

PSYCHOLOGICAL BARRIERS IN SEXUAL COMPLIANCE: A  
MODERATED MEDIATION ANALYSIS

By

MARIE C. DARDEN

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## ABSTRACT

Sexual decision-making includes both sexual want (internal desire) and sexual consent (external behavior). Sexual compliance is consent to unwanted sex. Psychological barriers to sexual resistance include self-consciousness and relationship preservation concerns. Sexual assertiveness is the ability to advocate for oneself sexually. Increased self-consciousness and relationship preservation concerns have been associated with less assertive behaviors. The purpose of the present study was to explore the role of psychological barriers to sexual resistance and sexual assertiveness within the sexual decision-making context.

Participants were 347 heterosexual female undergraduates from a public university in the southeastern United States primarily ranging in age from 18 to 21 years old (97.1%) and of Caucasian descent (83.9%). Participants completed measures of sexual internal consent (want), sexual external consent, psychological barriers to sexual resistance (i.e. relationship preservation concerns and self-consciousness), and sexual assertiveness in reference to their most recent sexual experience. A moderated moderated mediation analysis was conducted using Hayes' (2013) Process "Model 21". It was hypothesized that relationship status (X) would predict sexual external consent (Y) through parallel mediators (M1: relationship preservation concerns and M2: self-consciousness). Sexual internal consent (want) was predicted to serve as a moderator (W) of the association between relationship status and each barrier to resistance, as sexual want may make barriers less salient. Sexual assertiveness was predicted to serve as a moderator (V) of the association between each barrier to resistance and sexual external consent, as sexual assertiveness could potentially act as a protective factor. Contrary to predictions, the indirect effects of relationship preservation concerns (M1) and self-consciousness (M2) were not

significant. Due to no interaction effects, both moderators were instead treated as covariates in a subsequent analysis using Mplus. No significant findings emerged. Results and implications of findings are discussed.

## DEDICATION

To my friends and family – thank you for your support. To my advisor, Dr. Alan M. Gross – thank you for leading the way.

## LIST OF ABBREVIATIONS

BRS1	Relationship Preservation Concerns (Barrier 1)
BRS2	Self-Consciousness (Barrier 2)
ECS	External Consent Scale
ICS	Internal Consent Scale
SAS	Sexual Assertiveness Scale

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## I. INTRODUCTION

Sexual decision making has recently been conceptualized as involving two elements: sexual want and sexual consent (Peterson & Muehlenhard, 2007). Sexual want is an internal desire or willingness to engage in sexual activity. Sexual consent is an external verbal or nonverbal act that indicates agreement to engage in a sexual activity. Sexual want and consent may or may not align (Muehlenhard & Rodgers, 1998; Peterson & Muehlenhard, 2007; Muehlenhard & Peterson, 2005). That is, a person may want and consent to sexual activity, or want sex but not consent to sexual activity. Conversely, an individual may not want sex but consent, or not want sex and not consent to sexual activity.

Several factors influence sexual want and consent: mood, alcohol consumption/intoxication, relationship issues (e.g., length of relationship, relationship conflict, intimacy concerns), and social expectations and pressures (Muehlenhard & Rodgers, 1998; Peterson & Muehlenhard, 2007; Humphreys, 2007). Sexual coercion, concerns regarding sexually transmitted diseases, and feelings of reciprocation also factor in whether an individual wants and/or consents to sexual activity (Vannier & O'Sullivan, 2010; Whyte, 2006). Importantly, relative to other sexual acts, sexual intercourse is associated with more decision making ambivalence (O'Sullivan & Gaines, 1998).

Research suggests that consenting to unwanted sex (compliant), as well as not consenting to wanted sex is common (O'Sullivan & Gaines, 1998; Muehlenhard & Rodgers, 1998). Vannier and O'Sullivan (2010) reported that 17% of all sexual activity was sexually compliant, with 46% of participants reporting at least one instance of sexual compliance. Consequences of compliant

sexual behavior include feelings of disappointment (O'Sullivan & Allgeier, 1998), and possible risk of HIV infection (Whyte, 2006). Compliant sex has been found to be less enjoyable than desired sex (Vannier & O'Sullivan, 2010). In many instances of compliant sex, compliant individuals report having expressed a lack of desire, or believed their partner knew of their lack of desire to engage in sexual activity (Vannier & O'Sullivan, 2010).

Sexual consent involves two components: knowledge and freedom to give agreement (Muehlenhard, 1996). Most research indicates that in contrast to verbal expressions of consent and refusal, nonverbal behaviors are most frequently used when initiating (Hickman & Muehlenhard, 1999; Beres, Herold, & Maitland, 2004; Beres, 2007) and responding to sexual activity (Beres et al., 2004). Nonverbal behaviors such as no response and/or absence of resistance (Hickman & Muehlenhard, 1999; Beres et al., 2004), removal of clothing (Hickman & Muehlenhard, 1999; Beres et al., 2004), and physical closeness (Beres et al., 2004) have been interpreted as indicators of consent. Men and women differ in how they express consent (Hickman & Muehlenhard, 1999; Jozkowski, Peterson, Sanders, Dennis, & Reece, 2014a). Men are more likely than women to use nonverbal behaviors (Beres et al., 2004; Jozkowski et al., 2014a). Additionally, men and women differ in interpreting how the other gender consents to sexual intercourse (Hickman & Muehlenhard, 1999).

Psychological barriers to sexual resistance appear to effect women's behavior in sexual encounters (Norris, Nurius, & Dimeff, 1996; Nurius, Norris, Young, Graham, & Gaylord, (2000). Psychological barriers include self-consciousness (e.g., embarrassment) and concern for preserving the relationship (Nurius et al., 2000). Self-consciousness has been found to be associated with more diplomatic or nonforceful sexual resistance (Nurius et al., 2000; Turchik, Probst, Chau, Nigoff, & Gidycz, 2007). Additionally, embarrassment in planning response

behavior prior to a sexual encounter has been related to victimization likelihood (Orchowski, Untied, & Gidycz, 2011). On the other hand, decreased relationship preservation concerns correlate with increased assertive behavior responses (Nurius et al., 2000; Macy, Nurius, and Norris, 2006).

Sexual assertiveness is the ability to ask for and refuse what one does not want sexually (Morokoff et al., 1997). Sexual assertiveness correlates with sexual and relational satisfaction (Ménard and Offman, 2009; Greene & Faulkner, 2005). Several studies suggest sexual assertiveness is a protective factor against sexual victimization (Greene & Navarro, 1998; Livingston, Testa, & VanZile-Tamsen, 2007), including sexual coercion (Walker, Messman-Moore, & Ward, 2011).

The purpose of this study is to examine psychological barriers to sexual resistance and sexual assertiveness in the context of sexual want and consent. Following a discussion of sexual want and consent and factors influencing each, sexual compliance will be examined. Psychological barriers to resistance and sexual assertiveness will also be discussed.

### **Sexual want, degree of sexual want, and factors influencing sexual want**

Sexual want (desire) or lack thereof, has been viewed as a dichotomous yes (I want sexual activity) - no (I do not want sexual activity) choice. However, there are numerous contingencies influencing sexual decision-making that may make level of desire more dimensional than dichotomous. Such factors include sexual arousal, relationship considerations, and potential consequences associated with sex (Muehlenhard & Rodgers, 1998; O'Sullivan & Gaines, 1998; Peterson & Muehlenhard, 2007).

While examining token resistance to sex, or the idea that men and women may say no to sex when they mean yes, Muehlenhard and Rodgers (1998) found that participants conflated

sexual want with consequences of sexual activity, indicating that sexual want is not a dichotomous construct. When college students (65 women and 64 men) wrote narratives of past instances of token resistance to sex, most accounts were not actual instances of token resistance. Instead, participants described reasons for wanting or not wanting sex and how this influenced sexual decision making. Specifically, participants distinguished between wanting the physical act of sex, and not wanting the consequences of sex. For instance, a participant reported sexual arousal and want of sexual pleasure, but did not consent to sexual intercourse due to lack of a condom. Another participant reported liking sex and wanting sex, but refraining from sex because of concerns about her partner's sexual past.

As a result of the above findings, Muehlenhard et al. (2002; as cited in Muehlenhard & Peterson, 2005) found several factors influence sexual want: sexual arousal/attraction, guilt/fear of harm to image, sex to enhance image and fear of pregnancy. Women, more than men, indicated greater concern of guilt/fear of harm to image, while men, more than women, indicated more concern of sex to enhance image (as cited in Muehlenhard & Peterson, 2005).

The dichotomous model of sexual want does not capture the ambiguity many experience when faced with the prospect of sex (Muehlenhard & Peterson, 2005). Sexual ambivalence occurs when individuals are undecided on desire and willingness for sexual activity (for the remainder of the paper, "ambivalent sexual encounter" will be used to express this state; Muehlenhard & Peterson, 2005; O'Sullivan & Gaines, 1998). O'Sullivan and Gaines (1998) asked participants if they had ever experienced ambivalence about engaging in sexual activity, reasons why they had experienced ambivalence, and reasons why they did or did not consent to the ambivalent sexual encounter. Of 96 male and 98 female participants, 81% reported previously experiencing ambivalence when a partner initiated sexual activity. More women than

men reported experiencing ambivalence (87% vs 75%). Sexual intercourse was the activity associated with the most ambivalence (71%), while hugging, kissing, and fondling activities were associated with the least ambivalence (less than 3% each). Relationship and intimacy issues (42.7%), arousal (22.9%), circumstantial (21.7%), and moral (9.6%) factors were reported by participants as reasons for ambivalence. Regarding the ambivalent sexual activity, 36.3% of participants reported accepting, 52.8% reported refusing, and 10.8% reported being pressured or forced to participate in the sexual activity. Reasons for engaging in the ambivalent sexual activity included increased sexual arousal (71.6%), not wanting to disappoint, upset, or anger the partner (52.7%), satisfy partner's arousal (44.6%), and show affection/caring (40.5%). Reasons for not engaging in the ambivalent sexual activity included worry about pregnancy/STDs (41%), concern that the sexual activity was too intimate for the relationship (34.9%), and moral reasons (33.7%). Moreover, of those that consented to the ambivalent sexual activity, 56.2% reported it to be wanted, 27.4% reported continuing to be unsure, and 16.4% reported not wanting to engage in sexual activity. Importantly, only 33% of women and 24% of men reported communicating feelings of ambivalence to their partner.

