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Consensual unwanted sex (or sexual compliance) is the act of saying “yes” to sexual advances when there is no desire to engage in sexual activity. While previous research has extensively investigated desired sexual behavior and rape, less is known about consensual, yet unwanted sexual activity. This study devised a scale to measure consensual unwanted sex and explored its relationship with several characteristics (i.e., sexual self-efficacy, sexual assertiveness, sex refusal skill, sex motives, and conflict style) that may contribute to consenting to sex contrary to one’s desire. Participants recalled sexual compliance in adolescent dating relationships. Results revealed that decreased consent to unwanted sex was related to increased sexual self-efficacy, sex refusal, partner approval, and an obliging conflict style in females. For males, consensual unwanted sex in adolescence was associated with younger age at sex initiation and having sex for physical gratification.

CONSENSUAL UNWANTED SEX:
MOTIVATIONS AND
RESERVATIONS

by

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CHAPTER I

INTRODUCTION

Nonconsensual sexual behavior has received much attention in research and media for years. Research on rape has explored both the precursors to and outcomes of this behavior on women's physical and psychological well-being (e.g., Cling, 2004; Walker, Archer & Davies, 2005). The debate over the expression of nonconsent during a sexual encounter has been at the forefront of identifying an incident of rape (Donat & White, 2000; Muehlenhard, Powch, Phelps & Giusti, 1992). Among these debates, researchers have developed an interest in the phenomenon of unwanted sexual behavior that is not refused by the non-desiring partner. This behavior has been identified as "consensual unwanted sex" or "sexual compliance" (Sprecher, Hatfield, Cortese, Potapova, & Levitskaya, 1994).

Consent to unwanted sex occurs when one person does not desire to have sex, yet his or her partner does. However, the non-desiring person does not communicate this feeling to his or her partner. Consequently, the non-desiring person engages in sexual behavior with the partner against his or her own desire. In other words, one partner says "yes" to sex when meaning "no." This "gray area" along the spectrum of sexual violence and coercion is not defined as rape in that the non-desiring partner consents to sexual activity (Walker, 1997).

Prevalence of Consensual Unwanted Sex

While previous research has extensively measured and examined the correlates of consensual sexual behavior and nonconsensual sexual behavior, fewer studies have investigated consensual unwanted sex. Although this behavior has received relatively little attention, previous research has reported a high prevalence of sexual compliance. Many studies also indicate a gender difference in consensual unwanted sex with women typically reporting higher rates than men, with some studies only including women participants. O'Sullivan and Allgeier (1998) found that more than a third of college students in a dating relationship reported consenting to unwanted sexual behavior at least once during a 2-week period, with more women (50%) than men (26%) reporting the occurrence of this behavior. Similarly, Krahe, Scheinberger-Olwig, and Kolpin (2000) found that over one-third of college women had agreed to have sex against their own desire. In a cross-cultural study of consent to unwanted intercourse in college students, 55% of women and 35% of men reported engaging in this behavior (Sprecher et al., 1994). However, this gender difference was not observed among members of Japanese and Russian cultures, where men and women reported similar rates of sexual compliance (25-35%; Sprecher et al., 1994). Among adolescents, 16% of females and 24% of males reported engaging in sexual activity against their desire (Kalof, 1995). Furthermore, 38% of females and 19% of males reported an inability to say no to their partner's request to engage in sexual behavior (Kalof, 1995).

Individuals who decide to engage in unwanted sexual activity may be more like to repeat this behavior within a relationship and across partners. O'Sullivan and Allgeier (1998) found that 90% of college students had consented to unwanted sex on more than one occasion. In addition, most participants (63%) believed that their partner had engaged in unwanted sex with them during the past year (O'Sullivan & Allgeier, 1998). Sprecher et al. (1994) reported that among college students who reported engaging in consensual unwanted sex, 39% indicated that it had occurred two or three times, while 16% revealed four or more occurrences with different partners.

Only one study reported a higher rate of sexual compliance among men. Muehlenhard and Cook (1988) found that when sexual activity was inclusive of kissing, petting, and intercourse, like other studies, women were more likely than men to report high rates of consenting to unwanted sex. However, when sexual activity was limited to intercourse only, men reported higher rates than women. The authors explained that societal norms may have influenced this result in that men are stereotypically thought to desire and engage in sex more often than women. Consequently, refusing a sexual invitation for intercourse may be seen as atypical and present societal and interpersonal pressure to engage in unwanted sexual behavior. Muehlenhard and Cook (1998) offered that women may find it difficult to refuse unwanted sexual activity such as a kiss because it might be expected in a relationship or on a date. As a result, they are also more likely to engage in this behavior, despite their own desire. Overall, the literature suggests that consensual unwanted sex occurs across genders, on several occasions and across multiple partners.

Most of the research on consensual unwanted sex has focused on college-aged samples with fewer studies examining younger age groups. However, adolescents and teenagers are engaging in sexual activity more often and to a greater extent than commonly believed. The Center for Disease Control (CDC; 2002) reported that 14% of ninth- through twelfth-grade students reported having four or more sex partners. Furthermore, one out of every fifteen ninth- through twelfth-grade students reported engaging in sexual activity before the age of 13 (CDC, 2002). Among students in grades 6-12, nearly half had experienced sexual intercourse at a mean age of 12 years for males and 14 for females ($n=1197$; Erickson & Rapkin, 1991). Given the number of adolescents engaging in sexual activity at younger ages and the negative consequences associated with early initiation, investigations into the circumstances of consensual unwanted sex should be studied in this population. Among women aged 15-24, 25% reported their first sexual intercourse as unwanted, yet voluntary (Abma, Driscoll & Moore, 1998). Consensual unwanted sex may be a rising concern for young people who are faced with similar sexual pressures and desires as college students.

Why Study Consensual Unwanted Sex

Although literature on the direct effects of consensual unwanted sex is scarce, the existing data suggest that an inability to negotiate sexual practices may result in negative consequences such as psychological distress. Among college students who reported engaging in unwanted sex with a partner, the most frequently reported negative outcome was emotional discomfort, including disappointment in oneself or discomfort about engaging in “meaningless sex” (O’Sullivan & Allgeier, 1998). Similar negative outcomes

have been reported in the research on consent to coercion. Sexual pressure in a relationship has been associated with negative feelings among college women who were pressured by their dating partner.

Similarly, college men reported anecdotal reactions of shame and sadness in response to unwanted sex (Larimer et al., 1999). Among college-aged men, rates of depressive symptoms, as measured by the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977), were higher in those who had engaged in unwanted sexual intercourse with a female partner (Larimer et al., 1999). Both groups of men, however, reported symptoms below the threshold of clinical depression on the CES-D (Larimer et al., 1999). The authors suggest this as an indication of mild symptom experiences among men. Although the majority of men in this study indicated consensual unwanted sex due to verbal pressure or the perception that their partner was so aroused it was useless to stop, the results of depressive symptoms did not distinguish these men from those who were physically forced into sex or were given drugs/ alcohol to promote sex. On the other hand, there was no significant difference in depressive symptoms among college women who had or had not engaged in unwanted sexual intercourse (Larimer et al., 1999). This gender difference may be accounted for by opposing interpretations or expectations of unwanted sexual experiences among men and women.

Patton and Mannison (1995) examined relationship outcomes in college students' retrospective reports of their experiences with sexual pressure in high school. In this study sexual play, defined as kissing, fondling and petting, was distinguished from sexual intercourse. Again, however, types of sexual pressure (e.g., verbal pressure, physical

force) were not examined separately. Engaging in unwanted sex due to verbal pressure or being so aroused it seemed useless to stop was not distinguished from the use or threat of physical force or drug/ alcohol use. Females, who were pressured into sexual play or intercourse, were more likely to report that their relationship “got worse” or stayed the same (Patton & Mannison, 1995). Conversely, males were more likely to report that the relationship stayed the same or improved as a result of pressuring their partner into sexual activity or intercourse (Patton & Mannison, 1995). This study, however, did not ask about males’ experiences with being pressured or females’ experiences of pressuring their partner into sexual behavior.

In other research, women and men have reported positive outcomes associated with consenting to unwanted sexual activity including prevention of relationship discord, partner’s satisfaction and promotion of relationship intimacy (O’Sullivan & Allgeier, 1998). Moreover, most rated the undesired sexual activity at least slightly pleasant (O’Sullivan & Allgeier, 1998). O’Sullivan and Allgeier (1998) found that 41% of college men and women reported no negative consequences of consenting to unwanted sexual activity. These results indicate both positive and negative results as a possible outcome of sexual compliance.

Young people are especially at risk of engaging in unwanted sex and suffering the harmful consequences. Sexual activity can have negative physical and emotional outcomes for teens. Each year, 1 in 4 sexually experienced teens contracts a sexually transmitted disease (STD; Kirby, 2001). In that same time span, 4 in 10 teenage females will become pregnant (CDC, 2002), while 8 out of 10 of these pregnancies are

unintended (CDC, 2002). Furthermore, sexually active teens are more likely to engage in substance use (Bachanas et al., 2002), minor delinquent acts and have problems in school (Orr, Beiter & Ingersoll, 1991). Specifically, girls who are sexually active are more likely to report low self-esteem (Orr, Wilbrandt, Brack, Rauch & Ingersoll, 1989), feeling lonely and upset, and attempting suicide (Orr, Beiter & Ingersoll, 1991). Sexual activity can present greater risks in adolescence than adulthood due to differences in maturity and capability of handling consequences.

Teenagers may lack the maturity to negotiate unwanted sexual behavior with a partner making them more vulnerable to the negative consequences of sexual interaction. This lack of maturity across several domains makes sexual activity, especially sexual intercourse, in adolescence a risky behavior for this age group. Cognitive, emotional and social immaturity compromises a youth's ability to avoid or escape sex-promoting situations. Adolescents may not be cognitively mature enough to negotiate safe-sex practices such as condom use and birth control in their sexual decision-making. Furthermore, adolescents may not be emotionally prepared to handle the level of commitment and responsibility associated with sexual intimacy. Finally, adolescents lack the social maturity to deal with the potential consequences of sexual activity including STDs and pregnancy. Because of adolescents' immaturity to handle sexual responsibility, sexual activity (especially intercourse) in adolescence has been considered a deviant behavior.

