

When “Yes Means Yes”: Short-Term Effects of an Educational Video on Acceptance of Ideals Related to Affirmative Sexual Consent Among Young Adults

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Received: October 24, 2023

Accepted: December 14, 2023

Online Published: December 24, 2023

doi:10.11114/smc.v12i1.6483

URL: <https://doi.org/10.11114/smc.v12i1.6483>

Abstract

Sexual violence is a prevalent problem impacting college students across the United States. One of the prevention efforts suggested to deal with this concern is to better educate young adults about the ideals of sexual consent. Specifically, many colleges and universities have focused their attention to promote the practice of an affirmative sexual consent standard. Using the theory of planned behavior as the theoretical framework, an experimental study was conducted to test the effectiveness of a short educational video on increasing participants' acceptance of an affirmative consent standard related to sexual consent, as reflected in more positive attitudes, norms, and greater perceptions of behavioral control related to the enactment of affirmative consent within sexual interactions. Participants were also asked about their endorsement of an indirect approach to sexual consent following viewing of the educational video. Overall results found support for most of the hypotheses, as the findings have practical implications for college health practitioners interested in promoting healthier sexual beliefs, specifically the acceptance of an affirmative consent standard for sexual consent.

Keywords: affirmative sexual consent, sexual education, sexual communication, theory of planned behavior

1. Introduction

1.1 Problem of Sexual Violence

All around the world, young adults are becoming sexually active with the information they gained while in primary education. Much of the content they learned in sex education classes are focused on promoting abstinence, or condom use, and less about how to define boundaries within sexual encounters. Reports show that young adults understand, receive, and consent to sexual invitations through the use of verbal and nonverbal cues (Alexopoulos & Cingel, 2022). The lack of adequate sexual education surrounding issues of sexual consent has resulted in a variety of negative sexual health consequences (e.g., STDs/STIs, unwanted pregnancies), including sexual violence impacting college students during their period of sexual exploration, where many of them experiment with various social situations involving sexual behaviors.

In the U.S., it is estimated that 26.4% of undergraduate females and 6.8% of undergraduate males experience rape or sexual assault each year on college campuses (Cantor et al., 2019). When including factors such as attempted sexual contact and the absence of seeking affirmative consent from partners, these estimates increase to 33.1% for females, and 8.6% for males (Cantor et al., 2019). Experiences of sexual assault has been found to negatively impact health and academic performance., including the likelihood of those assaulted ending up changing schools, or dropping out entirely (Jordan, Combs, & Smith, 2014). Colleges and universities have tried to remedy this problem of sexual assault on campus through developing and enacting clear policies regarding students' sexual behaviors (Borges, Banyard, & Moynihan, 2008; Karjane, Fisher, & Cullen, 2005). As part of this effort, many schools have started to advocate for the standard of *affirmative sexual consent* (i.e., yes means yes) within sexual encounters (Youston, 2022). This standard of consent recognizes the dyadic nature of the sexual consent process between two partners, requiring both to obtain and provide unambiguous consent for each new sexual behavior enacted within an encounter (Millar, 2008).

1.2 Purpose of the Current Study

Sexual consent is a highly debated and complicated communicative construct with varying definitions (Bednarchik, Generous, & Mongeau, 2022; Beres, 2007). Research is needed to better understand ways of educating young adults

about the concept of affirmative sexual consent and increase their intentions to enact this behavior within their future sexual interactions. The current study uses the Theory of Planned Behavior (TPB; Ajzen, 1991) as the key framework to help examine the extent to which an educational video discussing the ideals of affirmative sexual consent will influence young adults' attitudes, norms, and perceived control related to affirmative sexual consent. The TPB is an appropriate theory to use as it has been shown to be effectively applied in other sexual behavior contexts (e.g., condom use, contraceptive use; Tseng et al., 2020). The current study will help provide practical implications for college students and help determine the effectiveness of teaching sexual consent behaviors using a brief media-based intervention. Recent work has shown that college students and young adults often learn about issues such as sexual consent by watching media (e.g., Alexopoulos & Cingel, 2023; Aubrey, Teran, Dajches, Gahler, & Yan, 2023; Gronert, 2022). The next section will provide a review of the literature on sexual consent, sexual consent education, media influences on sexual consent beliefs and communicative practices related to sexual consent.