The issues noted above resulted in the suggestion that sexual want is a continuous construct (Muehlenhard & Peterson, 2005; Peterson & Muehlenhard, 2007). That is, there are degrees of interest in sexual activity. Muehlenhard and Peterson (2005) advocated for consideration of dimensions of wanting the sexual act itself, wanting the consequences of the sexual act, and the importance of separating sexual want from sexual consent. Consequently, sexual activity may be wanted and consensual, wanted and nonconsensual, unwanted and consensual, or unwanted and nonconsensual (Peterson & Muehlenhard, 2007).

Peterson and Muehlenhard (2007) surveyed 77 college women concerning experiences of rape, including unacknowledged rape, and 87 college women's experiences of consensual sex. Participants completed measures of sexual want and sexual experiences, as well as answered global questions of sexual want and consent. Analyses revealed that 19% of women who had been raped experienced ambivalence concerning sexual intercourse. That is, interest in sex was tempered by concerns regarding the consequences of sexual activity, so they did not consent (want and not consent). Conversely, about half of the women who had consented to sex expressed somewhat not wanting the consequences of sex (not want and consent). Participants who reported wanting and consenting to sex indicated they did so because neither she nor her partner were intoxicated or virgins, they were in the mood, or hoped to strengthen their relationship. Participants who reported they did not want sex and did not consent did so because they were not in the mood, expected negative consequences as a result of sex, lacked confidence in their ability to perform sexually, disliked the other person or feared negative social consequences. A participant who reported wanting the sexual act itself, but not wanting the consequences of the sexual act, did not consent to sex because she did not feel she was ready, feared becoming pregnant, and did not love the other person. Results from the study suggest there are different levels of sexual want, and importantly, degree of sexual want may change depending on sexual context.

Conceptualizing sexual want on a continuum makes inadequate the traditional dichotomous model of wanting versus not wanting sex. Instead, sexual want includes internal desire for sexual activity and consideration of contextual factors (e.g., situational and relationship variables, potential consequences of sexual activity).



## **Sexual consent and sexual expression behaviors**

Sexual consent is behavior designed to communicate desire/willingness to engage in sexual activity. Knowledge of what one is agreeing to and the ability to freely give consent should be integral to sexual consent (Muehlenhard, 1996). Only when these conditions are met is sexual consent possible. Muehlenhard (1996) differentiated between mental consent and verbal consent. Mental (internal) consent occurs when an individual has internally made the decision to engage in sexual activity. Verbal (external) consent occurs when an individual expresses (conveys) the internal state to his or her partner. As most sexual behavior is not explicitly verbally consented to, the internal state must be inferred from external behavior (Muehlenhard, 1996).

In a review of the literature, Beres (2007) concluded there is little clarity/consistency concerning how people conceptualize and/or communicate sexual consent. Beres (2007) defined sexual consent as external behavior that must be readily interpretable by others. Typically, sexual consent is viewed as something women give in response to a partner's sexual advances (Beres, 2007; Burkett & Hamilton, 2012), as men are frequently the initiators of sexual activity (Jozkowski et al., 2014a). Using qualitative data concerning sexual consent from 8 Australian women aged 18 to 24 years old, Burkett and Hamilton (2012) found that many of the participants perceived it to be the woman's job to say no to sexual activity. Sexual consent is often assumed by her partner (viewed as implicit). That is, in the absence of verbal and/or physical sexual refusal, men likely assume a woman has consented to sex (Burkett & Hamilton, 2012).

Examining consent behaviors in the context of their most recent sexual encounter, Hall (1998) asked 118 male (mean age 20.8 years) and 192 female (mean age 21.5 years) undergraduate students to order the sequence of sexual activities that occurred during the

encounter, report if consent was given for each sexual behavior, and how consent was expressed. 90% of participants reported kissing as the first sexual activity to occur. Most sexual consent behavior was nonverbal (e.g.; “did not move away,” “intimately touched”) or involved a combination of verbal and nonverbal behavior. Consent was not given for each behavior as the sexual encounter progressed, but was generally given for the initial behavior and the more intimate sexual behaviors, such as sexual intercourse and oral sex. Sexual intercourse was the sexual behavior associated with the most verbal consent behavior. Among women, 43% reported expressing verbal consent for sexual intercourse.

Hickman and Muehlenhard (1999) studied how men and women express and interpret sexual consent. Consent was defined as the “freely given verbal or nonverbal communication of a willingness to engage in sexual activity” (p. 259). Students (188 women and 190 men) enrolled in introductory psychology courses read and imagined being in a scenario where they initiated sexual activity verbally or nonverbally, and interpreted whether 34 partner behaviors indicated sexual consent or nonconsent. Participants also read a partner initiated scenario, stated their own probable consent behavior, and indicated how often they had previously expressed each of 34 consent behaviors. Participants reported they more often imagined initiating sexual intercourse nonverbally than verbally. For men, 96% reported imaging themselves nonverbally initiating sexual intercourse, and 73% reported imaging themselves verbally initiating sexual intercourse. Among women, 67% reported imaging themselves nonverbally initiating sexual intercourse, and 48% imaged themselves verbally initiating sexual intercourse. Men, more than women, reported using indirect nonverbal signals (getting undressed), statements about intoxication (“I’m really drunk”), and no response to convey sexual consent/nonconsent. Women reported using indirect verbal signals (ask if partner has a condom) more often than men to indicate consent. Direct

refusal and intoxication were the least reported ways of indicating consent/nonconsent. Men and women rated their own behavior as being more indicative of their sexual consent than did the other gender. Women accurately interpreted men's direct consent/nonconsent behavior (e.g., direct verbal and nonverbal signals, direct refusal), but did not accurately interpret men's indirect consent behavior (e.g., indirect verbal, indirect nonverbal, no response, intoxication). On the other hand, men accurately interpreted women's direct refusal and no response consent/nonconsent behavior, but rated women's other consent behaviors as more indicative of consent than did women. These data suggest that men and women differ somewhat in their understanding of how the other gender consents and refuses sexual activity.

To understand how individuals express sexual consent, Beres et al. (2004) surveyed 257 university students (127 males and 130 females) on behaviors used to initiate and respond to sexual activity in same-sex relationships. Participants answered a 26-item likert-type consent measure concerning initiation and response behaviors to sexual activity in the previous 12 months. Nonverbal behaviors (e.g., hug and caress partner, be physically close) were reportedly used more frequently than verbal behaviors (e.g., say "yes", discuss positive feelings about sex) when initiating and responding to sexual activity. No gender differences were found regarding sexual activity initiating behaviors, but men were found to be more likely than women to use nonverbal behaviors when giving sexual consent. Returning partner's touch and kiss was the response most frequently or always endorsed by participants (84%) as indicating consent, while "say no" was only frequently or always used by 4% of participants to indicate lack of consent. Instead, 80% of participants indicated that they seldom or never explicitly "say no" when refusing sexual activity. Conversely, 66% of participants reported frequently or always indicating consent by not resisting partner advances. These results suggest that nonverbal

behaviors, specifically returning partner's touch and kiss as well as lack of resistance, are often used to indicate consent to sexual activity. Only a small percentage of people may directly verbally indicate lack of consent when in a relationship.

Humphreys (2007) studied how gender and relationship status effect interpretation of sexual consent behavior. A large sample of undergraduates (n = 414, 64% female with a mean age of 19.7 years) read a fictional scenario of a man nonverbally initiating sexual behavior with a woman. Participants were told the couple were on a first date, had been dating three months, or married two years. After reading the scenario, participants were asked to rate if each of 11 sexual activity behaviors required "a clear and explicit indication of consent" within the context of a new dating (no sex yet) or committed relationship (regular sexual intercourse). Results indicated that as relationship length increased, nonverbal behaviors were deemed just as effective as verbal behaviors in communicating consent, whereas in the first date condition participants indicated that consent should be more explicitly obtained. Additionally, participants responded that women married two years would be significantly more likely than women on a first date to have stopped the man if she did not want to engage in sexual activity. Relative to female participants, males indicated nonverbal behavior to be as effective as verbal behavior as a means to indicate consent. Although no gender differences occurred concerning agreement that the male in the scenario consented to sexual activity, men more than women more strongly agreed that the female in the scenario consented to sexual activity. When rating consent behavior for 11 sexual activities, participants responded that explicit consent was required for more intimate acts such as intercourse (92% in a new relationship vs 63% in a committed relationship) than for less intimate acts such as hugging (15% vs 4%). Additionally, for every sexual activity, explicit consent was required significantly more in the new relationship than in the established relationship, except for

anal intercourse, which required approximately equal amounts of explicit consent (91% vs 88%). These data suggest that relationship context influences the manner in which sexual consent is communicated/interpreted.

To identify how men and women conceptualize, indicate, and interpret sexual consent, Jozkowski et al., (2014a) asked 185 college students to complete the National Survey of Sexual Health and Behavior and answer qualitative questions on how they define, communicate, and interpret sexual consent, as well as how they consent to four types of sexual behavior. No gender differences were found for the definition of consent. Most participants (61%) defined consent as an act of agreement, when two people are willing (“when sex is mutually conducted between willing people”) or when someone gave permission. Only 16.2% of participants defined consent as explicitly “saying yes to sex.” Inconsistent with prior findings, participants overall reported using more verbal than nonverbal behavior to indicate consent and nonconsent. However, gender differences were observed. Women reported using more verbal strategies than men, whereas men reported using more nonverbal strategies than women. Relative to less intimate sexual activity such as “fooling around/intimate touching,” higher levels of sexual intimacy, such as sexual intercourse, were associated with more frequent use of verbal or a combination of verbal and nonverbal consent behaviors. When interpreting partner consent/nonconsent behavior, participants were more likely to infer sexual consent from nonverbal than verbal behavior, but more likely to interpret nonconsent from verbal behavior. Specifically, men reported relying more on nonverbal indicators of partner consent than did women, whereas 28% of women and only 10% of men reported relying on partner verbal behavior to indicate sexual consent. However, men, more than women, reported relying on nonverbal (e.g., “she did not seem into it”, “she wasn’t making eye contact”) partner behavior to indicate lack of consent to sexual activity.

These data suggest that men and women generally draw conclusions concerning partner sexual consent from partner nonverbal behavior. However, data reveal that men and women differ in interpreting what constitutes nonverbal consent behavior, thus setting the stage for possible miscommunication.