A final reason to study this topic is the issue of sex-education programs. There is a continuing debate regarding the content and effectiveness of sex-education programs

for teenagers. On the one hand, some believe that sex-education should teach abstinence-only with little to no discussion of safe-sex practices. These typically faith-based programs encourage teens to wait until marriage to have sex and teach such topics as self-esteem building, self-control, and communication skills. In addition, these programs may include some discussion of sexually transmitted diseases, realities of parenthood, and the effectiveness of birth control (though birth control is not provided or promoted). On the other hand, some believe that sex-education should involve teaching teens about sexuality and contraceptive options in addition to abstinence in an effort to prepare young people for their eventual engagement in sexual activity. With this debate over sex-education programs, research on consensual unwanted sex may help to inform the content of these programs by describing a concept that may not be currently addressed by either of these ideologies.

Possible Reasons for the Prevalence of Unwanted Consensual Sex

In the sexual behavior literature, Zurbriggen and Freyd (2004) described the concept of consensual sex decision mechanisms (CSDMs), which they defined as a “set of mental functions that, in the absence of external force, allow a person to make a choice about whether to engage in a sexual behavior (or continue to engage in it, once it has begun).” They conceptualized these decision mechanisms as “if-then” statements that dictate a person’s behavior under certain circumstances. For example, “*if* my sexual partner smiles at me... *then* smile back” (Zurbriggen & Freyd, 2004). They proposed that damaged CSDMs are “inaccurate beliefs, unhealthy (unhelpful) cognitions about the self,

a lack of access to one's internal affective state, and the presence of risk-seeking sexual decision rules.”

Zurbriggen and Freyd (2004) described the application of damaged CSDMs to engaging in sex when there is either no desire or there is a desire for sexual behavior that differs from one's partner. In the first case (no desire for sex), they argued that an individual's ability to evaluate a situation or execute a healthy outcome (e.g., *If I don't like what is happening sexually, then stop*) is impaired. In other words, the individual is unable to adhere to healthy if-then rules or they do not have such rules for sexual behavior. In the second scenario (desire different sexual activity), the individual may find it difficult to negotiate a change in behavior because they possess unhealthy sexual decision rules or lack any rules altogether. According to this model, consensual unwanted sex may occur because of impaired CSDMs regarding health sexual behavior. In the present study, three constructs are proposed as attitudinal and behavioral indices of CSDM: sexual self-efficacy, sexual assertiveness, and sexual refusal.

Sexual Self-efficacy, Sexual Assertiveness, Sex Refusal

Bandura's (1982) self-efficacy theory explains that actual behavior is influenced by an individual's perceived self-confidence in performing that behavior. Sexual self-efficacy refers to an individual's confidence in his or her ability to effectively communicate sexual desires and negotiate sexual behavior with a partner. Consensual unwanted sex may reflect a lack of confidence in the ability to effectively refuse sexual advances. Individuals who engage in consensual unwanted sex may have low self-efficacy with regard to negotiating their desires in a sexual relationship. Conversely,

increased confidence in sexual ability and negotiation should be related to less engagement in sexual compliance. In research on self-efficacy and sexual behavior, adolescents' perceived sense of generalized self-efficacy (i.e., believed they would generally succeed) was associated with confidence in saying no to unwanted sex, especially among females (Zimmerman, Sprecher, Langer & Holloway, 1995).

Rosenthal, Moore and Flynn (1991) found that, among college students, confidence in the ability to refuse sex predicted safer sex practices with a casual sex partner.

In combination with self-efficacy, individuals must be able to effectively assert their own sexual desires in sexual situations. In order to effectively communicate with sexual partners, individuals need a knowledge base of skills to respond to sexual advances and negotiate their own sexual desire. Specifically, these skills may include the ability to refuse unwanted advances, to negotiate safe sex practices, and to initiate sexual behavior (Morokoff, Quina, Harlow, Whitemire, Grimley, Gibson, & Burkholder, 1997).

Sex refusal occurs when a person does not desire to have sex with a partner and is able to communicate this to the partner. On a basic level, sexual compliance may reflect an inability to effectively refuse sexual advances as the ability to refuse unwanted sex plays a significant role in engaging in sexual activity. Effective sex refusal can be thought of as comprising two components: self-efficacy and actual behavior. Similar to sexual self-efficacy, refusal self-efficacy is an individual's confidence in the ability to effectively decline unwanted sexual advances. Actual sex refusal is the act of refusing sexual advances. In accord with self-efficacy theory (Bandura, 1982), confidence in the ability to refuse unwanted sex and negotiate sexual activity can have a significant

influence on determining the extent of sexual behavior. In situations of consensual unwanted sex, individuals who want to refuse may not feel confident in doing so. Consequently, they do not.

In their cross-cultural study, Sprecher et al. (1994) attributed the higher rate of consensual unwanted sex among American women (55%) compared to Russian (32%) and Japanese (27%) women to a possible lack of refusal skills and more persistence on the part of U.S. men. Refusal of sex seems to be a point of emphasis in U.S. culture; however, there seems to be a lack of skill attainment. In a study of ninth- and tenth-grade students who were taught sex refusal in school, the majority reported either not using or not being taught refusal skills (Nagy, Watts, & Nagy, 2002). Despite the cultural suppression of female sexuality, females may not be taught explicit methods to effectively decline unwanted sexual advances.

A comparison of Japanese and American styles of refusing unwanted sex revealed cultural differences as well (Goldenberg, Ginexi, Sigelman & Poppen, 1999). In rating the effectiveness of direct refusal methods (i.e. push away, say “no” forcefully, and explain truthfully) vs. indirect refusal methods (i.e. distract the individual, delay the advance, and apologize), American college students rated direct strategies as more effective than Japanese students. Moreover, Americans were less likely to interpret indirect strategies as actual refusal. However, in trying to preserve a positive relationship with the partner while refusing unwanted advances, Americans rated indirect methods as more successful.

In addition to cultural differences, the literature has identified gender differences in self-efficacy to refuse unwanted sexual advances among high school and college students. Zimmerman et al. (1995) found that twice as many high school females as males reported that they “definitely could say no to unwanted sex.” However, three times more males than females reported that they “definitely or probably could not say no to unwanted sex” (Zimmerman et al., 1995). Rosenthal et al. (1991) found that college males, compared to college females, seemed to have less confidence in their ability to decline sexual advances.

This observed gender difference, in which men report lower sexual self-efficacy, may be attributed to a double standard in sexual activity. Men may be less inclined to refuse sex in an effort to maintain the image of a stereotypical male who always desires sex. Additionally, men who have a high sex drive may believe that they would always desire sex, eliminating a need to refuse (Zimmerman et al., 1995). Self-efficacy in the ability to refuse unwanted sex and negotiate sexual activity can have a significant influence on determining the extent of sexual behavior.

Motives for Consensual Unwanted Sex

In addition to impairments in sexual self-efficacy, sexual assertiveness and sexual refusal skills, it is likely that sexual motives play a role in consensual unwanted sex. Within the scarce literature on consensual unwanted sex, research has identified several reasons for engaging in this behavior. Among college students, the most commonly reported reasons for consenting to unwanted sex were related to partner and relationship promotion. Specifically, men and women identified satisfying a partner’s need, avoiding

relationship tension, altruism (not make the partner feel rejected), and promoting intimacy in the relationship as reasons for engaging in unwanted sexual activity with a dating partner (Impett & Peplau, 2002; Muehlenhard & Cook, 1988; O'Sullivan & Allgeier, 1998). Women also identified physical or verbal coercion, and a feeling of obligation to have sex with their partner, whereas men admitted engaging in unwanted sexual activity because there was nothing else to do (Muehlenhard & Cook, 1988). The least reported reasons for consensual unwanted sex among college women included worry about threats to end the relationship, worry that partner would not be interested anymore, and to gain sexual experience (Impett & Peplau, 2002).

Individuals may also engage in sexual compliance for emotional as well as physical gratification. Kalof (1995) found that both male and female teenagers sought physical and emotional pleasure from sexual encounters. Kalof (1995) argued that this finding refuted the "persistent myth" that females engaged in sex for closeness or to please a partner, without deriving their own physical pleasure. These results indicate that sexual activity provides an emotional reward for males as well as physical pleasure for females. Kalof (1995) also found gender and ethnic differences in the relationship between types of gratification from sex and the decision to have unwanted sex. With the exception of African-American females, a higher need for physical gratification in sexual encounters increased participation in unwanted sex (Kalof, 1995). For Caucasian males specifically, the need for emotional gratification in sexual encounters increased consensual unwanted sex; however, African-American males decreased their engagement in unwanted sex as their need for self-disclosure and closeness increased (Kalof, 1995).

The decision to engage in unwanted sex may be influenced by its ability to fulfill a nonsexual desire for the unwilling partner.

The ability and decision to refuse unwanted sex can be influenced by characteristics of an individual's relationship with their partner. Beliefs about power or control in a relationship can impact self-efficacy in sexual decisions. Pressure to engage in sex with a partner may be generated by a perceived power discrepancy within the relationship. In particular, partner dominance and fear of a negative response from one's partner may discourage an assertive or refusal response to unwanted sexual advances.

Soet, Dudley, and Dilorio (1999) examined the relation between overall sexual self-efficacy (e.g., negotiating condom use, properly using a condom, refusing sex), perceived relationship dominance (e.g., "Who is the most dominant partner in your relationship?"), and sexual decision-making (e.g., who makes the most decisions about birth control and sexual activity) among college women. Women who reported having less perceived power than their partner in the relationship reported feeling less influential in sexual decision-making regarding when, where, and what type of sex they engaged (Soet et al., 1999). Feeling powerless in a relationship can have negative effects on the ability to communicate and negotiate sexual activity.

College women in partner-dominated relationships, compared to self- or equally-dominated relationships, were more likely to fear negative consequences if they wanted to discuss sexual practices with their partner (Soet, et al., 1999). Low self-efficacy in refusing unwanted sex and discussions about safer sex practices was also associated with partner-dominated relationships among women (Soet, et al., 1999). The fear of a negative

response to sex refusal or negotiation may persuade an individual to consent to unwanted behaviors to avoid relationship tension. Conversely, Sionean et al. (2002) found that African-American adolescent females who believed that male control in a relationship was non-normative were more likely to consistently refuse unwanted sexual activity. In adolescents, consistent refusal of unwanted sex is related to low fear of partner reaction to condom negotiation and low perceived partner-related barriers to condom negotiation (Sionean et al., 2002).

