. Neither of us did
5. Not applicable; I have never engaged in any sexual activity

14. In what context did the **MOST RECENT** sexual behavior occur? (e.g., was it after a date, a night out at the bar/drinking alcohol, after watching a movie with a friend)

15. During the **MOST RECENT TIME** you engaged in a sexual activity, was the sexual activity:

1. Initiated by you
2. Initiated by your partner
3. Initiated mutually by both you and your partner
4. It was hard to tell who initiated it
5. I have never engaged in sexual activity

16. In general, how would you describe the **MOST RECENT TIME** you engaged in sexual activity:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Not applicable; I have never engaged in any sexual activity

17. During your **MOST RECENT** sexual experience, were you satisfied with your level of interest in the sexual activity?

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied
5. I have never engaged in sexual activity

18. During your **MOST RECENT** sexual experience, did you:

1. Easily experience an orgasm
2. Have some difficulty experiencing an orgasm
3. Had a lot of difficulty having orgasms
4. Did not experience an orgasm at all
5. I am not sure if I had an orgasm
6. I have never had an orgasm
7. I have never engaged in sexual activity

19. During the **MOST RECENT** sexual experience, did you use some type of protective method? Check all that apply. If you did not engage in any sexual activity, please check not applicable/never.

Behavior	YES
1. Male condoms	
2. Female condoms	
3. Dental dam	
4. Birth control pill	
5. Other hormonal birth control methods: Implants (e.g., Implanon), Injectables (e.g., Depo-Provera, Lunelle), Patch, Ring (e.g., NuvaRing), Intra-uterine device (e.g., Mirena)	
6. Spermicide, Vaginal sponge, Foam, Jelly, Cream, Suppositories, Contraceptive film	
7. Diaphragm, Cervical cap	
8. Withdrawal (pulling out)	
9. Emergency contraception (e.g., morning after pill, Plan B)	
10. Other _____	
11. NONE	
12. Not applicable; I never engaged in any sexual activity	

People communicate their WILLINGNESS or CONSENT to engage in sexual activity in a variety of ways. Think about the last time you engaged in any type of sexual behavior (i.e., kissing, oral sex, penile-vaginal sex, etc). Which of the following behaviors did you engage in to indicate your CONSENT or AGREEMENT? Please CHECK THE BOX to indicate all responses that may apply. If you have never engaged in sexual behavior, please check the last box indicating that you have never engaged in any sexual behavior.

	I engaged in this behavior to indicate my consent or willingness to engage in any sexual behaviors.
1. I used non-verbal cues such as body language, signals, or flirting	<input type="checkbox"/>
2. I touched my partner or showed him/her what I wanted through touch	<input type="checkbox"/>
3. I increased physical contact between myself and my partner	<input type="checkbox"/>
4. I engaged in some level of sexual activity such as kissing or foreplay	<input type="checkbox"/>
5. I removed my and/or my partner's clothing	<input type="checkbox"/>
6. I reciprocated my partner's advances	<input type="checkbox"/>
7. I initiated sexual behavior and checked to see if my partner reciprocated	<input type="checkbox"/>
8. I did not say no or push my partner away	<input type="checkbox"/>
9. I did not say anything	<input type="checkbox"/>
10. I let the sexual activity progress to the point of oral sex	<input type="checkbox"/>
11. I did not resist my partner's attempts at sexual activity	<input type="checkbox"/>
12. I just kept moving forward in sexual behavior/actions unless my partner stopped me	<input type="checkbox"/>
13. I used verbal cues such as communicating my interest in sexual behavior or asking my partner if he/she wanted to have sex with me	<input type="checkbox"/>
14. I indirectly communicated or implied my interest in oral sex (i.e., I asked if I could take my partner's pants off	<input type="checkbox"/>
15. I did not do anything; it was clear from my actions or from looking at me that I was willing to engage in oral sex	<input type="checkbox"/>
16. It just happened	<input type="checkbox"/>
17. I took my partner somewhere private	<input type="checkbox"/>
18. I shut or closed the door	<input type="checkbox"/>
19. I have never engaged in any sexual behavior.	<input type="checkbox"/>

People may have different feelings associated with their willingness or consent to engage in sexual activity. Think about the **last time** you engaged in any type of sexual behaviors. Please mark the circle to indicate the extent to which you agree or disagree that you felt the following during the **last time** you engaged in type of sexual behavior. If you have never engaged in any sexual behavior, please mark the last row indicating that you have never engaged in any sexual behavior.

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
Interested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aroused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Turned on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Erect/Vaginally lubricated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A rapid heart rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flushed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lustful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ready	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aware of my surroundings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have not engaged in any sexual behaviors.	<input type="radio"/>			

People may have different feelings associated with their willingness to engage in sexual activity. Think about the last time you engaged in any type of sexual behavior. Please check the circle to indicate the extent to which you agree or disagree that you felt the following during the last time you engaged in any type of sexual behavior. If you have never engaged in any sexual behavior, please mark the last row indicating that you have never engaged in any sexual behavior.

THE SEXUAL ACT FELT:

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
Desired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consented to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wanted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agreed to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consensual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have not engaged in any sexual behaviors.	<input type="radio"/>			

DURING THE SEXUAL ACT, YOU FELT:

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
Sober	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In love with my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attractive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energetic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connected to my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intimate with my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distant from my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have not engaged in any sexual behaviors.	<input type="radio"/>			

**THANK YOU FOR YOUR TIME!
YOUR INPUT IS GREATLY APPRECIATED!!**

Gift Certificate Entry Form

Please fill out the form below for a chance to win a \$50 gift certificate. The winner will be announced and contacted within 30 days of administration of the surveys. Please fill out the information as completely as possible so that we can be assured of a way of contacting you should you be the winner. Thank you.

Name: _____

Email address: _____

Thank you for your participation!