### **Compliant sexual behavior**

Sexual compliance is defined as unwanted, but consensual sex (Impett & Peplau, 2003). O'Sullivan & Allgeier (1998) surveyed consent to unwanted sexual activity in 104 male and 96 female undergraduate students in committed relationships. Participants generally believed their partner's desire to be significantly greater than their own desire to engage in sexual activity. During the two week period of examination, 43.8% of participants reported not wanting to engage in a partner initiated sexual activity. "Making Out" (15%), sexual intercourse (14.4%), and hugging (14.4%) were the most unwanted sexual activities. Of those not wanting to consent to sexual activity, about 87% consented to the unwanted sexual activity, and just 13% did not consent to the unwanted sexual activity. Satisfy a partner's needs/promote intimacy was the most cited reason (41%) for compliant sexual behavior. Interestingly, men, more than women, reported consenting to unwanted sexual activity to avoid relationship tension. After consenting to unwanted sexual activity, participants overall reported more positive than negative outcomes within the context of their relationship. Emotional discomfort (e.g., disappointment in oneself; 32.8%) was the most reported negative outcome. Of those reporting a compliant sexual interaction, 63% believed their partner had also agreed to unwanted sex with them in the previous year. It may be that sexually compliant behavior within the context of a committed relationship is in part due to feelings of a need to reciprocate sexual intimacy/pleasure.

Whyte (2006) used the HIV Risk Behavior Questionnaire to assess high risk sexual behaviors in a sample of 524 African American women aged 18 to 49 (mean age of 23.33 years) living in the southeastern United States. Seventy percent of respondents reported consenting to unwanted sex. Reasons for consenting to unwanted sex included: to maintain the relationship (37.4%), avoid verbal abuse (18%), and avoid loss of shelter (8%). 63.4% of women reported consenting to unwanted sex only after repeated partner requests. Analysis revealed that participants who consented to unwanted sex were more likely to have unprotected sex, use drugs, and engage in high-risk sexual behaviors. Thus, women who engaged in compliant sexual behavior were potentially more at risk for HIV infection.

Using daily diaries, 31 male and 32 female college students aged 18 to 24 years in committed relationships (average length of 25.7 months) recorded daily sexual activities for three weeks (Vannier & O'Sullivan, 2010). Participants answered questions regarding sexual activity, including how much they wanted sexual activity, who initiated, and how much they thought their partner wanted sexual activity. Participants reported that 17% of all sexual activity was sexually compliant. At least one instance of sexual compliance was reported by 46% of participants. Men and women reported no difference in sexual compliance rates. On the first occasion of compliant sexual activity, genital touching was most endorsed (79%). Qualitative reasons for engaging in compliant sex included an "implicit contract" (e.g., a feeling of reciprocation; 75%) and pressure in the past to engage in unwanted sexual activity (42%). Reasons for not wanting sexual activity included feelings of tiredness, stress, and anger. Of participants, 58% reported initially not wanting sexual activity, but wanting sexual activity as the sexual activity continued. Compliant sexual activity was rated as less enjoyable than wanted sexual activity.

Jozkowski and Peterson (2013) surveyed 640 undergraduate males and females aged 18-23 years on how sexual consent influenced quality of their last sexual intercourse experience. Quality was assessed using a single-item question with response options ranging from poor to excellent. Participants were administered measures of alcohol consumption and internal and external consent. Correlational analyses indicated that for men quality of sex was most associated with consent/wantedness (.34), and for women quality of sex was most associated with safety/comfort (.49) and consent/wantedness (.34). Consent/wantedness was most associated with arousal (.60) and safety/comfort (.58) for women, whereas consent/wantedness was most associated with quality of sex (.34) and arousal (.29) for men. Hierarchical linear regression revealed that after controlling for alcohol consumption, relationship status, and age, the combination of physical response, safety/comfort, and agreement/wantedness predicted 31.1% of the variance in quality of sexual intercourse for women. For men, increased age, direct nonverbal behavior, safety/comfort and agreement/wantedness predicted 23.3% of the variance in quality of sexual intercourse.

In a study of female and male undergraduate students (187 women), participants were surveyed on unwanted sex (oral or vaginal) during a “hook up” (not dating or committed) or with a committed partner at any previous time (Katz & Schneider, 2015). 25% of women complied with unwanted sex at least once while in a relationship and 33% of women complied with unwanted sex with a casual partner. It may be that relationship type differentially predicts sexual consent behavior.

In a study examining approach and avoidance motives for sexual encounters, 121 individuals (55 men and 66 women) in dating relationships (mean of 1 year, 6 months) completed daily surveys for two weeks (Impett, Peplau, & Gable, 2005). Positive and negative



affect, and approach (e.g., for self or partner pleasure) and avoidance motives (e.g., avoid conflict or a break-up) for sexual activity were surveyed. Avoidance motives were positively related to negative affect and relationship conflict, and negatively related to relationship satisfaction. Women more than men engaged in sexual activity “to express love for their partner”. It appears that engaging in sexual activity for avoidance reasons may lead to negative feelings about the self and increase relationship tension.

Impett and Peplau (2002) surveyed 125 college women (mean of 21.4 years) who had engaged in compliant sexual activity while in a relationship (mean of 2 years). Participants read a hypothetical scenario about engaging in unwanted fondling, oral sex, and sexual intercourse with their current sexual partner. After reading the scenario, participants responded to questionnaires on reasons for compliance, anxiety, avoidance, and relationship commitment. The more anxious a woman was, the more likely she was to comply in order to avoid relationship tension and “keep her partner from losing interest”. Concern for preserving the relationship may factor in sexual compliance.

In an investigation of compliant sexual activity, 113 college women (mean age of 20.2 years) in dating or exclusive relationships currently or in the past 12 months completed measures of sexual acquiescence (Conroy, Krishnakumar, & Leone, 2015). 64% of participants engaged in unwanted sexual activity at some point in their relationship. Women consented to unwanted sexual activity to give partner satisfaction (43%-45%), avoid upsetting partner (43%), and prevent partner from losing interest (38%), among other reasons. When consenting, 72% of women did not explicitly state “yes” or “no”, 21% feigned desire, and only 4% explicitly said yes (86% gave NO overt consent). It appears that partner concerns influence sexual decision-making, and communication style may lead to miscommunication or misinterpretation.

This review suggests that in the examination of sexual decision-making it is important to consider dimensions of desire and consent. As can be seen above, complying with unwanted sex is fairly common, although not without cost. Compliant sex is associated with lower levels of sexual enjoyment, risky behaviors, and emotional discomfort.

### **Psychological Barriers to Resistance**

Psychological barriers to sexual resistance impact the sexual decision-making process. Psychological barriers include self-consciousness and concerns about preserving the relationship. Self-consciousness is embarrassment related to one's actions or others' potential perception of one's actions (Nurius et al., 2000). Concerns for preserving the relationship are related to fear of emotionally hurting the partner or ruining the relationship (Nurius et al., 2000). When women experience these barriers, they are less likely to use active resistance strategies to unwanted sexual experiences (Norris et al., 1996).

In an investigation of psychological barriers to resistance of unwanted sexual encounters, Norris et al., 1996) surveyed 66 college women (mean age of 19.2 years) in sororities on embarrassment, fear of rejection, perceived effects of alcohol, and sexual resistance strategies. Many participants believed future risk of encountering sexual aggression was "quite unlikely" and that they would respond with using indirect or gentle messages (e.g., jokes) followed by more verbal assertive behavior (e.g., use stronger language) and then physical behavior (e.g., hitting). Additionally, many participants believed they were more likely to be assaulted by strangers than men they knew, and that they themselves were unlikely to be victimized. Embarrassment and fear of rejection positively correlated with indirect resistance and negatively correlated with physical resistance and verbal assertive behavior. Compared to non-victimized women, previously victimized women reported more likelihood to use indirect resistance and

less likelihood to use verbal assertive behavior and physical resistance in a sexual encounter. Previously victimized women also reported that embarrassment and fear of rejection would likely cause them to remain in the threatening situation. Embarrassment and fear of rejection by a partner appear to be important psychological barriers to sexual resistance, thus effecting sexual decision-making.

Nurius et al., (2000) surveyed 202 college women (mean age of 21.4 years) who had previously experienced sexual coercion by a male date or acquaintance on psychological barriers (e.g., relationship preservation concerns, self-consciousness) to sexual resistance, affect, and response type. Type of psychological barrier differentially predicted response type. Decreased concern with preserving the relationship and more anger to the perpetrator predicted more assertive behavior responses (e.g., “raising her voice”, “pushing him away”). However, increased self-conscious and sadness predicted more diplomatic behavior responses (e.g., “apologetically telling him she did not want sexual contact”). Women higher in concern with preserving the relationship and self-consciousness appear more at risk for sexual compliance.

Using the sample noted above, Macy et al. (2006) reported that greater refusal sexual assertiveness (e.g., “refuse unwanted petting or sexual intercourse”) correlated with less concern for preserving the relationship. Relationship expectancies (e.g., partner behavior consistent with expectations) positively associated with self-consciousness. Additionally, verbal coercion related to more diplomatic responses (e.g., “not ready for this”) and forceful coercion related to more assertive behavior responses (e.g., “pushed him away), indicating that women matched the coercion style of assailants. This further indicates that self-conscious women in a relationship may be more likely to engage in compliant sexual activity.

In a prospective study, 378 college females (mean age of 18.86 years) were assessed at study onset on intention to use sexual resistance strategies and again 8 weeks later on actual use of sexual resistance strategies in a sexual assault (Turchik et al., 2007). In the intervening 8 weeks, 28% of participants were victimized. Participants completed measures of psychological barriers to sexual resistance (e.g., self-consciousness, concerns for preserving the relationship), and response behaviors. Women were more likely to use assertive behavior responses (e.g., say “stop”, hitting) during an assault when they reported assertive intentions at Time 1. Conversely, women with more self-consciousness, greater relationship preservation concerns, and women who knew the perpetrator were more likely to use nonforceful responses (e.g., nicely respond). This indicates that women higher in self-consciousness and concerns for preserving the relationship are more at risk for sexual compliance.

In a two month study (Orchowski et al., 2011), 134 college women predominately in their first or second year (93.7%) completed measures of sexual experiences and self-protective dating behaviors at study onset and again two months later. Between Time 1 and Time 2, 32.8% of the women were victimized: unwanted sexual contact (11.9%), attempted rape (3.7%), sexual coercion (4.5%), and completed rape (12.7%). Women who perceived it to be more embarrassing to engage in precautionary or planning behaviors (e.g., planning how to respond to aggressive behavior) before a date were more likely to be victimized. This indicates that self-consciousness may increase a woman’s risk of sexual compliance.