Muehlenhard, Andrews, and Beal (1996) examined men's reactions to women's response to a sexual advance. For each response, men reported its likely effect on their behavior (i.e., continue or stop sexual advances) and its effect on the relationship with the woman (i.e., help or hurt the relationship). Results showed that the more likely a response was to stop sexual advances, the more negative effect it had on the relationship (Muehlenhard, Andrews, & Beal, 1996). The authors identified one response (i.e., "I really care about you, but I want to wait until the relationship is stronger") that seemed to effectively stop sexual advances and maintain a positive relationship between partners (Muehlenhard, et al., 1996).

Lewin (1985) asked college women to describe their response to a videotaped vignette of a woman refusing and accepting an invitation to have sex. The women described their expected reactions of both partners if the woman refused or accepted a sexual relationship with the man. The majority of women depicted a negative reaction from the man if the woman refused his advances (e.g., the man will feel angry, no longer wants to see the woman, or feels the woman is too uptight). Negative reactions also

included negative consequences for the man including a loss of self-esteem and embarrassment. Individuals who feel less dominant than their partner may engage in unwanted sex to avoid actual (or perceived) negative consequences or relationship tension. These findings suggest that effective sex refusal may result in a negative response from male partners.

In their review of the literature, Impett and Peplau (2003) conceptualized reasons for consensual unwanted sex within the framework of two primary tenets of motivational theories: approach and avoidance. As described by Gray (1987), approach motives describe behaviors that seek pleasurable experiences, whereas avoidance motives apply to behaviors that avoid a negative outcome. Individuals may engage in unwanted sexual behavior to gain a positive or pleasurable experience or to avoid a negative experience or outcome. Motives identified for consensual unwanted sex can be categorized into either of these motive types. Specifically, approach motives would include the desire to gain pleasurable experiences, such as engaging in consensual unwanted sex to promote intimacy in the relationship, gain sexual experience, gain popularity, and enticement by partner. Avoidance motives would include the desire to avoid aversive experiences, such as partner rejection/ satisfy partner, pressure from peers, feeling undesirable and avoiding relationship tension (Impett & Peplau, 2002; Muehlenhard & Cook, 1988; O'Sullivan & Allgeier, 1998; Shotland & Hunter, 1995). In light of these motives, individuals seemingly consent to unwanted sexual activity as a means to obtain some other outcome.

Cooper, Shapiro, and Powers (1998) explored reasons for engaging in desired sex among college students and developed a similar framework for describing motives for

sex. They derived a scale that identified distinct sex motives in accord with an approach-avoidance conceptualization. Furthermore, they specified whether sex was performed for social incentives or personal goals. They identified four domains of sex motives: social approach, intrapersonal approach, social aversive and intrapersonal aversive. Within the four domains, six specific types of motives were identified: intimacy, enhancement, partner approval, peer approval, self-affirmation, and coping.

Social approach motives include engaging in sexual behavior to gain social rewards. This domain includes the Intimacy motive defined as using sex to feel closer to one's partner. Intrapersonal approach motives include engaging in sex to attain personal pleasure. Accordingly, the Enhancement motive (having sex for physical pleasure/satisfaction) is included under this domain. Social aversive motives include having sex to avoid aversive social experiences. Both Partner Approval (having sex to please one's partner) and Peer Pressure (using sex to impress one's peer group) are part of this domain. Intrapersonal aversive motives include engaging in sexual behavior to escape negative personal experiences. This domain includes Self-affirmation motives (having sex to affirm or bolster one's sense of self) and Coping motives (using sex to cope with negative emotions; Cooper, et. al, 1998).

Although research has identified several reasons for consensual unwanted sex, studies have not used a consistent measure of motivations for sexual compliance. Considering the application of this approach/ avoidance framework, motivations for sexual compliance may overlap with reasons for desired sexual behavior. Specifically, such reasons as promotion of intimacy in the relationship, partner approval, peer

approval, and avoidance of tension are social incentives for consenting to unwanted sex (Impett & Peplau, 2002; Muehlenhard & Cook, 1988; O'Sullivan & Allgeier, 1998; Shotland & Hunter, 1995). In addition, engaging in unwanted sex due to enticement by the partner or the need to feel desirable are intrapersonal sex motives for sexual compliance (Impett & Peplau, 2002; Muehlenhard & Cook, 1988). Given that the literature on sexual compliance has not developed a standard measure of motives, this study applied Cooper et al.'s (1998) approach-avoidance framework to this behavior.

Conflict Style

Considering the possible outcomes and motives for consenting to unwanted sexual behavior, responding to a partner's unwanted sexual advances presents a conflict situation for individuals who do not desire to have sex. Under these circumstances, an individual must make a choice of whether to assert their wishes and refuse their partner's advances or give in to their partner despite their own desire. The response to this conflict situation will result in either effective sex refusal or consensual unwanted sex. How one chooses to respond may be influenced by a general style of handling interpersonal conflict situations.

The literature on interpersonal conflict discusses several theoretical perspectives on conflict management. In particular, research has identified different types of conflict styles that people use when faced with interpersonal conflict situations. Rahim (1995) developed a scale based on a five-factor conceptualization of conflict style (i.e., integrating, obliging, dominating, avoiding, and compromising) that has two underlying dimensions (concern for self and concern for other). Rahim explained that a person's

conflict style is determined by their level (high or low) of interest on each of these two dimensions (Figure 1). An integrating conflict style describes someone who is high on concern for self and high on concern for others. An obliging conflict style is one who is low on concern for self, but high on concern for others. A dominating conflict style includes high concern for self, yet low concern for others. An avoiding conflict style is low on concern for self and low on concern for others. A compromising conflict style describes one whose concern for self and others is at a midpoint between high and low.

An individual's degree of concern along these two dimensions (i.e., self and other) may impact their decision-making in sexual situations that present a conflict. The method by which someone typically responds in conflict situations may map onto their chosen response when faced with the conflict created by unwanted sexual advances from a partner. Hence, in the present study general conflict management styles are considered.

Measurement of Consensual Unwanted Sex

Although more research is needed to understand how attitudes, skills, motives, and conflict styles are associated with sexual decision-making, a problem exists with measurement of consensual unwanted sex. Previous research in the area of consensual unwanted sex has employed various measurement procedures. In particular, studies have varied in types of sexual behaviors examined, style of questions assessing behavior, and time frame of reference. The type of sexual behaviors under investigation has varied across the research. While some studies have inquired exclusively about unwanted sexual intercourse (Kalof, 2000; Larimer et al., 1999; Sprecher et al., 1994), others have included a range of sexual behaviors from kissing and petting to intercourse (Christopher,

1988; Impett & Peplau, 2002; Muehlenhard & Cook, 1988; O'Sullivan & Allgeier, 1998; Patton & Mannison, 1995). Still other studies did not specify the type of sexual behavior under investigation (Erickson & Rapkin, 1991; Kalof, 1995; Lewin, 1985). Failure to identify sexual behaviors of interest allows for variation in participants' perception and possible inaccurate and incomparable reporting.

In addition, previous research on consensual unwanted sex has typically been measured by one or two questions that asked if participants had engaged or would engage in sexually compliant behavior. Within these studies, questions have varied in terms of contexts, relationship types, and response choices. Some questions have asked participants to estimate their likely behavior in a hypothetical situation (Impett & Peplau, 2002; Lewin, 1985), while others have asked for reports on actual sexually compliant behavior (Christopher, 1988; Erickson & Rapkin, 1991; Kalof, 1995; Kalof, 2000; Muehlenhard & Cook, 1988; Sprecher et al., 1994). Participants have also been asked to keep a diary of sexual behavior with their partner (O'Sullivan & Allgeier, 1998). Still, other studies have assessed lifetime behavior (Erickson & Rapkin, 1991; Kalof, 1995; Kalof, 2000; Muehlenhard & Cook, 1988; Sprecher et al., 1994) or current behavior with a current partner (O'Sullivan & Allgeier, 1998). Response choices for these questions have included dichotomies (i.e., yes or no; Erickson & Rapkin, 1991; Kalof, 1995), frequencies (i.e., never to 4 or more times; Sprecher et al., 1994; Kalof, 1995), likelihood (i.e., extremely likely; Impett & Peplau, 2002) and open-ended responses (i.e., "please describe what happened"; Erickson & Rapkin, 1991; Kalof, 1995).

Current Study

The occurrence of consensual unwanted sex has been examined in the literature, yet a standardized, reliable method of measuring this behavior has not been developed. Previous studies have included variations of self-report methods to capture the construct. These variations make it difficult to compare studies and draw conclusions about sexually compliant behaviors in that participants across studies may be reporting on different behaviors within varying contexts. Thus, the first purpose of the present study was to develop a scale to measure the occurrence of consensual unwanted sexual behavior.

In reviewing the literature, this study addressed several issues within the research on sexual compliance. First, it developed a scale for measuring consensual unwanted sexual behavior. Second, it explored the relation between consensual unwanted sex and intrapersonal domains (i.e., sexual self-efficacy, sexual assertiveness, sex refusal, conflict style) that may contribute to the occurrence of this behavior during adolescent years. Finally, it identified motives for engaging in consensual unwanted sex from an approach-avoidance motivational framework. This project had three parts regarding scale development: review of potential scale items by graduate students, focus group of graduate students to discuss potential scale items, and completion of the devised scale by undergraduate students. Additionally, undergraduates completed scales measuring sexual self-efficacy, sexual assertiveness, sex refusal, conflict style, and motives for sex as predictors of sexual compliance.

In summary, this study explored the relation between consensual unwanted sex and intrapersonal characteristics that may contribute to engagement in this behavior. This

relation was examined in males and females separately. In developing a questionnaire to measure consensual unwanted sexual behavior, this study aimed to not only capture the occurrence of this behavior, but to describe its relation to characteristics of the individual as well as their motives for sexual compliance. In particular, sexual self-efficacy, sexual assertiveness, sex refusal, sex motives and conflict style were examined. It was hypothesized that lower sexual self-efficacy, lower sexual assertiveness, and lower sexual refusal skills, in combination with sexual motives focused on social incentives and conflict styles focused on the needs of the other, will be associated with more consensual unwanted sexual experiences. Evidence for these hypothesized relations among these variables would lend support for the validity of the new measure of consensual unwanted sex.