1.3 Defining Sexual Consent and Sexual Consent Education

Scholars have defined sexual consent as: Any agreement to participate in sex (Archard, 1998; Dripps, 1992); the absence of force or coercion (Hickman & Muehlenhard, 1999); and involving internal feelings and external signs of willingness or wanting to have sex (Hickman & Muehlenhard, 1999). Furthermore, Bednarchik et al. (2022) defines consent as permission, agreement, and willingness to engage in sexual activity indicated by each participant of sound mind (i.e., sober, and not under the influence). In the present study, sexual consent is defined based on an *affirmative approach to sexual consent*, which means that consent is an affirmative, conscious, and voluntary agreement to engage in sexual activity, a process that is continuous, and should happen at all stages of sexual activity. Adoption of an affirmative sexual consent standard requires that consent be mutually obtained and given unambiguously, and free from coercion, involving clear and direct verbal sexual communication behaviors between partners.

Historically sexual education has been the responsibility of parents until recently, this had been the trend for sexual education, and now it is administered through the school system (Armstrong & Mahone, 2017). Public schools in the United States will introduce sexual education to school-aged children, with supplemental information being given to children from parents and physicians (Armstrong & Mahone, 2017). Sexual education received in the US includes conversations about pregnancy, prevention of STDs and pregnancy, and different methods to perform such actions (Rabbitt & Enriquez, 2018). Participating in health classes and other general life courses focused on the well-being and life planning would have a short section on sexual health and education (Jankovic et al., 2013). Seldom are teens and young adults involved in conversations about sexual consent (Jankovic et al., 2013; Rabbitt & Enriquez, 2018). All too often, within sexual interactions between two or more individuals, affirmative sexual consent is left out of the interaction resulting in nonconsensual sexual exchanges (Escobar-Chaves et al., 2005; Eyal & Kunkel, 2008).

As discussed, affirmative sexual consent is the *verbal* acknowledgment of agreed-upon interactions determined by all parties involved (Archard, 2019). Basic violations of consent include advances of unwanted attention, touch, and intercourse. Also, if consent is given under duress or the influence of a substance, the action is no longer consensual (Muehlenhard et al., 2016). Another common occurrence is consent being given because it was assumed that consent was required in the situation but was not desired to be delivered. When consent is violated, it is referred to as assault or rape; in the US, one in four individuals are sexually assaulted (Muehlenhard et al., 2016). Lack of communication about consent during sexual intercourse has been found to be a result of individuals not wanting to ruin the mood, being unsure of the response, and fearing rejection (Alexopoulos & Cingel, 2022).

1.4 Role of Media in Shaping Sexual Consent Beliefs

A lack of education on topics such as sexual consent has increased the desire of many young adults to seek out sexual information from other sources such as the mass media. Specifically, the media has been found to display many examples for young adults to observe and develop a sense of how romantic interactions (including sexual relations) are expected to play out (Baya & Mberia, 2014; Brown 2002). However, while the media often creates sexual scenes for plotline effects and ratings, often they are found to provide youths reach sexual maturity with unrealistic views and ideals of sexual relations (Aruah, 2021). Current media has been found to display high rates of sexualized content that includes anything from kissing to sexual intercourse and is expressed at high speeds and in a high percentage of shows and films (e.g., Jozkowski & Marcantonio, 2019).