Psychological barriers to sexual resistance are important to consider when examining sexual decision-making. Specifically, greater self-consciousness and concerns for preserving the relationship are associated with less assertive response behavior, and thus may make women more at risk for sexually compliant behavior.

## **Sexual assertiveness**

Sexual assertiveness is external behavior that communicates what one wants in a sexual context. Sexual assertiveness includes the ability to ask for what one sexually wants, refuse what one does not sexually want, and advocate for safe sex/prevention practices (Morokoff, et al., 1997). Sexual assertiveness is best measured separately from general assertiveness (Kearns & Calhoun, 2010).

In examining sexual communication, Greene and Faulkner (2005) surveyed 698 heterosexual couples (mean relationship duration of 2 years) from a college and surrounding area (18-30 years with a mean age of 21.9 years). Participants completed measures of sexual communication, sexual assertiveness, and relational satisfaction, among others. Correlational analyses revealed positive associations between each type of sexual assertiveness (sexual initiation, sexual refusal, and assertive sexual talk), dyadic sexual communication, and relational satisfaction. Relationship length was not correlated with sexual assertiveness. Interestingly, women, more than men, reported more sexual communication behavior, but less perceived efficacy in their ability to negotiate sexually. Hierarchical regression revealed that after accounting for sexual double standards, all three subtypes of sexual assertiveness predicted dyadic sexual communication, which in turn predicted relational satisfaction. More sexually assertive individuals sexually communicated more, and felt they were “more able to influence their partner’s sexual behavior through talk” (p. 249).

Ménard and Offman (2009) asked 71 individuals from Ottawa (25 men and 46 women) aged 19-56 years to complete measures of sexual self-esteem, sexual satisfaction, and sexual assertiveness. Correlational analyses indicated significant associations between sexual self-esteem, sexual assertiveness, and sexual satisfaction. Additionally, sexual assertiveness was

found to partially mediate the relationship between sexual self-esteem and sexual satisfaction. This finding indicates that sexual assertiveness is important for sexual satisfaction.

Kearns and Calhoun (2010) surveyed 1,024 college women (mean age of 19.29 years) on sexual assertiveness and sexual victimization (sexual coercion and completed rape). Participants completed measures of global assertiveness, sexual assertiveness and sexual experiences. Global assertiveness did not differentiate victims from non-victims, however sexual assertiveness did. Women who were re-victimized endorsed lower levels of sexual assertiveness than single-assault victims, childhood sexual assault victims, and nonvictims. Results from this survey indicate that specifically assessing for sexual assertiveness instead of general assertiveness may better predict victimization, and women lower in sexual assertiveness are more at risk for re-victimization.

Greene and Navarro (1998) surveyed 274 undergraduate women on protective factors, including sexual assertiveness, as well as risk factors for sexual victimization at three time points. Participants were assessed at the beginning of the school year, end of the fall semester, and end of the spring semester. Sexual assertiveness negatively correlated with sexual victimization at all three time points. Moreover, low sexual assertiveness and prior sexual victimization significantly predicted future sexual victimization. This suggests that low sexual assertiveness is a risk factor for sexual victimization.

In their investigation of the relationship between sexual victimization and sexual assertiveness, Livingston et al. (2007) surveyed 937 women aged 18 to 30 at three time points over two years. Participants completed measures of depression, PTSD, sexual experiences, and refusal sexual assertiveness at study onset, 12 months later, and after an additional 12 months. Correlational analyses revealed that low refusal sexual assertiveness at both the start and end of the study associated with increased sexual victimization since age 14, depression, PTSD at the

start of the study, and recent sexual victimization. Refusal sexual assertiveness at the start of the study positively associated with refusal sexual assertiveness two years later. Sexual victimization since age 14 predicted low refusal sexual assertiveness reported at study onset, and low refusal sexual assertiveness in turn predicted future sexual victimization. Refusal sexual assertiveness mediated the relationship between previous and later victimization, as well as predicted new instances of sexual victimization in women who had not previously been sexually victimized. These data suggest that low sexual assertiveness is a risk factor for sexual victimization.

Using the sample above, 927 community women completed measures of sexual experiences and refusal sexual assertiveness at three time points (Testa, VanZile-Tamsen, & Livingston, 2007). Over the 24-month study, 18% of the women were victimized (unwanted sexual contact, sexual coercion, attempted rape, rape). Women were victimized by intimates (e.g., boyfriend/dating partner, husband, ex-boyfriend or ex-husband) or nonintimates (e.g., strangers, friends). 10% of the women were victimized by an intimate partner, 5.5% were victimized by a nonintimate partner and 2.2% were victimized by both intimate and nonintimate partners. Refusal sexual assertiveness negatively associated with intimate partner victimization, but not with nonintimate partner victimization. Overall, refusal sexual assertiveness was a predictor of Time 3 victimization. Specifically, refusal sexual assertiveness was a predictor of intimate partner victimization, but not nonintimate partner victimization. This indicates that low refusal sexual assertiveness may be a greater risk factor for women engaging in sexual activity with an intimate partner.

To investigate the relationship between number of consensual lifetime sexual partners and instances of sexual coercion and rape, Walker et al. (2011) surveyed 335 college females (mean age of 18.71 years) on refusal sexual assertiveness and sexual experiences, among other

areas. 32% of participants reported unwanted sexual intercourse. Of these, 6.9% reported being verbally coerced, 17.9% reported being raped, and 7.2% reported previous instances of both verbal coercion and rape. Correlational analysis indicated refusal sexual assertiveness negatively related to number of lifetime sexual partners, verbal sexual coercion, and rape. In women who reported previous instances of verbal coercion and rape, as number of sexual partners increased, so did instances of verbal sexual coercion for women with low refusal sexual assertiveness. Verbal sexual coercion did not increase for women with medium or high refusal sexual assertiveness. Interestingly, when instances of rape were examined in the combined group as compared to women who had never experienced unwanted sexual intercourse, as number of sexual partners increased instances of rape increased for women with low refusal sexual assertiveness, did not increase for women with medium refusal sexual assertiveness, and decreased for women with high refusal sexual assertiveness. These data suggest that high sexual assertiveness is a protective factor against sexual coercion and possibly rape.

In an examination of sexual assertiveness, 87 college women were first assessed in the autumn and subsequently re-assessed 6 months later (Katz, May, Sörensen, & DelTosta, 2010). Participants completed measures of sexual experiences, self-blame and sexual assertiveness. 46% of women reported initial sexual victimization at study onset and 31% of women reported sexual victimization 6 months later. 67% of the women who reported later sexual victimization also reported initial sexual victimization. Refusal sexual assertiveness correlated negatively with women reporting initial victimization and later victimization. Women reporting initial victimization reported less refusal sexual assertiveness than women not reporting initial victimization. Less refusal sexual assertiveness predicted later victimization. This further



indicates that low sexual assertiveness is a risk factor for victimization, particularly for women who have previously been victimized.

VanZile-Tamsen, Testa, and Livingston (2005) investigated sexual assertiveness as it pertained to sexual assault history and relationship context. 318 community women (mean age of 24 years) read a vignette featuring a male stranger, friend, date or boyfriend. Participants then rated intended responses on a number of measures, including behavioral intentions and refusal sexual assertiveness. Behavioral intentions included direct resistance (e.g., say “stop”), indirect resistance (e.g., give an excuse), consent (e.g., kiss), and passivity (e.g., do “nothing”). Intended consent behavior increased as the partner became more intimately known. Women with no sexual assault history reported the most refusal sexual assertiveness regarding fondling, oral sex and intercourse. Direct verbal and physical resistance decreased as the sexual partner became more known to the woman. 98% of women reported their most recent victimization occurred by an acquaintance. Women previously sexually victimized more than once intended to offer less direct verbal resistance than women never victimized or previously victimized one time. These results indicate that women previously sexually victimized are less likely to use direct forms of resistance when faced with a possible sexual assault risk. Additionally, level of sexual assertiveness displayed appears to be related to how well the woman knows the male.

Sexual decision making involves both sexual want and sexual consent (Peterson & Muehlenhard, 2007). Sexual want was previously thought to be a dichotomous construct, but now is viewed as existing on a continuum (Muehlenhard & Peterson, 2005). Verbally outlining a plan for sexual activity is atypical and sexual consent instead is assumed by the partner from minimally resistant behavior or inferred from nonverbal behavior (Hickman & Muehlenhard, 1999; Beres et al., 2004; Beres, 2007). Unfortunately, men and women may not interpret sexual

consent behavior in the same way (Hickman & Muehlenhard, 1999), possibly creating instances of miscommunication (Conroy et al., 2015). Women who are more forceful with expressing what they want and do not want are less likely to have forced sexual intercourse (Walker et al., 2011). These data suggest that psychological barriers to sexual resistance and sexual assertiveness may be important factors in sexual compliance.

The purpose of the present study is to examine the relationship among psychological barriers to sexual resistance, sexual assertiveness, sexual want, and display of sexual consent. Participants will be asked to recall their most recent intimate sexual experience, provide demographic information, and complete measures of sexual internal consent, sexual external consent, sexual assertiveness, and psychological barriers to resistance. It is expected that each barrier to resistance (relationship preservation concerns and self-consciousness) will separately mediate relationship status and sexual consent. Sexual want will interact with relationship status to predict each barrier to resistance. Sexual assertiveness will interact with each barrier to resistance to predict sexual consent. Relationship type will be explored because relationship status may influence sexual consent behavior. A moderated, moderated mediation analysis will be conducted to evaluate the model.

## II. METHODS

### **Participants**

Participants were 347 undergraduate heterosexual females from the University of Mississippi. 57.9% were 18 years of age, 23.6% were 19 years of age, 9.8% were 20 years of age, 4.0% were 21 years of age, and 2.9% were 22+ years of age. At the time of the survey, 72.6% of participants had been students for less than 1 year, 14.7% for 1 to 2 years, 7.5% for 2 to 3 years, 4.0% for 3 to 4 years, and 1.2% for 4 or more years. 83.9% of students identified as Caucasian, 11% as African-American, 1.7% as Asian American, 2.0% as Hispanic/Latino, and 1.4% as “other” ethnicities. (Table 1)

### **Measures**

Participants were asked to identify the most intimate sexual activity that occurred during their most recent intimate sexual experience. Demographic information on participant age, gender, race/ethnicity, sexual orientation, and number of years in college was collected. Relationship status and alcohol use at time of the identified recent intimate sexual experience were reported.