Hypotheses

1. Sexual assertiveness, sexual self-efficacy, and sex refusal will have a significant negative association with consenting to unwanted sex for males and females.
2. Sex motives focused on social incentives (partner approval, peer pressure, intimacy) will have a significant positive association with consensual unwanted sex for males and females.
3. Conflict styles that are low on concern for self (obliging, avoiding) will have a significant positive association with consensual unwanted sex, while conflict styles with high concern for self (dominating, compromising) will have a negative association with consensual unwanted sex for males and females.

CHAPTER II

METHOD

Participants

Graduate Students. Participants for preliminary data collection were graduate students in the psychology department at UNCG. Graduate students were asked to review potential scale items. It was assumed they would be able to provide insight into the intended meaning of questions by the researcher as well as the interpreted meaning of questions by undergraduate students. Some graduate student participants had experience in sexual behavior research and served as expert reviewers of initial items providing specialized feedback on the content of questions assessing sexual behavior (Noar, 2003). Students who were not familiar with research on sexual behavior provided a general perspective on initial items for face validity (Noar, 2003).

Graduate students were chosen to review potential items because they are a convenient sample of students (many of whom were recently undergraduate students themselves) who are aware of sexual practices and language of college student populations. Eleven graduate students returned the surveys (4 females, 7 males). Six students were in the clinical psychology area, three were in social psychology, and two were in cognitive psychology. Six students participated in the focus group. Graduate students were asked to provide their interpretation and suggestions for changes in wording.

Undergraduate Students. Two hundred ninety three undergraduate students completed survey packets. As the current study is focused on adolescent behavior, only participants who reported engaging in sexual behavior from ages 13-17 were used for this study, resulting in 231 participants. The majority of the sample identified as female (77%) and had an average age of 20.52 (SD= 4.39). Less than half were freshmen class (47%) followed by 20% sophomores, 14% juniors, 16% seniors, and 3% identified as other. Half of participants were Caucasian (50%) followed by African-American (36%), multi-racial/ other (7%), Hispanic (4%), Asian (2%), and Pacific Islander (<1%). The majority identified as heterosexual (92%) and others as bisexual (4%) and homosexual (4%). The average age of sex initiation was 16.57 (SD= 1.71) and average number of lifetime partners was 4.58 (SD= 4.98).

Materials and Procedure

Undergraduate participants completed a series of self-report questionnaires as part of a complete survey packet. The packet included measures of demographic information, sexual activity, sexual self-efficacy, sexual assertiveness, sex refusal, conflict style, and sex motives.

Consensual Unwanted Sex Scale (CUS; Appendix A). This scale was developed by gathering input from psychology graduate students regarding the content and wording of potential questions. The survey contained some items used in previous research on consensual unwanted sexual behavior plus additional items devised by the researcher. Graduate students were not asked to answer the questions regarding their own behavior, only to provide feedback on content and wording. Graduate students provided

feedback regarding their interpretation of each question and suggestions for changes in wording to assess targeted behavior. For each item, participants were asked: “What do you think this question is asking?” and “Do you see problems with this wording? If so, how would you change the wording?” The final question on the survey asked, “Do you have any other suggestions, ideas, or comments regarding these questions?”

These same questions were discussed during the focus group of graduate students. The focus group provided a forum for group deliberation on their ideas regarding the content and wording of questions. This allowed participants to discuss and resolve possible discrepancies between individual interpretations of items. The researcher took note of all comments made during the focus group. All feedback (surveys and focus group) was reviewed to develop a potential questionnaire.

Based on this feedback and methods used by similar research on scales of sexual behavior, 12 questions were devised based on six types of sexual activity in two contexts (consensual desired sex and consensual unwanted sex; Cooper, et al. 1997; Koss, et al., 2007; Morokoff et al., 1997). The six specific sexual behaviors included kissing, petting/fondling, performing oral sex, receiving oral sex, vaginal sex, and anal sex.

Undergraduate participants were asked to report on the occurrence of these behaviors within their longest romantic relationship during two time periods: “since age 18” and “from ages 13 to 17.” The longest relationship was chosen to allow for a more specific and memorable reference of recall. Given previous literature, opportunities to engage in consensual unwanted sex may likely occur within an ongoing relationship. The specified time frames of adolescence and adulthood may further increase recall of behavior.

The four response choices for these items measure the frequency of occurrences for each sexual behavior (i.e., 0, 1-3, 4-6, 7-9, 10+). A frequency for each type of behavior for each context and each age period was calculated. Participants who have not engaged in any type of sexual activity could respond '0' to each question. Higher scores indicate greater frequency of engagement in consensual unwanted sexual behaviors. Four supplementary questions were included that ask about number of romantic relationships and length of longest romantic relationship within the two time periods. Additionally, participants were asked to report on the frequency of consensual sexual behavior within their longest romantic relationship (the same relationship referenced for consensual unwanted sex). These questions were included to provide additional comparison for discriminating sexually compliant behavior from consensual desired sexual experiences. Since the current study is focused on adolescent behavior, only participant reports of their behavior from ages 13 to 17 were analyzed.

Sexual Self-Efficacy Scale (SSE). Participants' confidence in their ability to refuse unwanted sexual contact and negotiate safe sex practices was assessed by the Sexual Self-Efficacy Scale (SES; Soet et al., 1999). This 12-item scale measures three factors of self-efficacy including refusing to have sex, properly using a condom, and negotiating condom use. Each factor contains four items. Sample items include: "I can always discuss preventing AIDS and other STDs with my sex partner" and "I can always put a condom on myself/ my partner so that it will not slip or break." Participants respond on a 5-point scale ranging from (1) not at all sure I can do to (5) completely sure I can do. Items were summed to derive a sexual self-efficacy score with higher scores

indicating higher levels of self-efficacy. Internal consistency of this scale for this sample was .89.

Sexual Assertiveness Scale (SAS). The ability to refuse unwanted sex was assessed by Morokoff et al.'s (1997) Sexual Assertiveness Scale for Women. This is a 17-item scale measuring sexual assertiveness across three domains: sex initiation, pregnancy/ STD prevention and sex refusal. Sample items include: "I begin sex with my partner if I want to" and "I insist on using a condom or latex barrier if I want to, even if my partner doesn't like them." Participants indicated the degree to which they engaged in these behaviors on a five-point scale ranging from (1) never, 0% of the time to (5) always, 100% of the time. Higher scores indicate greater sexual assertiveness. Items were summed to derive a sexual assertiveness score with higher scores indicating higher levels of assertiveness. Internal consistency of this scale for this sample is .74. Although this scale was originally developed for women, it has been used in previous studies with male samples as item wordings of the scale are gender neutral. Noar, Morokoff, and Redding (2002) assessed sexual assertiveness in three samples of men using the pregnancy/STD component of this scale.

Sex Refusal (from SSE & SAS). Sex refusal was measured as a composite of the refusal scales from both the Sexual Self-Efficacy Scale and the Sexual Assertiveness Scale. This 10-item scale included questions regarding self-efficacy and ability to refuse unwanted sexual behavior. These items were excluded from the SSE and SAS scale in calculating self-efficacy and assertiveness scores. Refusal items were analyzed separately from self-efficacy and assertiveness as refusal items relate specifically to declining

unwanted sexual advances, whereas other items on these scales are associated with engaging in sex. Sample items include “I can always say no to sex with someone even if I had sex with them before” and “I have sex if my partner wants me to, even if I don’t want to.” Items were summed to derive a total sex refusal score with higher scores indicating greater refusal ability. Internal consistency of this scale for this sample is .78.

Rahim Organizational Conflict Inventory (ROCI-II). The Rahim Organizational Conflict Inventory-II (ROCI-II; Rahim, 1995) is a 28-item measure of five styles of dealing with interpersonal conflict. These styles include: Integrating (7 items), Obliging (6 items), Dominating (5 items), Avoiding (6 items), and Compromising (4 items). Sample items include “I try and satisfy the expectations of my peers” and “I use give and take so that a compromise can be made.” Responses are chosen from a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Scores indicated two dimensions: concern for self and concern for others (Figure 1). A higher average score on a particular style indicates greater use of that conflict style. For this study participants received an average score for each conflict style. Three versions of the measure were originally developed to assess the types of conflict style used with a supervisor, peer, and subordinate. This study used the peer version of the ROCI-II. Internal consistency of this scale for this sample is .83. Internal consistencies for individual conflict style subscales ranged from .70 to .88.

Sex Motives Scale (SMS). Sexual motives were measured with the Sex Motives Scale developed by Cooper et al. (1998). This scale was developed to identify motives for consensual desired sex. Instructions and items for this scale were reworded to identify

motives for consensual unwanted sex. The directions for this scale included the following instructions:

The following questions concern sexual experiences that you have engaged in when you were not in the mood. In other words, you engaged in sexual behavior with your partner, although you did not want to, but did not indicate your feelings to your partner. In this situation, your partner did not force you to engage in sexual behavior. For each of the following reasons, please indicate the number, which best describes how often you personally have engaged in sex when you were not in the mood.

This scale consists of 29 items measuring six motive dimensions for engaging in sexual activity with a partner. These six dimensions include Enhancement (“feels good”; five items), Intimacy (“closer to partner”; five items), Coping with negative emotions (“cheer self-up”; five items), Self-Affirmation (“prove attractiveness”; five items), Partner Approval (“partner angry if don’t have sex”; four items), and Peer Approval (“have sex so others won’t put you down”; five items). These motives were categorized into four domains that describe the focus and intent of each motive: social approach motives, intrapersonal approach motives, social aversive motives, and intrapersonal aversive motives. Participants indicated their frequency of engaging in consensual unwanted sexual activity for each reason on a five-point Likert scale ranging from (1) almost never/ never to (5) almost always/ always. Scores were summed for each dimension with higher scores indicating greater endorsement of that motive. Internal consistency of this scale for this sample is .94. Internal consistencies for individual motive subscales ranged from .77 to .92.