Current teens have access to many television shows depicting different aspects of sexual interactions for teens to view to fulfill their curiosity (Brown, 2002), ranging from the ideal of sexual perfectionism, quantity and quality of sexual intercourse, and even when and how to communicate about sexual topics (e.g., birth control, STD/STI testing, etc.) (Harris, 2011). These behavioral influences have begun to result in young adults engaging in risky sexual behaviors. The mass media has also been found to influence the idea of sexual consent and how it is given and received during a sexual encounter (Alexopoulos & Cingel, 2022). Sexual consent can be provided and revoked whenever; however, the media tends to portray sexual consent as

non-dynamic (i.e., once consent has been given at a point in time, then that consent cannot be revoked later). (Alexopoulos & Cingel, 2022; Eyal & Kunkel, 2008). Moreover, the media also tends to depict sexual consent as all encompassing (i.e., consent to one sexual activity is treated as consent to all sexual activities within a single encounter).

The lack of education on the topic of affirmative sexual consent and the reliance on media to learn about sexual consent beliefs has resulted in the absence of affirmative sexual consent being enacted by young adults on college campuses. Adding to this problem is the difficulty among many youths to distinguish between fact and fiction what they see in the media (Jensen & Jensen, 2007; Vangeel et al., 2020). Media displays of sexual experiences vary from consensual to nonconsensual while also showing different levels of sexual interactions for young adults to consume and develop their ideals of sexual consent to bring to their own encounters. Based on the sexual scenes displayed throughout media, the concept of sexual consent is not clearly defined, as often what is portrayed is an *indirect approach to giving and receiving sexual consent*, relying primarily on use of indirect nonverbal behaviors.

There have been some recent efforts to examine the extent to which mass media portrayals involving different levels of sexual consent can help better educate young and emerging adults on the topic of sexual consent. For example, Alexopolous and Cingel (2023) conducted two studies to examine whether exposure to portrayals of sexual consent and refusal in adolescent-directed media programs had an impact on adolescents' sexual consent intentions. Specifically, as exposure to verbal sexual consent portrayals increased, so did reported intentions to engage in affirmative sexual consent. Gronert (2022) tested the effects of exposure to different popular media portrayals of sexual consent on undergraduate students' perceptions about sexual consent. It was found that students were able to delineate different levels of sexual consent depicted through the vignettes, along a continuum from completely non-consensual to completely consensual, with mixed consent (e.g., consent via coercion or under the influence of alcohol) in the middle (Gronert, 2022). Lastly, Aubrey et al. (2023) they looked at the effects of televised depictions of sexual consent that contained verbal consent (vs. only nonverbal sexual consent and a no-exposure control condition) on attitudes about sexual consent, and intentions to engage in sexual consent. The results of their study illustrated the positive effects of televised portrayals of verbal sexual consent on increasing favorable attitudes toward sexual consent, and people's intent to engage in seeking verbal sexual consent (Aubrey et al., 2023).

1.5 Theory of Planned Behavior and Approaches to Sexual Consent

The TPB explains that enactment of any given behavior is best predicted by its behavioral intention, which in turn are influenced by attitudes, social norms, and perceived control related to that behavior. When examined in the context of sexual consent, the framework provides a strong foundation for understanding individuals' typical approach to sexual consent. An individual's attitude toward the idea of affirmative sexual consent will influence how the interaction likely occurs. Additionally, the extent to which affirmative approaches to sexual consent is viewed as normative and within an individual's perceived control will also influence the level of intent reported for enacting affirmative sexual consent behaviors in future sexual interactions. The intent of the current project is to evaluate the extent to which viewing a short educational video about the ideals of affirmative sexual consent influences people's attitudes, normative beliefs, and perceived behavioral control toward the use of affirmative consent in sexual interactions, as well as its impact on endorsement of indirect approaches to sexual consent. Past research has suggested that educational videos that aim at *talking to* rather than *at* audiences, and use humor, are the most effective at eliciting a desired impact (Plaisime et al., 2020). The following hypotheses will be tested:

1.6 Hypotheses

H1. Participants watching the tea consent video will report more positive attitudes toward the enactment of affirmative sexual consent during sexual interactions than those watching the control video.

H2. Participants watching the tea consent video will report more positive norms about the enactment of affirmative sexual consent during sexual interactions than those watching the control video.

H3. Participants watching the tea consent video will report higher perceived behavioral control toward the enactment of affirmative sexual consent during sexual interactions than those watching the control video.