The Internal Consent Scale (ICS; Jozkowski, Sanders, Peterson, Dennis, & Reece, 2014b) is a 25-item self-report measure that assesses internal desire (sexual want) for a sexual experience. Example items include: “I felt eager.” and “I felt comfortable.” Items are assessed on a 4-point Likert-type scale. Response options range from “agree” to “disagree”. Mean scores are calculated for a total scale. In the original study, the overall scale obtained very good internal

consistency (Cronbach  $\alpha$ ; .95). In the current study, the Cronbach alpha coefficient was .93 for the overall scale.

The External Consent Scale (ECS; Jozkowski et al., 2014b) is an 18-item self-report measure that assesses external sexual consent behavior regarding a sexual experience. Example items include: “I removed mine and/or my partner’s clothing.” and “I shut or closed the door.” Items are assessed dichotomously with participants indicating “yes” or “no”. Mean scores are calculated for a total scale. In the original study, the overall scale obtained good internal consistency (Cronbach  $\alpha$ ; .85). In the current study, the Cronbach alpha coefficient was .76 for the overall scale.

The Barriers to Responding to Sexual Aggression (Norris et al., 1996; Nurius et al., 2000) is a 15-item self-report measure that assesses for psychological barriers that may impede sexual resistance in a sexual encounter. The self-consciousness and concern for preserving the relationship subscales were used. The concern of alcohol’s effect on response and injury exacerbation concern subscales were not used, as these subscales did not pertain to the current study. Each subscale consists of three items assessed on a 5-point Likert type scale. Response options range from “not at all” to “very much”. Internal consistency (Cronbach  $\alpha$ ) is adequate for each subscale (self-consciousness: .83; concern for preserving the relationship: .72). In the current study, the Cronbach alpha coefficient was .82 for self-consciousness and .76 for concern for preserving the relationship.

The Sexual Assertiveness Survey (SAS; Morokoff et al., 1997) is an 18-item measure that assesses for sexual assertiveness. Example items include: “I begin sex with my partner if I want to.” and “I refuse to have sex if I don’t want to, even if my partner insists.” Items are assessed on a 5-point Likert-type scale. Response options range from “never” to “always”. In the

original study, internal consistency (Cronbach  $\alpha$ ) was good for the total scale (.84). In the current study, the Cronbach alpha coefficient was .76 for the overall scale. The SAS correlates well with single-items assessing general assertiveness and sexual assertiveness (Morokoff et al., 1997).

The Instructional Manipulation Check or IMC (Oppenheimer, Meyvis, & Davidenko, 2010) is designed to detect participants who fail to read/follow online survey instructions. Oppenheimer, et al., (2010) found that IMC inclusion in multiple studies increased reliability and statistical power. The Blue Dot Task is an example of an IMC and was used in this survey. Participants were presented with a Likert type scale (1= *very rarely* to 9=*very frequently*) and were instructed to "...click the little blue circle at the bottom of the screen." and ignore the scale itself. Failure to click the blue circle and item completion indicates a lack of participant attention to item content, and thus a basis for study exclusion.

## **Procedures**

Participants were recruited via the University of Mississippi online participant recruitment system (*Sona Systems*). Students received .5 research credit hours for participating. Informed consent, measures, and question items were administered anonymously using Qualtrics (Enterprise Service Tools; Provo, UT). Participants were first administered informed consent describing the nature of the study, confidentiality, and right to terminate participation at any time. Participants were prompted to recall their most recent sexual experience, and complete measures in reference to that sexual activity. Measures collected included: internal consent, external consent, psychological barriers to resistance, sexual assertiveness, and single-item questions on alcohol use, relationship status, and most intimate sexual activity that occurred during the recent sexual experience. Alcohol use was assessed by asking participants to indicate how many drinks they consumed prior to sexual activity. The relationship status question asked

participants to indicate how they defined their relationship status with their sexual partner at the time of sexual activity (e.g., not in a relationship, in a relationship). Participants were asked to indicate from a list of possible sexual activities the most intimate sexual activity that occurred during that sexual encounter. Measure administration was counterbalanced (e.g., half of participants completed the measure of sexual assertiveness before the measures of consent and the other half of participants completed the sexual assertiveness measure after the consent measures). Upon completion of the survey, participants were debriefed and provided with a list of local psychological services.

### III. RESULTS

#### **Data Preparation**

Six-hundred and fifteen individuals began the survey on Qualtrics. SPSS was used for all preliminary analyses. Participants were excluded from analyses for the following reasons: failed to finish the survey (25), identified as male (3), failed to identify gender (2), duplicates of previous IP addresses (26), indicated they “never engaged in any form of sexual activity” (35), did not identify as heterosexual (31), gave a monotone response pattern on the measure of sexual assertiveness, (problematic because half of the items are reverse scored) and/or the external consent measure (it contains two conflicting items) (66), failed to fill in all items on the subscales of the barriers to responding measure (11), completed the survey in less than 5 minutes or in more than 24 hours (12; the median response time was nine minutes) failed the Instructional Manipulation Check (53), and univariate outliers (4). The final sample consisted of 347 women.

Missing values analysis indicated no variable with 5% or more missing values, and values were found to be missing at random. We used the expectation maximization algorithm to impute missing values. Subscales were used to impute missing values. Prior to analyses, descriptive statistics were conducted on demographic variables, and distributions on continuous variables were examined for outliers, skewness, and kurtosis. Four univariate outliers were identified and excluded. Mahalanobis distance identified no multivariate outliers. Adequately normal distributions were found for all continuous variables (skewness and kurtosis  $< 2$ ). All continuous variables demonstrated linear relationships, however the spread of standardized

residuals indicated slight heteroscedasticity. Therefore, heteroscedastic-consistent standard errors were used in analyses by employing the HC3 option in PROCESS for SPSS (Hayes, 2013).

## **Descriptive Statistics**

At time of survey, 171 (49.3%) women indicated they were in a relationship with their sexual partner and 176 (50.7%) women indicated they were not in a relationship with their sexual partner. Regarding their most recent intimate sexual activity, 54.8% of women indicated vaginal/penile sexual intercourse. Rates of other forms of sexual activity included: kissing (19.6%), oral sex (11.5%), manual genital stimulation (6.9%), touching/fondling (5.8%), and anal sexual intercourse (1.4%). A majority of women (70.7%) reported no drinks were consumed, while 28.7% indicated one or more drinks were consumed prior to sexual activity. (Table 2) A correlation matrix of all variables was computed. (Table 3)

## **Analyses**

Conditional Process analysis using PROCESS Model 21 (Hayes, 2013) was computed to test parallel indirect effects of relationship status (X) on sexual external consent (Y) through concern for preserving the relationship (M1) and self-consciousness (M2). Predictor variables were mean centered prior to analysis for ease of interpretation. (Table 4) The association between relationship status and each barrier to resistance was thought to depend on level of sexual internal consent, thus sexual internal consent (W) was entered as a stage 1 moderator. The association between each barrier to resistance and external consent was thought to depend on level of sexual assertiveness, thus sexual assertiveness (V) was entered as a stage 2 moderator. The model did not support our hypothesis. (Table 5, Figure 1) Neither internal consent nor sexual assertiveness functioned as a moderator.



We further explored the data by dropping the two interaction terms, leaving internal consent and sexual assertiveness as covariates in a parallel multiple mediator model. At present, the PROCESS macro is unable to separate covariates between mediators and the outcome variable. Mplus 7.0 (Muthén & Muthén, 1998–2012) with the Maximum Likelihood estimator was used to assess the parallel roles of relationship preservation concerns (BRS1) and self-consciousness (BRS2) as potential mediators of the path between relationship status (X) and sexual external consent (Y). Sexual internal consent (ICS) was included as a covariate predicting both mediators. Sexual assertiveness (SAS) was included as a covariate predicting sexual external consent (Y). The two mediators were allowed to correlate because this relationship was demonstrated in bivariate correlation ( $r = .620, p < .01$ ) in preliminary data examination. (Table 6, Figure 2)

Model fit statistics suggest the conceptually predicted relationships were not an adequate description for the data (Model fit:  $\chi^2 = 79.598, df = 3, p < .001, RMSEA = 0.271$  (90% CI 0.222-0.324), CFI = .751, SRMR = .080; Berkout, Gross, & Young, 2014). Relationship status had a non-significant negative effect on relationship preservation concerns ( $-0.124, p = .179$ ), a significant negative effect on self-consciousness ( $-0.336, p < .001$ ), and a significant positive effect on sexual external consent ( $0.045, p < .05$ ). Women in a relationship experienced less self-consciousness than women not in a relationship, and displayed more external consent behavior. Relationship preservation concerns had a non-significant negative effect on sexual external consent ( $-0.017, p = .259$ ), and self-consciousness also had a non-significant negative effect on sexual external consent ( $-0.017, p = .264$ ). Internal consent had significant negative effects on relationship preservation concerns ( $-0.442, p < .001$ ) and self-consciousness ( $-0.459, p < .001$ ). This finding indicates that women higher in internal consent experienced fewer relationship

preservation concerns and less self-consciousness that women lower in internal consent, regardless of relationship status. Sexual assertiveness had a significant negative effect on sexual external consent ( $-0.039, p < .05$ ). Women higher in sexual assertiveness displayed less sexual external consent behavior compared to women lower in sexual assertiveness.

Using the MODEL INDIRECT command in Mplus, relationship status' indirect effect on sexual external consent through both parallel multiple mediators, relationship preservation concerns and self-consciousness, was small ( $0.008$ ) and not statistically significant ( $p = .124$ ). Neither the specific indirect effect for relationship status on sexual external consent through relationship preservation concerns was significant ( $p = .387$ ), nor for the indirect effect of relationship status on sexual external consent through self-consciousness ( $p = .285$ ). Overall, relationship preservation concerns and self-consciousness did not mediate the path between relationship status and sexual external consent in the current sample.