Procedure

For preliminary data, consent forms and survey packets were placed in each (N=40) psychology graduate student's personal departmental mailbox. Consent forms explained the purpose of the study and their expected participation. They were instructed to return the consent form and survey packet to a folder in the experimenter's personal departmental mailbox in the same room. Graduate students did not receive credit or compensation for their participation. Eleven graduate students returned the surveys. In addition to feedback on each question, graduate students were asked to indicate their interest in participating in a focus group to discuss the same questions on the survey. Those who were interested provided a phone number or email on the consent form for future contact. The experimenter emailed students with a time and location of the focus group.

Six graduate students participated in the focus group, which lasted approximately one hour. During the focus group, they provided verbal feedback and discussion regarding question content and interpretation. The experimenter took notes during the focus group discussion. The content of items chosen for the scale was determined based on graduate student input.

Undergraduate participants were self-selected from the subject pool of introductory psychology courses and other psychology courses and received course credit for participation. For those students who did not wish to participate, a word search puzzle was attached to each survey packet for students to complete rather than the survey. Participants received a consent form explaining the study and their participation.

Participants signed the consent form indicating their consent to participate and were allowed to ask questions during the course of the study. They completed the devised self-report scale along with the additional study questionnaires that inquired about sexual behavior, sexual self-efficacy, sexual assertiveness, sex refusal, sex motives, and conflict style. Survey packets included the first page as the consent form. The sequence of questionnaires included in the packets was altered for each participant as an added measure of confidentiality. Participants were informed of this variation in sequence. Participants were directed to sit in every other row with at least one seat between them and the persons next to them, which also increased confidentiality and encouraged honesty in responding. When completed, they were instructed to separate the consent form from the packet and place both face down on a table in two stacks.

CHAPTER III

RESULTS

Consensual Unwanted Sex Scale

Graduate Student Feedback. Several themes arose from the graduate student feedback forms and focus group as identified by the experimenter. These themes included: specifying sexual desire, type of sexual behavior, type of relationship, and frequency of behavior. In the first theme, wording asking about sexual desire was critiqued. Specifically, the phrase “engage in sex when you did not want to” received mixed reviews in that some commented that this phrase may confuse being uncomfortable having sex with not being in the mood. On the other hand, the phrase “engage in sex when you were not in the mood” was preferred and less ambiguous. In the second theme, participants commented that specific types of sexual behavior should be identified, noting that the use of “sex” was unclear. In the third theme, participants suggested that type of relationship or length of time should be identified in answering these questions. In the final theme, participants suggested asking about frequency of engaging in this behavior either across specified time or number of partners.

From this feedback, 12 questions were devised that asked about consenting to six types of unwanted sexual behavior (two questions for each behavior with different wording): kissing, fondling/ petting, receiving oral sex, performing oral sex, vaginal sex, and anal sex. These questions were asked regarding two different age periods:

adolescence and adulthood. Participants were asked to reference their longest romantic relationship at both ages when answering questions. Six questions asking about consensual desired sexual behavior within their longest romantic relationship at both age periods were also included as an additional measure to discriminate desired from unwanted sexual behavior. Response choices for questions ranged across a 5-point scale asking about frequency of engaging in each behavior (how many times) with their partner: 0, 1-3, 4-6, 7-9, 10+. Graduate students reviewed these questions for clarity and face validity.

Undergraduate Participants. Two hundred ninety-three participants completed the questionnaire on consenting to sexual behavior, both desired and undesired. Questions were divided into two age periods for recall: adolescence (ages 13-17) and adulthood (age 18 and older. A total 36 questions (6 desired sex questions in adolescence and 6 in adulthood; 12 consensual unwanted sex questions in adolescence and 12 in adulthood). Factor analysis using principal component analysis with varimax (orthogonal) rotation was performed on these questions to confirm the scale was measuring three distinct constructs: consensual desired sex, consensual unwanted sex in adulthood, and consensual unwanted sex in adolescence.

This resulted in eight factors with eigenvalues greater than one accounting for 77.95% of the total variance. The first factor included all items regarding consensual unwanted sex in adulthood (since age 18), with the exception of anal sex. The second factor included all items pertaining to consensual unwanted sex in adolescence (ages 13-17), with the exception of anal sex and performing oral sex. The third factor included all

consensual desired sex in adulthood. All anal sex items (desired and unwanted) loaded together on a fourth factor. Performing unwanted oral sex in adolescence loaded as a fifth factor as did performing and receiving desired oral sex (6th factor). The remainder of the desired sex items in adolescence were the seventh factor (kissing, fondling, vaginal) and eighth factor (anal). Results were examined to identify a latent factor model that distinguished consensual unwanted sex in adolescence and adulthood as well as consensual desired sex (Koss, et al., 2007).

As results showed a distinction between these three constructs, a second factor analysis was performed forcing the extraction of three separate factors. These results clearly showed a difference in factor loadings between these three constructs and explained 53.41% of the total variance. This study focused on consensual unwanted sexual behavior in adolescence. Consequently, only items assessing consensual unwanted sex from ages 13-17 were used. Of the two questions for each behavior, the item having the highest factor loading was chosen resulting in a six-item scale measuring six sexual behaviors. Furthermore, only participants who reported having engaged in sexual activity were examined for analysis (N=231). These participants were identified as those who provided a response to the question, “At what age did you first engage in sexual intercourse?”

The factor analysis was performed to show a distinction between the three categories of sexual behavior measured. As latent differences in these behaviors were shown, a factor analysis forcing the extraction of three factors was performed and revealed the three predicted factors: consensual unwanted sex in adolescence, consensual

unwanted sex in adulthood, and consensual desired sex. In creating a parsimonious, yet comprehensive scale, all six behaviors were combined to produce a latent model of consensual unwanted sex in adolescence. For the purposes of this study, a summary score was sufficient to identify consensual unwanted sex and examine its relation with other constructs. Internal reliability for this scale is 0.81.

Rates of Sexual Behavior

Based on this scale, 67% of participants reported engaging in consensual unwanted sexual behavior in adolescence (ages 13-17). Table 1 presents the percentage of participants consenting to unwanted sex by specific type of behavior and gender. Consent to unwanted kissing was reported by 46% of men and 56% of women. Unwanted fondling was reported by 32% of men and 48% of women. Nineteen per cent of men had performed consensual unwanted oral sex, while 21% had received unwanted oral sex. Among women, 28% performed oral and 22% received oral sex. Regarding vaginal sex, 15% of men and 38% of women had consented to unwanted sex. Anal sex was the lowest reported at 7% for men and 6% for women.

An independent samples t-test was conducted to compare CUS behaviors across gender. Levene's Test for Equality of Variances revealed equal variance across all CUS behaviors, except vaginal sex and anal sex. There was a significant difference in consenting to unwanted fondling between males ($M= 0.94$, $SD= 1.51$) and females ($M= 1.34$, $SD= 1.58$); $t(229)= -2.17$, $p= .03$. There was also a significant difference in consenting to unwanted vaginal sex between males ($M= 0.42$, $SD= 1.19$) and females

($M= 1.07$, $SD= 1.53$); $t(104.38)= -3.23$, $p= .002$. This suggests that women consent to unwanted fondling and vaginal sex more often than men.

Participants were also asked about their engagement in consensual desired sex within their longest romantic relationship. Table 2 presents reports of consensual desired sex by gender. Ninety per cent of men and 92% women reported engaging in kissing or fondling, respectively, with their partner. Sixty- nine per cent of men and 54% of women had received oral sex. Fifty-six per cent of men had performed oral sex, while 43% of women had done so. Fifty-eight per cent of men and 60% of women had engaged in vaginal sex within their longest romantic relationship. Anal sex was the least reported desired sexual behavior among men (14%) and women (10%). An independent samples *t*-test to compare consensual desired sex across gender did not indicate significant differences between men and women on any sexual behaviors.

Correlations

Bivariate correlations were calculated separately for males and females. Correlations of consensual desired sex (CDS), consensual unwanted sex (CUS), sexual self-efficacy, sexual assertiveness, and sex refusal are presented in Table 3 (males) and Table 4 (females). Also included are correlations with age, sex initiation age and lifetime sex partners. Consenting to unwanted sex in adolescence for males had a significant negative association with age at sex initiation and a significant positive correlation with CDS and several sex motives (enhancement, affirmation, coping; Table 5). Conflict styles were not significantly correlated with CUS in males (Table 7). For females, CUS was significantly and negatively associated with age at sex initiation, sexual assertiveness,

sexual self-efficacy, and sex refusal. CUS was significantly and positively associated with CDS, lifetime partners, sex motives (intimacy, partner approval, enhancement, affirmation, coping; Table 6) and an obliging conflict style (Table 8) among females.

Multiple Regression Analyses

Hierarchical multiple regression analyses were performed to identify predictors of CUS in adolescence among participants who reported having ever engaged in sexual activity. Four models predicting CUS were analyzed and were examined separately for males and females. The first model regressed CUS upon sexual assertiveness, sexual self-efficacy, and sex refusal. The second model included all six sex motives and the third model included all five conflict styles. The final model included all significant predictors of CUS to determine the best model for males and females. Assumptions of normality were met as normal probability plot of the residuals appeared approximately normally distributed. In each analysis consensual desired sex, sex initiation age and lifetime partners were entered as control variables as these had significant correlations with consensual unwanted sex. Age was also included as a control variable. A summary of variables predicting consensual unwanted sex is presented in Table 17.

Sexual Assertiveness, Sexual Self-efficacy, Sex Refusal

CUS was regressed on sexual assertiveness, sexual self-efficacy, and sex refusal controlling for age, sex initiation age, lifetime partners and consensual desired sex (CDS) for males and females. For males, this model was not significant ($R^2 = .23$, $F(7, 38) = 1.66$, $p = .15$) and only sex initiation had a significant association (Table 9). For females, this model accounted for a significant portion of the variance of CUS ($R^2 = .23$, $F(7, 144) =$

10.16, $p < .001$; Table 10). Sexual self-efficacy and sexual refusal skills each contributed significantly to the model, but sexual assertiveness did not. This suggests that females' ability to properly use a condom and to negotiate the use of a condom is associated with decreased likelihood of consenting to unwanted sex in adolescence. In addition, having confidence in their ability to refuse sex and being assertive in doing so was negatively associated with CUS in adolescence.