H4. Participants watching the tea consent video will report weaker endorsement of an indirect approach to obtaining sexual consent than those watching the control video.

2. Method

2.1 Participants

A total of 216 undergraduate participants (158 females, 56 males, 2 non-binary) were recruited from a large Southern university. Participants ranged in age between 18 and 24 years old ($M=19.99$, $SD=1.05$ years), with most of them identifying as non-Hispanic Whites (73.1%), with other races represented (6% Black, 4.6% Asian, 6.9% Latino/a or Hispanic, 6.9% Native American, and 2.3% reporting other). Participants also reported on their sexual orientation (83.8%

heterosexual, 3.2% homosexual, 12% bisexual, and 0.9% preferring not to answer), sexual activity (74.1% sexually active), and number of sexual partners (61.1% indicating between 0-3 partners). A slight majority of our participants are currently single (54.2%), with those currently in a relationship reporting the average length as 25 months.

2.2 Study Procedures

After receiving approval from the university's institutional review board, participants took a 30-minute survey conducted through Qualtrics and administered through SONA. Extra credit was provided at the instructor's discretion. Participants were first asked background questions about their sexual experiences, followed by demographic questions, their knowledge about sexual consent, and TPB measures related to the enactment of affirmative sexual consent as part of the pretest measures. Next, participants were randomly divided into two groups, one group watching the *tea consent video* (describing the ideals of affirmative sexual consent) and the other group watching the *control video* (describing ways to practice safety on train platforms and around trains called *Dumb Ways to Die*). Both videos were similar in length of running time and used similar elements of humor to deliver educational information to the audiences. After watching the video, each participant was asked to complete the same set of TPB measures again to determine the extent to which the tea consent video influenced participants' attitudes, norms, perceived behavioral control, and intent related to affirmative sexual consent behaviors.

2.3 Sampling Procedures

2.3.1 Sample Size and Precision

Participants were recruited from the SONA research participant pool at the researcher's university. Students received extra credit for taking part in the study. Convenience sampling was used, with approximately equal number of participants randomly assigned to the treatment video (n=106) and control video (n=110) conditions. Prior to hypothesis testing, the two groups were compared on their pre-test scores for the key dependent measures (i.e., attitudes, norms, perceived control, and endorsement of indirect approaches to sexual consent), with no significant differences found between the participants across the two groups.

2.3.2 Measures

The main outcome measures for this study were taken from the revised sexual consent scale developed and validated by Humphreys and Brousseau (2010) to evaluate the effectiveness of the sexual consent video on perceptions about affirmative sexual consent (i.e., attitudes, norms, perceived behavioral control) and on reducing endorsement of an indirect approach to obtaining sexual consent within sexual encounters. Participants were also asked a series of background questions designed to help us better understand participants' demographics, general sexual history, and familiarity with sexual consent. For the TPB-related measures, all the items were summed and averaged to create scales for attitudes, norms, and perceived control. Endorsement of an indirect approach to sexual consent was also assessed using a scale. Change scores were calculated subtracting pretest scale scores from posttest scale scores.

Participants were asked about their age, gender identity, sexual orientation, current relationship status, as well as questions about their sexual behaviors (e.g., have you been sexually active, how long have you been sexually active), and the extent to which they asked for verbal consent prior to sexual activities. Additionally, participant was asked several questions about their awareness and level of discussion related to the topic of sexual consent. Specifically, they were asked to indicated level of agreement with 4 items (e.g., I have discussed sexual consent issues with a friend, I have heard sexual consent issues being discussed by other students on campus) using a 5-point Likert type scale (1=strongly disagree to 5=strongly agree). Reliability for this pretest item was acceptable ($\alpha=.720$).

Attitudes toward the ideals of affirmative sexual consent were assessed with 11 items using a 5-point Likert type scale (1=strongly disagree to 5=strongly agree), asking participants how much they agreed with statements reflecting affirmative sexual consent (e.g., I feel that sexual consent should always be obtained before the start of any sexual activity; I feel that verbally asking for sexual consent should occur before proceeding with any sexual activity; I feel it is the responsibility of both partners to make sure sexual consent is established before sexual activity begins). Reliabilities were good for both the pretest ($\alpha=.880$) and posttest ($\alpha=.882$).