#### IV. DISCUSSION

Sexual decision-making has recently been conceptualized as an interaction between dimensions of sexual want and sexual consent (Peterson & Muehlenhard, 2007) rather than a dichotomous yes/no choice. That is, display of sexual consent behavior likely varies as a function of level of sexual want. Psychological barriers to resistance, such as relationship preservation concerns and self-consciousness, have also been found to effect sexual consent behavior (Norris et al., 1996). Additionally, research has demonstrated that sexual assertiveness is an important factor in display of sexual consent (Morokoff et al., 1997). For this study, barriers to resistance and sexual assertiveness were explored within the context of sexual decision-making. Based on previous findings (Nurius et al., 2000), it was believed that greater self-consciousness and more concern for preserving the relationship would indicate more risk for sexual compliance. Thus, it was hypothesized that relationship status would predict sexual consent behavior via relationship preservation concerns and self-consciousness, while sexual want and sexual assertiveness would moderate these effects. However, the proposed model was not found to explain sexual consent behavior. Instead, portions of the model were found to exert effects, without effects conditional on other variables in the model.

Although relationship status did not depend on sexual want to predict either barrier to resistance, sexual want did exert effects on each barrier, such that compared to women lower in sexual want, women higher in sexual want experienced fewer relationship preservation concerns and less self-consciousness. This effect was independent of relationship status, as it applied to women both in and not in a relationship. Within an undergrad relationship context, Simms and

Byers (2009) found men wished for more frequent sexual activity than women, and women perceived men to desire more sexual activity. Similarly, Bernston, Hoffman, and Luff (2013) found that one's perception of a close friend's engagement in sexual activity within a "hookup", "friends with benefits" or "seeing each other relationship" context predicted one's own sexual activity. It may be that many college women believe sexual activity is common and expected when dating or in a relationship. Thus, when women want to engage in sexual activity, they experience less relationship preservation concerns and self-consciousness.

Sexual assertiveness also exerted an effect on sexual external consent. Women higher in sexual assertiveness reported less external consent behavior than women lower in sexual assertiveness, regardless of relationship status. This was surprising, as The Sexual Assertiveness Survey includes subscales for sexual initiation, refusal, and prevention. Examination of the measure indicates the sexual refusal and prevention subscales may explain this effect. The prevention subscale negatively correlated with sexual external consent ( $r = -.246, p < .001$ ) and the refusal subscale approached significance in the negative direction ( $r = -.102, p = .059$ ). Although the sexual initiation subscale positively correlated with external consent ( $r = .208, p < .001$ ), it was not enough to offset the other two subscales. Thus, when a woman advocated for condom use, did not "give in" when she already said no, and refused unwanted sex, she displayed less sexual external consent behavior. This finding is consistent with previous research indicating that women higher in sexual assertiveness consent less to unwanted sexual activity (Walker et al., 2011).

Relationship status exerted a direct effect on sexual external consent behavior, indicating that women in a relationship generally gave more external consent behavior than women not in a relationship. Perhaps women in a relationship felt safer or more comfortable with themselves or

their partner than did women not in a relationship. Or perhaps being in a relationship provides the necessary context for greater external consent behavior. In a review on sexual compliance, Impett & Peplau (2003) suggested that sexual activity may demonstrate commitment to the relationship. Alternatively, it could be that women not in a relationship were concerned about appearing too enthusiastic or sexually experienced and thus displayed fewer external consent behaviors. When not in a relationship with the sexual partner, it may be women are likely to behave in a manner consistent with perceived gender norms and simply respond to a man's initiation of sexual activity (Greene & Faulkner, 2005; Burkett & Hamilton, 2012).

Consistent with previous findings, relationship preservation concerns (Macy et al., 2006) and self-consciousness (Norris et al., 1996; Nurius et al., 2000) negatively correlated with sexual assertiveness. Specifically, greater self-consciousness and concerns for preserving the relationship were associated with less sexual assertiveness, thus potentially making women more at risk for sexually compliant behavior. Self-consciousness and concerns for preserving the relationship also negatively correlated with internal and external consent behavior.

It was hypothesized that both relationship preservation concerns and self-consciousness would mediate the effect of relationship status on sexual external consent behavior. However, no indirect effects were found. Given the high correlation between mediator variables ( $r = .620, p < .01$ ), it is possible inclusion of both decreased the likelihood that either would function as a statistically significant mediator, as they share considerable variance. It could also be that another variable that was not measured in the study might better mediate the association between relationship status and sexual external consent.

Consistent with expectation, women in a relationship indicated less self-consciousness than women not in a relationship. However, it was surprising that relationship status did not

predict relationship preservation concerns, as it was hypothesized that women in relationships would experience greater relationship preservation concerns, and would thus be at risk for compliant sexual activity. Perhaps for women in relationships, a sense of safety with self and/or sexual partner negated relationship preservation concerns and contributed to less self-consciousness. Or perhaps this finding was an artifact of survey questions, as questions related to relationship preservation concerns appear to ask about newer relationships or less stable relationships (e.g. "I didn't want him to think I didn't like him."). Alternatively, this finding could be a result of the survey prompt that asked for participants to consider only their most recent intimate sexual activity. In future, it may be useful to assess for relationship length or an average sexual experience.

It was also surprising that neither relationship preservation concerns nor self-consciousness predicted sexual external consent. Previously, barriers to resistance (i.e. relationship preservation concerns and self-consciousness) have been studied within the context of assertiveness and resistance strategies (Norris et al., 1996; Nurius et al., 2000; Turchik et al., 2007) instead of external consent. It could be that these non-significant results are an artifact of the questionnaire for external consent, as it includes a wider range of sexual consent behaviors than is typically assessed by sexual assertiveness measures. Alternatively, it might be that relationship preservation concerns are based on relationship quality or satisfaction, which was not assessed in this study. For instance, if a woman has concerns about the relationship, displaying less sexual external consent behavior may be related to a fear of rejection or a means to prompt affection/attention.

Several limitations of the current work deserve mention. The sample was composed of college students largely of European descent. To examine the generalization of findings it would

be useful for future studies to include a more ethnically/racially and sexually diverse sample, as well as community samples. Additionally, results could be due to artifacts of the assessment measures for barriers to resistance, internal consent, and external consent as these are emerging scales. Descriptive statistics indicated low variability in responses, and possible ceiling effects could have limited study findings. Finally, this study used self-report measures and may be subject to social desirability.

Findings of the current study help clarify the relationships among barriers to resistance, sexual want, sexual assertiveness, and sexual consent in a relationship status context. Although the proposed model was not supported, parts of the model indicate that being in a relationship or not being in a relationship with the sexual partner can affect level of self-consciousness and external consent behavior. Interventions targeting self-consciousness may be useful, as women who experience embarrassment in planning response behavior prior to sexual activity are at risk for sexual victimization (Orchowski et al., 2011). Although sexual assertiveness did not moderate either barrier to resistance, higher levels of sexual assertiveness generally indicate a better ability to communicate sexual want or lack of want to a partner. Discussion of sexual boundaries prior to sexual activity has been found to decrease response time in responding to stopping points for sexual advances (Winslett & Gross, 2008). Interventions aimed at increasing sexual assertiveness before sexual activity occurs could decrease ambiguity in the sexual context.

Implication of these data may be particularly relevant within the context of committed relationships, where instances of sexual ambivalence and sexual compliance may occasionally occur. In the current study, women in relationships displayed more external consent behaviors than women not in relationships. In future, exploring relationship preservation concerns and self-consciousness in a sample consisting of only women in relationships could be useful, as failure

to communicate effectively holds potential for hurt feelings and perception of insensitivity, possibly leading to relationship tension. Fostering sexual assertiveness may ultimately benefit couples' interpersonal relationships (e.g. enhance efficacy, reduce tension).



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## LIST OF APPENDICES



## APPENDIX A: TABLES

Table 1. *Descriptive Statistics of Participants (n=347)*

Years of Age	Frequency	Percentage
18	201	57.9%
19	82	23.6%
20	34	9.8%
21	14	4.0%
22	7	2.0%
23	2	0.6%
42	1	0.3%
Missing	6	1.7%
Years in College	Frequency	Percentage
< 1	252	72.6%
1-2	51	14.7%
2-3	26	7.5%
3-4	14	4.0%
4+	4	1.2%
Race/Ethnicity	Frequency	Percentage
Caucasian	291	83.9%
African American	38	11.0%
Hispanic/Latino	7	2.0%
Asian American	6	1.7%
Other Ethnicity	5	1.4%

Table 2. *Descriptive Statistics of Most Recent Sexual Experience (n=347)*

Relationship Status	Frequency	Percentage
In a Relationship	171	49.3%
Not in a relationship	176	50.7%
Alcoholic Drinks	Frequency	Percentage
0 drinks	244	70.3%
1 drink	9	2.6%
2 drinks	18	5.2%
3 drinks	21	6.1%
4 drinks	23	6.6%
5 drinks	13	3.7%
6 drinks	6	1.7%
7 drinks	6	1.7%
8 drinks	0	0.0%
9 drinks	1	0.3%
10+ drinks	4	1.2%
Missing	2	0.6%
Most Intimate Sexual Activity	Frequency	Percentage
Vaginal/penile sexual intercourse	190	54.8%
Kissing	68	19.6%
Oral sex	40	11.5%
Manual genital stimulation	24	6.9%
Touching/Fondling	20	5.8%
Anal Sexual intercourse	5	1.4%

Table 3. Correlation Matrix (n=347) among Model Variables; alcohol use (n=345)

	1	2	3	4	5	6	7	8
External Consent	1	-.127*	-.143**	.464**	-.112*	-0.002	.157**	.497**
BRS1 Concern	-.127*	1	.620**	-.263**	-.113*	.137*	-.153**	-.210**
BRS2 Self-consc.	-.143**	.620**	1	-.310**	-.115*	.272**	-.279**	-.207**
Internal Consent	.464**	-.263**	-.310**	1	0.069	-.178**	.333**	.322**
Sexual Assertiveness	-.112*	-.113*	-.115*	0.069	1	-.045	-0.027	-.274**
Alcohol Use	-0.002	.137*	.272**	-.178**	-.045	1	-.345**	-0.049
Relationship Status	.157**	-.153**	-.279**	.333**	-0.027	-.345**	1	.173**
Intercourse	.497**	-.210**	-.207**	.322**	-.274**	-0.049	.173**	1

Note. 1=external consent, 2=BRS1 Concern, 3=BRS2 Self-consciousness 4=internal consent, 5=sexual assertiveness, 6=alcohol use, 7=relationship status, 8=intercourse; Pearson correlations: \* $p < .05$ , \*\* $p < .01$ .