Sex Motives

CUS was regressed on each of the six sex motives (intimacy, peer pressure, partner approval, enhancement, affirmation, coping) controlling for age, sex initiation age, lifetime sex partners and CDS across gender. For males, sex initiation, age and enhancement were significant predictors and this model approached significance ($R^2 = .33$, $F(10, 41) = 2.04$, $p = .05$; Table 11). For females, CDS and partner approval were significant predictors and the model accounted for a significant portion of the variance in CUS ($R^2 = .32$, $F(10, 160) = 7.41$, $p < .001$; Table 12). This suggests that males are more likely to have engaged in sexual compliance in adolescence if they have unwanted sex for physical pleasure or satisfaction. Females who have unwanted sex to gain their partner's approval are more likely to have consented to unwanted sex in adolescence.

Conflict styles

CUS was regressed on each of the five conflict styles (integrating, dominating, obliging, avoiding, compromising) controlling for age, sex initiation age, lifetime partners, and CDS. For males, only age at sex initiation was a significant predictor and the model was not significant ($R^2 = .23$, $F(9, 40) = 1.35$, $p = .24$; Table 13). For females,

consensual desired sex in adolescence and obliging conflict style were significant predictors. The model accounted for a significant portion of the variance of CUS ($R^2 = .29$, $F(9, 161) = 7.34$, $p < .001$; Table 14). This suggests that conflict style is not associated with CUS in males; however, women who have an obliging conflict style (high concern for others, low concern for self) are likely to have consented to unwanted sex in adolescence.

All significant predictors

In the final model CUS was regressed on each of the significant predictors from the models above. The model for males included age at sex initiation and enhancement. The model for females included CDS, sexual self-efficacy, sex refusal, partner approval, and obliging conflict style. These were entered into a stepwise regression to determine the best predictors of consenting to unwanted sex in adolescence. CUS in males was best predicted by associated with age at sex initiation and enhancement ($R^2 = .27$, $F(1, 172) = 18.92$, $p < .001$; Table 15). Among females, CUS was predicted by CDS, sexual self-efficacy, and partner approval. In this model, sex refusal and obliging conflict style were not significant ($R^2 = .32$, $F(3, 153) = 23.48$, $p < .001$; Table 16). This suggests that males who initiated sex at a young age and have unwanted sex for physical gratification are more likely to have consented to unwanted sex in adolescence. On the other hand, females who are less confident in negotiating safe sex practices, have unwanted sex to please their partner, and have previously engaged in desired sex are more likely to have consented to unwanted sex in adolescence.

CHAPTER IV

DISCUSSION

The goal of this study was to develop an empirical measure of consensual unwanted sex based on item face validity as confirmed by graduate students in psychology. It also aimed to examine the relations between consensual unwanted sexual behavior and several characteristics related to sexual decision-making. Previous studies measuring this behavior used one or two items that have varied in context, relationship type, and response choices (Christopher, 1988; Erickson & Rapkin, 1991; Impett & Peplau, 2002; Kalof, 1995; Kalof, 2000; Muehlenhard & Cook, 1988; Lewin, 1985; O'Sullivan & Allgeier, 1998; Sprecher et al., 1994). As there is not a standard measure of consensual unwanted sex, this study developed a scale to assess this behavior across gender, age, and within a specific relationship. This goal led to development of a 6-item scale measuring consensual unwanted sexual behavior in adolescence. Participants were asked to report on behaviors in the context of their longest romantic relationship. This scale measures six types of sexual behaviors that individuals may engage in: kissing, fondling, receiving oral sex, performing oral sex, vaginal sex, and anal sex. Responses to items were summed to obtain an overall consensual unwanted sex score with high scores indicating more frequent engagement in these behaviors.

Nearly half of men (46%) and over half of women (56%) reported consenting to unwanted kissing. A third of men had consented to unwanted fondling (32%), while half

of women (48%) had done so. Less than a quarter of the men had engaged in unwanted oral sex (performed: 19%; received: 21%) or vaginal intercourse (15%). Nearly a quarter of women reported that they had performed (28%) or received unwanted oral sex (22%) with a dating partner. Over a third had consented to unwanted vaginal intercourse (38%). Anal sex was the least reported form of unwanted sexual behavior in both men (7%) and women (6%). Analysis showed that more women reported consenting to unwanted fondling and vaginal sex than men. These rates are consistent with rates of consensual unwanted sex among males and females reported in previous studies.

Participants were also asked about engaging in desired sexual activity in adolescence as a measure of comparison. Over 90% of men and women reported engaging in kissing or fondling with their partner. Two-thirds of men (69%) and half of women (54%) had received oral sex. Over half of men (56%) had performed oral sex, while 43% of women had done so. In both men (58%) and women (60%), over half had engaged in vaginal sex within their longest romantic relationship. Again, anal sex was the least reported desired sexual behavior among men (14%) and women (10%). There were no gender differences in the reports of engaging in consensual desired sexual behaviors.

The developed Consensual Unwanted Sex Scale was used to examine the relationship between consensual unwanted sex and characteristics of interest. Correlation analyses revealed that consensual unwanted sex had a significant negative association with age at time of first sexual intercourse and a positive association several sex motives (i.e., enhancement, affirmation, coping) for males. The expected positive association with social motives was not observed in males. Also among men, having desired sex was

negatively associated with age at sex initiation. Consenting to unwanted sex among females was negatively associated with age at sex initiation, sexual assertiveness, sexual-self efficacy, and sex refusal, consistent with hypothesized results. Sexual compliance was positively associated with number of lifetime sex partners, several sex motives (i.e., intimacy, partner approval, enhancement, affirmation, coping) and an obliging conflict style. These correlations are also consistent with hypotheses, with the exception of peer pressure motive and an avoiding conflict style, which were not significant. Engaging in desired sex among women was also negatively associated with sex initiation age and sexual assertiveness. Desired sex was positively associated with having sex to affirm one's sense of self. Based on correlation analyses, consensual unwanted sex is associated with more of the variables of interest than desired sexual activity.

Sexual assertiveness, Sexual self-efficacy, Sex refusal

After accounting for the effects of age, sex initiation age, lifetime partners, and desired sex, the relation of consensual unwanted sex with sexual self-efficacy, sexual assertiveness, and sex refusal was explored. Males and females were examined separately to identify the best predictors of sexual compliance by gender. Only some of the hypothesized results were observed in females; none were supported in males. Among females, increased sexual self-efficacy, increased sex refusal, and having desired sex with their adolescent dating partner were associated with higher occurrence of sexual compliance in adolescence. This indicates that women who feel confident and assertive in effectively refusing sex were less likely to have consented to unwanted sex in adolescence within their longest romantic relationship. These women were also more

confident in properly using a condom and negotiating condom use and had lower frequency of engaging in desired sex with this partner. Among men, these characteristics were not indicative of adolescent sexual behavior.

These findings are consistent with previous studies on sexual behavior. Zimmerman, et al. (1995) found that a generalized sense of self-efficacy, especially in adolescent females, was associated with confidence in saying no to unwanted sex. Similarly, self-efficacy in refusing sex has been associated with practicing safer sex in college students (Rosenthal, et al., 1991). Self-efficacy in sexual negotiation may increase likelihood of actually asserting one's self in sexual situations for females. The lack of significance in males has been observed in earlier research. Previously reported gender differences in consensual unwanted sex have found that adolescent females are more likely to report that they "definitely could say no to unwanted sex." Yet males are more likely to report that they "definitely or probably could not say not to unwanted sex" (Zimmerman, et al., 1995). This was evident among college students as college males seemed less confident in their ability to decline sexual advances (Rosenthal et al., 1991).

These observed differences in predicting consensual unwanted sex may be attributed to contrasting expectations regarding male and female sexual behavior. Males and females may receive different messages about the role of sex in romantic relationships perpetuating a sexual double standard. Traditionally, women are expected to be more reserved, while men are perceived as having a higher sex drive and allowed sexual promiscuity (Baumeister & Twenge, 2002; Byers, 1996). Consequently, sexual self-efficacy, assertiveness, and refusal may not be taught to young men in regards to

unwanted sexual advances as they may believe that they would always desire sex, having no need to refuse (Zimmerman, et al., 1995).

Consensual Unwanted Sex Motives & Conflict Style

Motives for consenting to unwanted sexual behavior were also explored. One hypothesized relation was shown in females (i.e., partner approval positively associated with consensual unwanted sex); however, other predicted relations with sex motives were not observed. Specifically, women who consented to unwanted sex as a means to please their partner were more likely to report having consented to unwanted sex with their longest adolescent romantic partner. On the other hand, men who engaged in sexual compliance to satisfy their own need for physical pleasure were more likely to report sexual compliance in adolescence.

These reasons are consistent with previous research identifying both personal and social motivations for unwanted sex. Other studies have identified promotion of relationship intimacy, satisfying partner's need, avoiding relationship tension, and not making the partner feel rejected as reasons reported by college men and women (Impett & Peplau, 2002; Muehlenhard & Cook, 1988; O'Sullivan & Allgeier, 1998). They have also found similarly reported outcomes of sexual compliance including increased intimacy, partner's satisfaction, and prevention of relationship discord indicating that these motivations may have the expected result for those who choose to consent to unwanted sex. Moreover, almost half of college students reported no negative consequences of consenting to unwanted sex (O'Sullivan & Allgeier, 1998). Studies examining teenage samples have identified varying motivations for females and males.

Kalof (1995) found that a higher need to seek physical gratification in sexual encounters increased participation in unwanted sex for teenage males and females (with the exception of African-American females). The need for physical gratification, combined with the stereotypical sexual behavior expected of males, may encourage young males to have sex with a partner whom they do not find desirable.

Buddie, Myers, Sperry, and Dulaney (2011) found that relationship type may influence motives for consenting to unwanted sex. Motives for sexual compliance among those in a long-term relationship were related to pleasing their partner and less negative outcomes; however, consenting to unwanted sex with a casual partner or acquaintance was related to feeling pressured/ obligated and negative feelings afterwards (Buddie et al., 2011). The current study explored motives within the longest romantic relationship, which may have influenced the resulting relation between sexual compliance and motives. A focus on different relationship types may have shown an association with varying motives.

The relation between sexual compliance and conflict style was also explored by gender. Women who have an obliging conflict style were more likely to report consenting to unwanted sex within their longest adolescent relationship. This suggests that females who tend to resolve interpersonal conflict by attending to the needs of the other person with less regard for their own needs were more likely to agree to have sex in adolescence when they were not in the mood. Conflict style was not significantly predictive of sexual compliance for males in adolescence.