Norms toward practicing affirmative sexual consent were measured with 6 items using a 5-point Likert type scale (1=strongly disagree to 5=strongly agree), asking participants how much they agreed with positive social norms related to affirmative consent. Items for this measure had to be reverse-coded as they reflected endorsement of normative beliefs related to a lower need for establishing affirmative consent in different sexual situations (e.g., I believe it is enough to ask for consent at the beginning of a sexual encounter; I think that obtaining sexual consent is more necessary in a casual sexual encounter than in a committed relationship; I believe that sexual intercourse is the only sexual activity that requires explicit verbal consent). Reliabilities were good for both the pretest ($\alpha=.792$) and posttest ($\alpha=.839$).

Participants were asked the extent they felt confident in their abilities to engage in affirmative sexual consent with 11 items using a 5-point Likert type scale (1=strongly disagree to 5=strongly agree). Specifically, they were asked about their level

of confidence in performing affirmative consent behaviors (e.g., I feel confident that I could ask for consent from a new sexual partner; I feel confident that I could ask for consent from my current partner), and whether they feel that asking for affirmative consent is within their control (e.g., I would worry that if other people knew I asked for sexual consent before starting sexual activity, that they would think I was weird or strange; I believe that verbally asking for sexual consent reduces the pleasure of the encounter). Reliabilities were good for both the pretest ($\alpha=.865$) and posttest ($\alpha=.858$).

Participants were also asked about their level of endorsement for an *indirect* approach to sexual consent as opposed to an affirmative consent standard. A total of 6 items using a 5-point Likert type scale (1=strongly disagree to 5=strongly agree) measured the extent to which participants agreed with statements reflecting an indirect sexual consent approach (e.g., Typically I ask for consent by making a sexual advance and waiting for a reaction, so I know whether or not to continue; I don't have to ask or give my partner sexual consent because my partner knows me well enough; Typically I communicate sexual consent to my partner using nonverbal signals and body language). Reliabilities were good for both the pretest ($\alpha=.865$) and posttest ($\alpha=.865$).

2.3.3 Research Design

This study used a between-subjects experimental design, with participants randomly assigned to 1 of 2 conditions, watching either a video aimed at educating participants on sexual consent (hereafter referred to as the *tea consent video*), or a video focused on educating people about practicing safety on train platforms (hereafter referred to as the *control video*). The tea consent video establishes the foundations of sexual consent by using the analogy of gaining consent from others in offering them a cup of tea. The intent of the video was to educate individuals about the boundaries of sexual consent and sexual activity, delivering the content in an easy to digest manner. Changing the dialogue from offering sexual activities to offering tea takes the seriousness and taboo out of the topic discussion and allows the audience to better understand the concept of sexual consent. The control video discussed the importance of practicing safety while waiting for trains on a platform, describing it in a humorous manner as one of many “dumb ways to die.” Here are the links to the two stimulus videos used in the study:

Tea consent video: <https://www.youtube.com/watch?v=oQbei5JGiT8>

Control video: <https://www.youtube.com/watch?v=ktcd4LMJAW4>

3. Results

To test the set of posited hypotheses for this study, a series of independent samples Mann-Whitney U tests were performed on the data set, after preliminary examination of the data revealed non-normal distributions for some of the dependent variables. For the tests, video condition (tea consent/control) was the independent variable, with change scores (posttest scores – pretest scores) for the TPB measures (attitude, norms, perceived control), and endorsement of indirect approaches to sexual consent as the key dependent variables. The results are summarized in the next few sections in order of the posited hypotheses.

3.1 Hypothesis One

The first hypothesis predicted that those in the tea video condition would report *more positive* attitudes toward affirmative sexual consent than those viewing the control video, and this was supported, $U=7271.5$, $z=3.38$, $p<.001$. Looking at the estimated marginal means, there was a significant increase in attitudes toward affirmative sexual consent from pretest to posttest for those in the tea video condition ($M_{change}=.238$, $SE=.046$) than those in the control condition ($M_{change}=-.016$, $SE=.045$). Please see figure 1.