Table 4. *Descriptive Statistics for Model Variables (n=347)*

Variable	Mean	S.D.	Skew	Kurtosis
External Consent	0.671	0.189	-0.671	-0.187
BRS1 Concern	2.140	0.842	0.364	-0.695
BRS2 Self-Consciousness	1.855	0.852	0.759	0.131
Internal Consent	3.460	0.454	-1.096	0.666
Sexual Assertiveness	3.562	0.611	-0.379	0.236

Table 5. Model Coefficients for Parallel Multiple Mediation Analysis with Internal Consent as a Stage 1 Moderator and Sexual Assertiveness as a Stage 2 Moderator (Model 21)

Antecedent	Consequent											
	$M_1$ (BRS1)			$M_2$ (BRS2)			Y (External Consent)					
	Coeff.	SE	<i>p</i>	Coeff.	SE	<i>p</i>	Coeff.	SE	<i>p</i>			
X (Status)	$a_{11}$	-0.130	0.095	.170	$a_{12}$	-0.347	0.091	<b>.000</b>	$c'$	0.047	.021	<b>.027</b>
W (ICS)	$a_{21}$	-0.424	0.112	<b>.000</b>	$a_{22}$	-0.426	0.105	<b>.000</b>	---	---	---	---
XW	$a_{31}$	0.149	0.225	.508	$a_{32}$	0.271	0.209	.196	---	---	---	---
$M_1$ (BRS1)	---	---	---	---	---	---	---	---	$b_{11}$	-0.014	0.015	.366
$M_2$ (BRS2)	---	---	---	---	---	---	---	---	$b_{12}$	-0.021	0.017	.203
V (SAS)	---	---	---	---	---	---	---	---	$b_2$	-0.040	0.015	<b>.011</b>
$M_1V$	---	---	---	---	---	---	---	---	$b_{31}$	0.002	0.024	.945
$M_2V$	---	---	---	---	---	---	---	---	$b_{32}$	-0.035	0.026	.177
Constant	$iM_1$	-0.011	0.047	0.811	$iM_2$	-0.021	0.045	0.651	$i_Y$	0.669	0.010	<b>.000</b>
	<b><math>R^2 = 0.075</math></b>			<b><math>R^2 = 0.135</math></b>			<b><math>R^2 = 0.063</math></b>					
	<b><math>F(3, 343) = 8.445, p &lt; .001</math></b>			<b><math>F(3, 343) = 15.286, p &lt; .001</math></b>			<b><math>F(6, 340) = 3.396, p = .0029</math></b>					

Note.  $N = 347$ . Bold indicates  $p < .05$ ; BRS1: relationship preservation concerns, BRS2: self-consciousness, ICS: internal consent, SAS: sexual assertiveness.

Table 6. Model Coefficients for Parallel Multiple Mediation Analysis with Internal Consent and Sexual Assertiveness as Covariates

Antecedent	Consequent											
	$M_1$ (BRS1)			$M_2$ (BRS2)			Y (External Consent)					
	Coeff.	SE	<i>p</i>	Coeff.	SE	<i>p</i>	Coeff.	SE	<i>p</i>			
X (Status)	$a_{11}$	-0.124	0.092	.179	$a_{12}$	-0.336	0.090	<b>.000</b>	$c'$	0.045	0.021	<b>.027</b>
$C_1$ (ICS)	$f_{11}$	-0.442	0.102	<b>.000</b>	$f_{22}$	-0.459	0.100	<b>.000</b>	---	---	---	---
$M_1$ (BRS1)	---	---	---	---	---	---	---	---	$b_{11}$	-0.017	0.015	.259
$M_2$ (BRS2)	---	---	---	---	---	---	---	---	$b_{12}$	-0.017	0.015	.264
$C_2$ (SAS)	---	---	---	---	---	---	---	---	$g_2$	-0.039	0.016	<b>.016</b>
Constant	$iM_1$	3.730	0.342	<b>.000</b>	$iM_2$	3.610	0.336	<b>.000</b>	$i_Y$	0.856	0.070	<b>.000</b>
			<b><math>R^2 = 0.074, p = .006</math></b>				<b><math>R^2 = 0.131, p &lt; .001</math></b>				<b><math>R^2 = 0.057, p = .022</math></b>	

Note.  $N = 347$ . Bold indicates  $p < .05$ ; BRS1: relationship preservation concerns, BRS2: self-consciousness, ICS: internal consent, SAS: sexual assertiveness.

## APPENDIX B: FIGURES



Figure 1. *Parallel Multiple Mediation Model with Internal Consent as a Stage 1 Moderator and Sexual Assertiveness as a Stage 2 Moderator (Model 21; Hayes, 2013)*

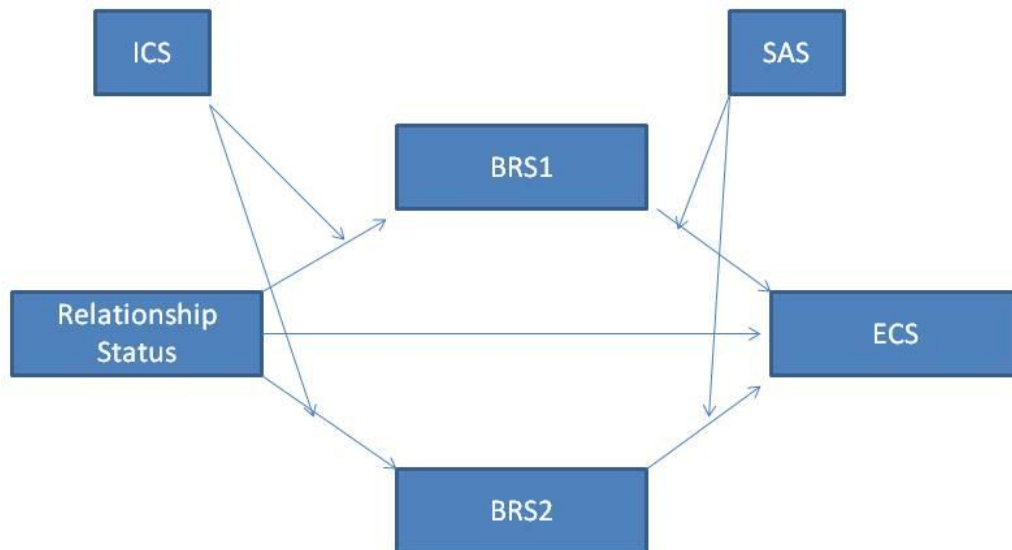
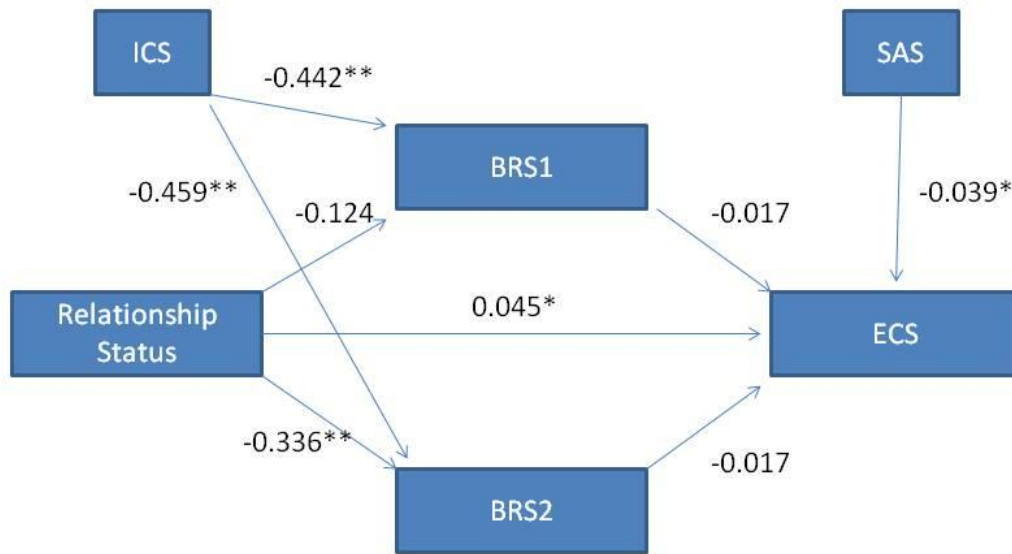


Figure 2. *Parallel Multiple Mediation Model with Internal Consent and Sexual Assertiveness as Covariates.*



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

VITA

**Marie C. Darden, M.A.**

mdarden@go.olemiss.com

***Education***

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Ph.D. in Progress	University of Mississippi Clinical Psychology
Master of Arts May 2015	University of Mississippi Clinical Psychology
Bachelor of Arts May 2003	Boston College History

***Professional Licensure***

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Examination for the Professional Practice of Psychology (EPPP) Passed at Doctoral level for all states.	July 2015
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***Clinical Experience***

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<b>ICS Head Start</b> , Batesville, Crenshaw, & Holly Springs, MS <i>Behavior Management Consultant</i> Consult for three head start programs in rural and underserved communities in north Mississippi. Observe classrooms, develop child specific functional behavior plans, and work with pre-school teachers and parents to implement behavior plans, as well as coach teachers to effectively manage the classroom. Supervisor: Alan M. Gross, Ph.D.	2013-Present
<b>Psychological Services Center</b> , University of Mississippi <i>Graduate Student Therapist</i> Conduct intake interviews, develop treatment plans, and provide evidence based treatments (e.g., MATCH-ADTC, CBT, DBT, ACT) for children, adolescents, and adults presenting with Autism Spectrum Disorder, Binge Eating Disorder, Social Anxiety Disorder, Obsessive Compulsive Disorder, disruptive behavior, and other disorders. Supervisors: Alan M. Gross, Ph.D., Scott Gustafson, Ph.D., Laura R. Johnson, Ph.D., & John Young, Ph.D.	2012-Present

- Baptist Children's Village, Water Valley, MS** 2015-2016  
*Therapist and Behavior Consultant*  
 Provided individual therapy to children and adolescents in this group home residential facility for previously neglected and abused youth. Consulted with and assisted house parents in implementing behavioral programming to effectively manage problem behavior and emotional difficulties.  
 Supervisor: Randy Cotton, Ph.D.
- Psychological Assessment Clinic, University of Mississippi** 2014-2016  
*Psychological Examiner*  
 Administered comprehensive psychological evaluations to assess for Attention-Deficit/Hyperactivity Disorder. Scored tests, wrote integrated reports, and provided feedback.  
 Supervisor: Scott Gustafson, Ph.D.
- Autism Center of North Mississippi, Tupelo, MS** 2013-2015  
*Psychology Intern*  
 Assessed children and adolescents for Autism Spectrum Disorder, developmental delay, and other anxiety and mood disorders for private families and local schools. Provided feedback to clients, their families, and during IEP school meetings. Administered Applied Behavior Analysis (ABA) therapy to children diagnosed with autism spectrum disorder and other pervasive developmental delays and co-facilitated a PEERS social skills group.  
 Supervisors: Scott Bethay, Ph.D., & Matthew Davison, M.S., BCBA
- International Programs, University of Mississippi** 2012-2014  
*Co-facilitator of International Ladies Club*  
 Facilitated a weekly support group for international women to discuss acculturation, learn about cultures and diversity, connect with others, and cope with acculturative stress.  
 Supervisor: Laura R. Johnson, Ph.D.
- The Baddour Center, Senatobia, MS** 2012-2013  
*Education and Research Intern*  
 Provided individual therapy to adults with intellectual disabilities, conducted assessments (intellectual, adaptive/functional behavior, medication side-effects, dementia), developed and implemented behavior plans, and lead social skills groups at this residential facility.  
 Supervisor: Shannon L. Hill, Ph.D.