Individuals with an obliging conflict style may surrender control of decisions to their partner when there is a conflict. As previous research has revealed, women who perceive less power in their relationship report lower sexual self-efficacy and feel less influential in sexual-decision making with their partner (Soet, et al, 1999). Similarly, adolescent females were least likely to refuse unwanted sexual activity if they viewed male control in a relationship as normative (Sionean, et al., 2002). As the decision to have sex with a partner when you are not in the mood may present a conflict, these women are likely to agree to unwanted sex.

The final model of identifying characteristics associated with consensual unwanted sex in adolescence was examined by gender as well. Women who were less self-efficacious in condom use/ negotiation and who reported being motivated to please their partner were more likely to have consented to unwanted sex within their longest adolescent romantic relationship. Men who were younger at age of sex initiation and are motivated by physical gratification were more likely to have consented to unwanted sex within their longest adolescent romantic relationship.

The pattern of findings in the present study, especially its consistency with previous research suggests that the newly developed scale is likely a good measure of consent to unwanted sex. Its strength lies in the inclusion of six specific sexual behaviors, increasing the ability to assess reliability. Also, the scale's response choices allow for various methods of describing sexually compliant behavior: dichotomous or continuous, summed score across behaviors or examine specific type of behavior. Overall, this scale

provides a first step toward better identifying the prevalence and specificity of consensual unwanted sexual behavior.

Future directions/ limitations

With the development of a new scale, future studies can continue to validate this scale as a standard measure of consensual unwanted sex. Additional research on the application of this measure to different populations is needed. The developed scale used a frequency count of engaging in each type of sexual behavior. For the purposes of this study, summary scores were used to denote more or less engagement in unwanted sex. This method did not allow for analysis of the relation between specific types of behaviors (e.g., vaginal sex) and constructs measured (e.g., sexual assertiveness). Future studies will have the option of examining frequency ratings of the entire scale, frequency of specific behaviors, an overall sum of consensual unwanted sex or a dichotomous endorsement of having engaged in any sexual compliance.

The results of this study should be interpreted with caution in that consensual unwanted sex was measured by retrospective self-report. Participants' accuracy in recall of behaviors may be compromised with increased time since occurrence. Future studies should make efforts to decrease the time period between behaviors and recall. Furthermore, participants were retrospectively reporting on sexual behavior within the context of their longest romantic relationship, yet constructs (e.g., sexual assertiveness) were measured based on current behavior. While these skills were associated with adolescent behavior and may have been developing in adolescence, these skills may differ in adulthood at time of recall.

Sexual assertiveness and sexual self-efficacy both included items relating to condom use. Future studies may want to include additional measures of these constructs with varied focus in the prediction of sexual compliance. Assertiveness of self-efficacy of refusal skills was also used limiting the ability to examine how knowledge of ways to refuse may effect consenting to unwanted sex.

The results of this study may be used to reflect on the sexual decision-making of adolescents. This study may inform the structure of sex educations programs aimed toward adolescent sexual behavior. Such programs can focus on increasing sexual self-efficacy, sexual assertiveness, and sex refusal skills to decrease consenting to unwanted sexual activity. As social motivations and personal motivations were endorsed for consenting to unwanted sex, additional focus on reasons for engaging in sexual activity may also be warranted in such programs. In particular, discussion of alternative ways to increase intimacy and communication with a partner may help adolescents negotiate sexual behavior in romantic relationships. Overall, the implications of this study for adolescents suggest ways to decrease consenting to unwanted sexual behavior with a dating partner at a time when skills in sexual decision-making are starting to develop.

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Figure 1. Conflict Styles

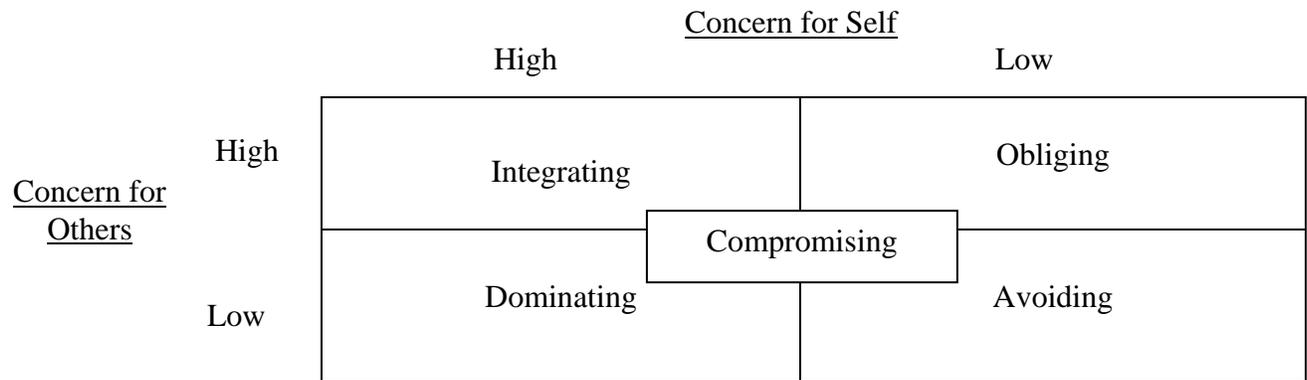


Table 1.

Occurrence of Consensual Unwanted Sex by Gender

		<i>Men (N=52)</i>	<i>Women (N=179)</i>
<i>Sexual Behavior</i>	Kissing	46 %	56 %
	Fondling	32 %	48 %
	Performed oral sex	19 %	28 %
	Received oral sex	21 %	22 %
	Vaginal sex	15 %	38 %
	Anal sex	7 %	6 %

Table 2.

Occurrence of Consensual Desired Sex by Gender

		<i>Men (N=52)</i>	<i>Women (N=179)</i>
<i>Sexual Behavior</i>	Kissing	90 %	92 %
	Fondling	90 %	92 %
	Performed oral sex	69 %	54 %
	Received oral sex	56 %	43 %
	Vaginal sex	58 %	60 %
	Anal sex	14 %	10 %

Table 3.

Correlation Table: Consensual Unwanted Sex, Sexual Self-Efficacy, Sexual Assertiveness, and Sex Refusal: Males

		1	2	3	4	5	6	7
1	CDS ¹ adolescence	-						
2	CUS ² adolescence	.29*						
3	Age	-.26	-.04					
4	Sex initiation age	-.34*	-.33*	.06				
5	Lifetime partners	-.09	.16	.65**	-.44**			
6	Sexual Assertiveness	.09	.08	-.06	-.03	-.12		
7	Sexual Self-efficacy	-.03	-.27	-.04	.11	-.07	.45**	
8	Sex Refusal	.11	-.13	-.10	.07	-.24	.47**	.43**

Note: * $p < .05$

** $p < .01$

¹ consensual desired sex

² consensual unwanted sex

Table 4.

Correlation Table: Consensual Unwanted Sex, Sexual Self-Efficacy, Sexual Assertiveness, and Sex Refusal: Females

		1	2	3	4	5	6	7
1	CDS ¹ adolescence							
2	CUS ² adolescence	.46**						
3	Age	-.04	-.01					
4	Sex initiation age	-.55**	-.39**	.07				
5	Lifetime partners	.27**	.28**	.35**	-.54**			
6	Sexual Assertiveness	-.15*	-.18*	-.05	.25**	-.22**		
7	Sexual Self-efficacy	.00	-.19*	-.05	.13	-.17*	.39**	
8	Sex Refusal	-.09	-.26**	-.09	.12	-.19*	.45**	.32**

Note: * $p < .05$
 ** $p < .01$
¹ consensual desired sex
² consensual unwanted sex

Table 5.

Correlation Table: Consensual Unwanted Sex and Sex Motives: Males

		1	2	3	4	5	6	7
1	CDS ¹ adolescence							
2	CUS ² adolescence	.29						
3	Intimacy	-.06	.19					
4	Peer pressure	.18	.12	.39**				
5	Partner approval	-.08	.19	.74**	.33*			
6	Enhancement	.22	.47**	.69**	.44*	.52**		
7	Affirmation	-.07	.36**	.81**	.39**	.73**	.62**	
8	Coping	.04	.38**	.72**	.42**	.78**	.62**	.81**

Note: * $p < .05$.

** $p < .01$.

¹ consensual desired sex

² consensual unwanted sex

Table 6.

Correlation Table: Consensual Unwanted Sex and Sex Motives: Females

		1	2	3	4	5	6	7
1	CDS ¹ adolescence							
2	CUS ² adolescence	.46**						
3	Intimacy	.05	.22**					
4	Peer pressure	-.07	.01	.17*				
5	Partner approval	.11	.32**	.47**	.29**			
6	Enhancement	.03	.16*	.62**	.15*	.22**		
7	Affirmation	.15*	.25**	.63**	.27**	.48**	.45**	
8	Coping	.12	.19*	.57**	.15*	.37**	.52**	.59**

Note: * $p < .05$.

** $p < .01$.

¹ consensual desired sex

² consensual unwanted sex

Table 7.

Correlation Table: Consensual Unwanted Sex and Conflict Styles: Males

		1	2	3	4	5	6
1	CDS ¹ adolescence						
2	CUS ² adolescence	.29*					
3	Integrating	-.09	-.06				
4	Dominating	.18	.07	.25			
5	Obliging	-.13	-.13	.46**	.11		
6	Avoiding	.22	-.17	-.25	-.05	.01	
7	Compromising	-.08	-.14	.66**	.12	.53**	-.01

Note: * $p < .05$.

** $p < .01$.

¹ consensual desired sex

² consensual unwanted sex

Table 8.

Correlation Table: Consensual Unwanted Sex and Conflict Styles: Females

		1	2	3	4	5	6
1	CDS ¹ adolescence						
2	CUS ² adolescence	.46**					
3	Integrating	.02	-.04				
4	Dominating	.09	-.04	.09			
5	Obliging	.14	.21**	.36**	.08		
6	Avoiding	.01	.06	-.01	-.01	.38**	
7	Compromising	.07	-.11	.65**	.14	.41**	.15

Note: * $p < .05$.