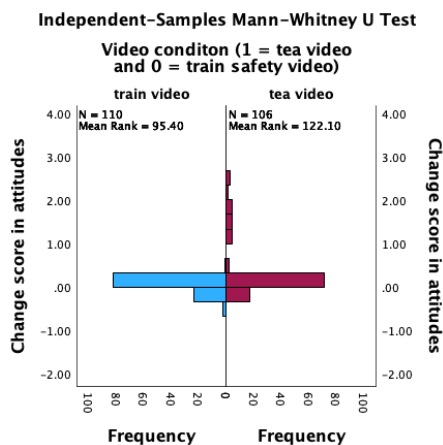


Figure 1. Increases in Positive Attitudes Toward Affirmative Sexual Consent by Condition

3.2 Hypothesis Two

The second hypothesis stated that those in the tea video condition would report *more positive* norms than those viewing the control video, and this was supported, $U=6789$, $z=2.09$, $p=.037$. Specifically, there was a significant increase in positive norms toward affirmative sexual consent from pretest to posttest for those assigned to the tea video condition ($M_{change}=.245$, $SE=.110$) compared to those in the control video condition ($M_{change}=-.110$, $SE=.108$). Please see figure 2.

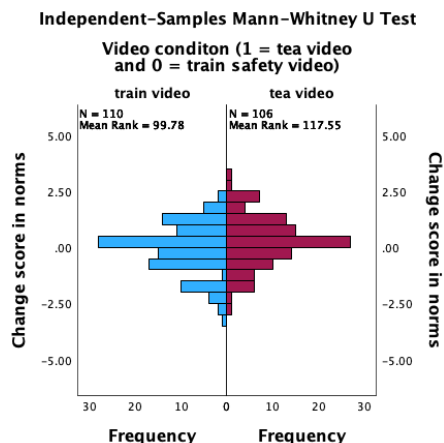


Figure 2. Increases in Positive Norms About Affirmative Sexual Consent by Condition

3.3 Hypothesis Three

The third hypothesis posited that participants viewing the tea video would report *higher* levels of perceived control regarding practicing affirmative consent in sexual interactions than those who viewed the control video, but this was not supported, $U=6019.5$, $z=.414$, $p=.679$. Looking at the estimated marginal means, while there was an increase in perceived control ratings pretest to posttest for those in the tea video condition ($M_{change}=.125$, $SE=.072$) compared to those in the control condition ($M_{change}=-.033$, $SE=.070$), this difference between the two groups was not statistically significant. Please see figure 3.

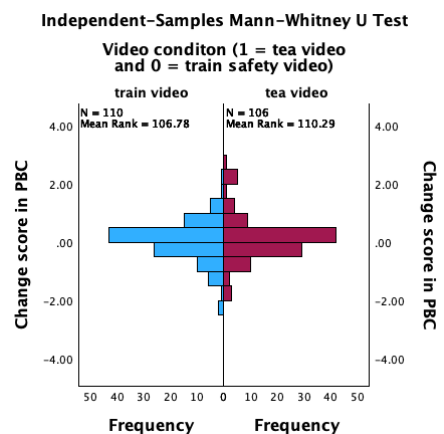


Figure 3. Increases in Perceived Behavioral Control Over Affirmative Sexual Consent by Condition

3.4 Hypothesis Four

Lastly, hypothesis four predicted that those who viewed the tea video would report *lower* levels of endorsement of an indirect approach to obtaining sexual consent pretest to posttest than those assigned to the control video condition, and this was supported, $U=4612.50$, $z=-2.66$, $p=.008$. Viewers of the tea video reported a significant decrease in their endorsement of indirect approaches to sexual consent pretest to posttest ($M_{change}=-.407$, $SE=.107$) compared to those in the control condition ($M_{change}=-.057$, $SE=.105$). Please see figure 4.