## ***Research Experience***

---

Dissertation Title: *Psychological barriers in sexual compliance: A moderated mediation analysis*

Chair: Alan M. Gross, Ph.D.

Proposed: July 2016

Thesis Title: *Examining the relationship between sexual want, sexual consent, and sexual assertiveness*

Chair: Alan M. Gross, Ph.D.

Defended: April 2015

**Multicultural Lab**, University of Mississippi 2011-2013

*Graduate Research Assistant*

Collaborated on research in positive youth development, study abroad, acculturation, and cultural competency. Assisted with IRB proposal for study abroad internet study, data collection, data analysis, and manuscript preparation and submission.

Supervisor: Laura R. Johnson, Ph.D.

*What self-reports can tell us: Using a decision tree approach to reduce assessment burden.*

University of Mississippi

Fall 2012

*Research Assistant*

Interviewed study participants about a traumatic episode using a structured interview (CAPS) as well as administered a mini intelligence test (WASI-II) to participants.

Supervisor: Regan Stewart, Ph.D.

**UM Disaster Research Center**, University of Mississippi Spring 2012

*Graduate Research Assistant*

Assisted with data entry, data analysis, literature reviewing and synthesizing, and article writing.

Supervisor: Stefan E. Schulenberg, Ph.D.

*Community Assessment for Public Health Emergency Response (CASPER)* Sept. 2011

*after the Gulf Coast Oil Spill.* Centers for Disease Control and Prevention, National Center for Environmental Health, Division of Environmental Hazards and Health Effects

*Data Collector*

Administered a community assessment survey in underprivileged, coastal Mississippi on health and psychological effects post Deepwater Horizon oil spill.

**Research Center for Trauma and Addiction**, City College, New York, NY 2010-2011

*Research Assistant*

Screened participant eligibility for two studies assessing treatment effectiveness for PTSD and substance misuse. Marketed both studies and assisted with updating IRB proposal.

Supervisor: Stephen Anen, Ph.D.

**NYU Child Study Center**, New York, NY

2009-2010

*Research Assistant*

Interviewed kindergartners and 1<sup>st</sup> graders about their cultural awareness and sense of ethnic identity. Recruited parents for and assisted at monthly cultural awareness workshops.

Supervisor: Esther Calzada, Ph.D.

### ***Other Professional Experience***

---

**Psychology Department**, University of Mississippi

2016-Present

*Assistant to the Director of Clinical Training*

Assist with data collection, schedule meetings and events, correspond with graduate applicants, coordinate graduate applications, and plan and organize the annual department interview weekend.

Supervisor: Alan M. Gross, Ph.D.

**Institute for International Studies**, University of Mississippi

2011-2013

*Co-facilitator of Pre-departure and Re-entry Workshops*

Facilitated workshops for students departing for and returning from an international exchange experience. Discussed intercultural communication skills, cross-cultural adjustment, expectations, and reflected on the study abroad experience. Small group formats and interactive games fostered discussion.

Supervisor: Laura R. Johnson, Ph.D.

**The Baddour Center**, Senatobia, MS

Spring 2013

*New Hire Orientation*

Conducted in-service training for new vocational staff members on positive behavior support and appropriate intervention techniques.

Supervisor: Shannon Hill, Ph.D.

**City College, City University of New York**, New York, NY

Spring 2011

*Teaching Assistant for In The Modern World (Psy 10200)*

Lead a weekly discussion class, developed lesson plans, as well as graded weekly quizzes, exams, and writing assignments.

Supervisor: Brett Silverstein, Ph.D.

## ***Publications***

---

- Darden, M.C.,** Lair, E., & Gross, A.M. (under review). Sexual compliance: Examining the relationship among sexual want, sexual consent, and sexual assertiveness. Manuscript submitted for publication.
- Darden, M.C.,** & Gross, A.M. (2017). Stroop Color and Word Test. In A. E. Wenzel (Ed.) *The SAGE Encyclopedia of Abnormal and Clinical Psychology*, 3356-3357. SAGE Publications. <http://dx.doi.org/10.4135/9781483365817.n1332>
- Chin, E., Drescher, C.F., Trent, L.R., **Darden, M.C.,** Seak, W.C., & Johnson, L.R. (2015). Searching for a Screener: Examination of the Factor Structure of the General Health Questionnaire in Malaysia. *International Perspectives in Psychology: Research, Practice, Consultation*. doi:10.1037/ipp0000030
- Walters, A. B., Drescher, C. F., Baczwaski, B. J., Aiena, B. J., **Darden, M. C.,** Johnson, L. R., Buchanan, E. M., & Schulenberg, S. E. (2014). Getting active in the Gulf: Environmental attitudes and action following two Mississippi coastal disasters. *Social Indicators Research*, 118, 919-936. doi:10.1007/s11205-013-0428-2
- Stewart, R.W., & **Darden, M. C.** (2013). Sojourner. In K. Keith (Ed.) *Encyclopedia of Cross-Cultural Psychology*. Wiley-Blackwell.

## ***Presentations***

---

- Darden, M.C.,** & Gross, A.M. (October 2015). *Sexual compliance: Examining the relationship between sexual want, sexual consent, and sexual assertiveness*. Oral presentation at the 2<sup>nd</sup> annual Three Minute Thesis Competition (3MT), University of Mississippi, Oxford, MS.
- Darden, M.C.** (May 2015). *Applied Behavior Analysis (ABA) in a male child with Autism Spectrum Disorder: A Case Conceptualization*. Oral presentation at the Symposium on Case Conceptualization, University of Mississippi, Oxford, MS.
- Darden, M.C.,** & Gross, A.M. (April 2015). *Internal consent, external consent, and sexual assertiveness in sexual decision-making*. Oral presentation at the 2<sup>nd</sup> annual Conference on Psychological Science, University of Mississippi, Oxford, MS.
- Darden, M. C.,** Berkout, O.V., & Gross, A.M. (November 2014). *Exploring the Relationship Among Psychopathy, Perspective Taking, and Aggression in a College Sample*. Poster presented at the 48<sup>th</sup> annual meeting of the Association for Behavioral and Cognitive Therapies, Philadelphia, PA.
- Darden, M. C.,** Chin, E., Berkout, O.V, Drescher, C., Trent, L., Khor, K. L, Seak, R., Loo, A., Romeo, S., & Johnson, L. (November 2013). *Factor Structure and Other Psychometric Properties of the General Self Efficacy Scale in a Malaysian Sample*. Poster presented at

the 47<sup>th</sup> annual meeting of the Association for Behavioral and Cognitive Therapies, Nashville, TN.

Chin, E., Drescher, C., Trent, L., **Darden, M.C**, Kremer, A., Khor, K. L., Seak, R., Loo, A., Romeo, S., Young, J., & Johnson, L. (November 2013). *Psychometric properties of the English and Chinese versions of the 12-item General Health Questionnaire in a Malaysian sample*. Poster presented at the 47<sup>th</sup> annual meeting of the Association for Behavioral and Cognitive Therapies, Nashville, TN.

Drescher, C. F., Chin, E., Trent, L. R., **Darden, M. C.**, Vosbein, M., Khor, K. L., Seak, R., Loo, A., Romeo, S. & Johnson, L. R. (November 2013). *An analysis of the psychometric properties of the English and Chinese versions of the Meaning in Life Questionnaire (MLQ): A Malaysian college sample*. Poster presented at the 47<sup>th</sup> annual meeting of the Association for Behavioral and Cognitive Therapies, Nashville, TN.

**Darden, M. C.**, & Schulenberg, S. E. (September 2012). *The Developmental Assets Profile (DAP)*. Poster presented at the 2012 annual convention of the Mississippi Psychological Association, Gulfport, MS.

Morales-Murillo, C., **Darden, M. C.**, Johnson-Pynn, J., & Johnson, L. R. (August 2012). *Youth Purpose and Participation Across International and Ecological Contexts*. Poster presented at the 120<sup>th</sup> annual convention of the American Psychological Association, Orlando, FL.

Johnson, L.R., Hankton, U.N., Bastien, G., **Darden, M.C.**, & Johnson, C.N. (November 2011). *Positive Youth Development in a Global Context*. Presentation at the Caribbean Regional Conference of Psychology, Nassau, Bahamas.

### ***Ad-hoc Reviewing***

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Edited textbook chapter: Sattler, J.M. (Ed.), (2014). *Foundations of Behavioral, Social, and Clinical Assessment of Children* (6th ed.). La Mesa, CA: Jerome M. Sattler, Publisher, Inc.

Manuscript review: *Ecopsychology*, 2012.

Manuscript review: *Journal of Clinical Psychology*, 2011.

### ***Special Training***

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Using TF-CBT with Childhood Traumatic Grief - Online Training Course CTG Web: 6 hours	July 2016
Trauma-Focused Cognitive-Behavioral Therapy - Online Training Course TF-CBT Web: 10 hours	June 2016
American Red Cross Disaster Training in Psychological First Aid Completion Certification: 6 hours.	September 2011
Supervisor: Northwest Mississippi Chapter, Stefan E. Schulenberg, Ph.D.	