** $p < .01$.

¹ consensual desired sex

² consensual unwanted sex

Table 9.

Hierarchical Regression Analysis for Sexual Assertiveness, Sexual Self-efficacy, and Sex Refusal predicting Consensual Unwanted Sex: Males

	<i>b</i>	<i>SE b</i>	β
<i>Step 1</i>			
(Constant)	5.29	5.36	
Age	.00	.10	.00
Gender	1.84	.91	.13*
Sex Initiation Age	-.43	.28	-.13
Lifetime Partners	.07	.06	.11
Consensual desired sex	.23	.05	.33***
<i>Step 2</i>			
Sexual Assertiveness	-.01	.056	-.01
Sexual Self-Efficacy	-.12	.061	-.15
Sex Refusal	-.17	.072	-.18

Note: $R^2 = .29$ for Step 1; $\Delta R^2 = .08$ for Step 2 ($p < .001$). * $p < .05$., ** $p < .01$., *** $p < .001$.

Table 10.

Hierarchical Regression Analysis for Sexual Assertiveness, Sexual Self-efficacy, and Sex Refusal predicting Consensual Unwanted Sex: Females

	<i>b</i>	<i>SE b</i>	β
<i>Step 1</i>			
(Constant)	2.27	5.95	
Age	.02	.11	.01
Sex Initiation Age	-.12	.33	-.03
Lifetime Partners	.13	.12	.09
Consensual desired sex	.28	.06	.42***
<i>Step 2</i>			
Sexual Assertiveness	-.01	.06	-.02
Sexual Self-Efficacy	-.14	.07	-.18*
Sex Refusal	-.16	.08	-.17*

Note: $R^2 = .33$ for Step 1; $\Delta R^2 = .09$ for Step 2 ($p < .001$). * $p < .05$., ** $p < .01$., *** $p < .001$.

Table 11.

Hierarchical Regression Analysis for Sex Motives predicting Consensual Unwanted Sex: Males

	<i>b</i>	<i>SE b</i>	β
Step 1			
(Constant)	22.31	9.23	
Age	.13	.24	.13
Sex Initiation Age	-1.29	.53	-.46*
Lifetime Partners	-.04	.10	-.11
Consensual desired sex	.01	.10	.01
Step 2			
Intimacy	-.85	1.08	-.19
Peer Pressure	-5.63	5.28	-.20
Partner Approval	.52	1.53	.08
Enhancement	2.16	.82	.54*
Affirmation	-.42	1.42	-.08
Coping	.34	1.23	.06

Note: $R^2 = .33$ for Step 1; $\Delta R^2 = .14$ for Step 2 ($p = .24$). * $p < .05$., ** $p < .01$., *** $p < .001$.

Table 12.

Hierarchical Regression Analysis for Sex Motives predicting Consensual Unwanted Sex: Females

	<i>b</i>	<i>SE b</i>	β
<i>Step 1</i>			
(Constant)	4.05	5.67	
Age	.02	.11	.01
Sex Initiation Age	-.21	.31	-.06
Lifetime Partners	.12	.11	.091
Consensual desired sex	.27	.05	.39
<i>Step 2</i>			
Intimacy	.66	.46	.14
Peer Pressure	-.64	1.691	-.03
Partner Approval	1.22	.58	.18*
Enhancement	-.19	.41	-.04
Affirmation	.53	.99	.06
Coping	.01	.85	.00

Note: $R^2 = .32$ for Step 1; $\Delta R^2 = .09$ for Step 2 ($p < .01$). * $p < .05$., ** $p < .01$., *** $p < .001$.

Table 13.

Hierarchical Regression Analysis for Conflict Styles predicting Consensual Unwanted Sex: Males

	<i>b</i>	<i>SE b</i>	β
Step 1			
(Constant)	22.06	9.43	
Age	.12	.24	.12
Sex Initiation Age	-1.27	.55	-.45*
Lifetime Partners	-.03	.11	-.09
Consensual desired sex	.02	.10	.03
Step 2			
Integrating	.17	1.75	.02
Dominating	.28	1.54	.03
Obliging	.61	1.93	.06
Avoiding	-.82	1.29	-.09
Compromising	-2.05	2.28	-.20

Note: $R^2 = .23$ for Step 1; $\Delta R^2 = .03$ for Step 2 ($p = .89$). * $p < .05$., ** $p < .01$., *** $p < .001$.

Table 14.

Hierarchical Regression Analysis for Conflict Styles predicting Consensual Unwanted Sex: Females

	<i>b</i>	<i>SE b</i>	β
Step 1			
(Constant)	4.51	5.71	
Age	.02	.11	.01
Sex Initiation Age	-.231	.31	-.07
Lifetime Partners	.12	.11	.09
Consensual desired sex	.28	.05	.41***
Step 2			
Integrating	-.59	.86	-.07
Dominating	-.25	.59	-.03
Obliging	2.09	.68	.25**
Avoiding	-.05	.57	-.01
Compromising	-1.12	.91	-.13

Note: $R^2 = .29$ for Step 1; $\Delta R^2 = .06$ for Step 2 ($p < .05$). * $p < .05$., ** $p < .01$., *** $p < .001$.

Table 15.

Stepwise Regression Analysis for best predictors of Consensual Unwanted Sex: Males

	<i>b</i>	<i>SE b</i>	<i>β</i>
(Constant)	16.50	6.43	
Sex Initiation	-.99	.36	-.35**
Enhancement	1.19	.51	.29*

Note: $R^2 = .28$ for Step 1; $\Delta R^2 = .02$ for Step 2 ($p < .05$). * $p < .05$., ** $p < .01$., *** $p < .001$.

Table 16.

Stepwise Regression Analysis for best predictors of Consensual Unwanted Sex: Females

	<i>b</i>	<i>SE b</i>	β
(Constant)	4.69	2.57	
Consensual desired sex	.29	.05	.42***
Partner Approval	1.47	.49	.22**
Sexual Self-Efficacy	-.14	.05	-.19**

Note: $R^2 = .32$ for Step 1; $\Delta R^2 = .03$ for Step 2 ($p < .01$). * $p < .05$., ** $p < .01$., *** $p < .001$.

Table 17.

Summary of Results Predicting Consensual Unwanted Sex by Gender

<u>Construct</u>	<u>Males</u>	<u>Females</u>
<u>Control variables</u>		
Age	No	No
Sex initiation age	Yes (-)	No
Lifetime partners	No	No
Consensual desired sex	No	Yes (+)
<u>Sex related skills</u>		
Sexual self-efficacy	No	Yes (-)
Sexual assertiveness	No	No
Sex refusal	No	Yes (-)
<u>Sex motives</u>		
Intimacy	No	No
Peer Pressure	No	No
Partner Approval	No	Yes (+)
Enhancement	Yes (+)	No
Affirmation	No	No
Coping	No	No
<u>Conflict styles</u>		
Integrating	No	No
Dominating	No	No
Obliging	No	Yes (+)
Avoiding	No	No
Compromising	No	No

(+) positive relation (-) negative relation

APPENDIX: A
CONSENSUAL UNWANTED SEX SCALE

Demographics

Gender: _____ Female _____ Male

Age: _____

Year in school: _____ Freshman _____ Sophomore

 _____ Junior _____ Senior

Please indicate your ethnicity:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Latino/ Latina

_____ White/ Caucasian

_____ Multi-Racial or Other, please specify

Sexual orientation: _____ Heterosexual _____ Homosexual _____ Bisexual

At what age did you first engage in sexual intercourse? _____

How many sexual partners have you had? _____

CONSENSUAL UNWANTED SEX SCALE

Directions: The following questions ask about your relationship and sexual behavior with a romantic partner.

‘From ages 13 to 17’ refers to your life starting on your 13th birthday and stopping the day before your 18th birthday. Do not include behaviors since age 18 in your answer.

1. How many romantic relationships have you had from ages 13 to 17?	_____
2. What was the length of your longest relationship from ages 13 to 17? (Indicate only the most relevant length of time)	_____ no relationships or _____ year(s) or _____ month(s) or _____ days(s)

Consensual Sex

Think about the longest romantic relationship you’ve had from ages 13 to 17. Please answer the following questions regarding this relationship. Please circle your answer.

	How many times from ages 13 to 17?
3. How many times did you engage in kissing with this romantic partner when you both wanted to?	0 1-3 4-6 7-9 10+
4. How many times did you engage in petting/ fondling of private areas of the body (lips, breast/chest, crotch or butt) with this romantic partner when you both wanted to?	0 1-3 4-6 7-9 10+
5. How many times did you receive oral sex from this romantic partner when you both wanted to?	0 1-3 4-6 7-9 10+
6. How many times did you give oral sex to this romantic partner when you both wanted to?	0 1-3 4-6 7-9 10+

7. How many times did you engage in vaginal sexual intercourse with this romantic partner when you both wanted to?	0 1-3 4-6 7-9 10+
8. How many times did you engage in anal sexual intercourse with this romantic partner when you both wanted to?	0 1-3 4-6 7-9 10+

Consensual Unwanted Sex

The following questions concern sexual experiences that you have engaged in when you were not in the mood. In other words, you engaged in sexual behavior with your partner, although you did not want to, but did not indicate your feelings to your partner. In this situation, your partner did not force you to engage in sexual behavior.

Think about the longest romantic relationship you've had from ages 13 to 17. Please answer the following questions regarding this relationship. Please circle your answer.

	How many times from ages 13 to 17?
1. How many times have you engaged in kissing with this partner when you were not in the mood, and did not let your partner know?	0 1-3 4-6 7-9 10+
2. How many times have you engaged in petting/ fondling of private areas of the body (lips, breast/chest, crotch or butt) with this partner when you were not in the mood and did not let your partner know?	0 1-3 4-6 7-9 10+
3. How many times have you received oral sex from this partner when you were not in the mood and did not let your partner know?	0 1-3 4-6 7-9 10+
4. How many times have you engaged in vaginal sexual intercourse with this partner when you were not in the mood and did not let your partner know?	0 1-3 4-6 7-9 10+
5. How many times have you given oral sex to this partner when you were not in the mood and did not let your partner know?	0 1-3 4-6 7-9 10+
6. How many times have you engaged in anal sexual intercourse with this partner when you were not in the mood and did not let your partner know?	0 1-3 4-6 7-9 10+