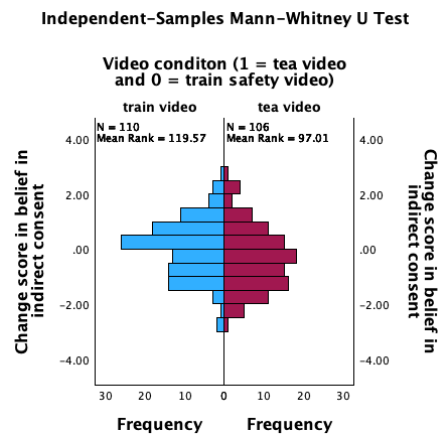


Figure 4. Decreases in Endorsement of Beliefs About Indirect Sexual Consent by Condition

4. Discussion

The purpose of this study was to determine the extent to which a brief educational video about the ideals of affirmative sexual consent influenced viewers' attitudes, normative beliefs, and perceived behavioral control related to the practice of affirmative consent in sexual interactions. In addition, the effects of the educational video on endorsement of indirect approaches to sexual consent was also tested. Specifically, participants were shown a video discussing the importance of seeking affirmative consent in sexual situations using the analogy of getting affirmative consent from someone when offering them a pot of tea. This short video was successful in increasing participants' attitudes and normative beliefs about affirmative consent (i.e., why it is important to seek it from others and why it is viewed as the right thing to do). It was also successful in helping to decrease participants' endorsement of indirect approaches to obtaining sexual consent. These findings are in line with previous studies (e.g., Aubrey et al., 2023; Gronert, 2022) that found a positive impact for exposure to media portrayals of affirmative sexual consent on participants' perceptions about affirmative sexual consent and intent to seek sexual consent from partners. However, the short educational video on affirmative consent did not significantly increase participants' level of perceived behavioral control over affirmative sexual consent (compared to those in the control video condition). One potential explanation for this may be due to focus of the video, which was on highlighting the ideals of affirmative sexual consent as opposed to instructing people how best to enact affirmative sexual consent.

As with any study, there are number of limitations that should be noted. First, this study primarily used a cross-sectional design (even though there was temporal ordering in terms of when outcome measures were assessed. Future research should consider a longitudinal design to track and see the extent to which individuals' perceptions of affirmative sexual consent maintain at high levels over time (i.e., there is no decay effect for the brief educational video). Second, this study relied on the participation of undergraduate students, many of whom have may already have personal experience with sexual consent, and therefore are less prone to being impacted by the *tea consent video*. It may be interesting to replicate the findings in this study with a younger sample of individuals (e.g., those adolescents who are on the verge of entering into adulthood). It may be that for these individuals, the *tea consent video* may significantly influence their perceived control beliefs, as they may feel more confident in seeking affirmative consent after watching the video. Lastly, behavioral intentions related to affirmative consent was not measured in the present study. Therefore, it is unclear to what extent individuals will enact greater use of affirmative sexual consent behaviors (as opposed to indirect consent) due to the educational video.

A major implication of the findings is that despite the brevity of exposure to the educational video, it may yield some promising effects. This study suggests that university health educators may be able to influence relevant theoretical constructs after short message exposures. A short educational video about affirmative sexual consent could be distributed via social media to college students or be included as mandatory viewing during new student orientation (i.e., where often students receive other health-related messages aimed to curbing excessive drinking or substance use). Use of the video may help increase students' level of knowledge about affirmative sexual consent, and in turn, they may be more likely to enact it in future sexual interactions. Future research can build upon these study findings. Specifically, researchers can test to determine whether exposure to the consent video at *time 1* leads to an increase of affirmative sexual consent behaviors at *time 2*.

Acknowledgments

Not applicable.

Authors contributions

Not applicable.

Funding

Not applicable.

Competing interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Informed consent

Obtained.

Ethics approval

The Publication Ethics Committee of the Redfame Publishing.

The journal's policies adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

Provenance and peer review

Not commissioned; externally double-blind peer reviewed.

Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Data sharing statement

No additional data are available.

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