



## Sexual Victimization, Emotion Dysregulation, and Sexual Consent Feelings and Communication During a Recent Sexual Encounter

Kate Walsh, Sarah R. Lowe & Stephanie Ward

**To cite this article:** Kate Walsh, Sarah R. Lowe & Stephanie Ward (28 Jun 2024): Sexual Victimization, Emotion Dysregulation, and Sexual Consent Feelings and Communication During a Recent Sexual Encounter, The Journal of Sex Research, DOI: [10.1080/00224499.2024.2368044](https://doi.org/10.1080/00224499.2024.2368044)

**To link to this article:** <https://doi.org/10.1080/00224499.2024.2368044>



Published online: 28 Jun 2024.



Submit your article to this journal [↗](#)



Article views: 2



View related articles [↗](#)



View Crossmark data [↗](#)



# Sexual Victimization, Emotion Dysregulation, and Sexual Consent Feelings and Communication During a Recent Sexual Encounter

Kate Walsh <sup>a,b</sup>, Sarah R. Lowe<sup>c</sup>, and Stephanie Ward <sup>a</sup>

<sup>a</sup>Department of Psychology, University of Wisconsin-Madison; <sup>b</sup>Gender & Women's Studies, University of Wisconsin-Madison; <sup>c</sup>School of Public Health, Yale University

## ABSTRACT

Sexual consent has been a major focus of campus campaigns to reduce sexual violence (SV). However, these campaigns often educate students about consent with little attention to the complex ways consent can be experienced, expressed, and interpreted by others. Further, little research has focused on the consent feelings and communication cues of students who have a history of SV, nor have studies examined how the ability to attend to and regulate emotions relates to internal feelings or external communication of consent. This secondary analysis examined SV histories, emotion dysregulation, and internal and external consent cues in a sample of 610 college students (72% women) who completed an online self-report survey. Findings revealed that students with SV histories ( $n = 257$ ) reported greater emotion dysregulation, lower internal consent, and greater use of passive external consent cues compared to students without SV histories; greater emotion dysregulation was associated with lower internal consent. In a path model, SV history was indirectly related to use of direct nonverbal and passive consent cues through greater emotion dysregulation and lower internal consent. Contrary to expectations, higher internal consent was associated with greater use of passive external consent cues. Consent programming could be augmented to encourage attention to and regulation of emotions in sexual situations to improve communication and sexual well-being.

## Introduction

Approximately 20–25% of undergraduate women, 7–12% of undergraduate men, and 28% of trans, genderqueer, or non-binary students will experience sexual assault during college, which ranges from unwanted sexual contact to oral, anal, or vaginal penetration (Cantor et al., 2019; Fedina et al., 2018; Mellins et al., 2017). Although there is evidence that miscommunication of consent does not fully explain instances of sexual violence (M. Beres, 2010), many colleges and universities have explored changes to sexual consent policies (e.g., moving toward “yes means yes” standards) and have attempted to clarify sexual consent definitions and practices (Jozkowski, 2015; LaFrance et al., 2012). However, students perceive this communication standard to be unrealistic (Curtis & Burnett, 2017) and report rarely verbalizing consent in their sexual encounters (M. A. Beres, 2014). Furthermore, there are circumstances where a verbal “yes” does not reflect freely-given, non-coerced consent (Muehlenhard et al., 2016). Better understanding of factors associated with sexual consent feelings and behaviors among college students is critically important to guide more effective and useful discussions, and training around consent practices.

## Sexual Consent

Although sexual consent definitions vary widely, personal sexual consent generally encompasses internal consent and external

consent (Muehlenhard et al., 2016). Internal consent refers to feelings of willingness, including arousal, desire, and safety while external consent refers to communication about agreement, including direct or indirect verbal and nonverbal communication, such as asking if the other person wants to engage in sexual activity or touching a partner (Jozkowski, Peterson, et al., 2014). Both elements of consent are important for consensual encounters and higher internal consent feelings are positively associated with external consent communication (Walsh et al., 2019; Willis et al., 2019).

Sexual script theory suggests that individuals hold mental representations about the meaning of internal states, the sequencing of sexual acts, and which partners are expected to engage in which behaviors (for review see Wiederman, 2015). Heteronormative scripts about sexual consent suggest that men initiate consent and women act as gatekeepers (Jozkowski & Peterson, 2013). Individual and partner characteristics, as well as aspects of the encounter itself, have also been shown to relate to differences in consent feelings and communication strategies. For example, when communicating consent, women report using more verbal strategies than men, and men report using more nonverbal strategies, such as using body language and/or touching a partner and seeing how they respond, and more pressuring strategies, such as taking their partner somewhere private or continuing sexual behavior unless their partner stopped them, compared to women (Jozkowski, Sanders, et al., 2014). Those engaging in sexual activity with partners or significant others generally report

higher levels of internal consent compared to those engaging in sexual activity with friends, acquaintances, or people they just met (Walsh et al., 2019). Gender and relationship to partner also interact to predict internal consent, such that women engaging in sexual activity with a partner they just met report lower internal consent than women engaging in sexual activity with better known partners and men generally (Walsh et al., 2019). Women engaging in vaginal intercourse with partners have been shown to report higher levels of internal consent compared to other types of sexual activity or other relationship types (T. Marcantonio et al., 2018).

### ***Sexual Violence and Sexual Consent***

The only study of which we are aware that has examined associations between a history of sexual violence and sexual consent feelings and behaviors in subsequent sexual encounters was a qualitative analysis of 41 women who described explicit, non-explicit, and evolving consent within their current healthy romantic relationships (Mark & Vowels, 2020). Specifically, survivors navigated the complexities of sexual consent in ways that were continually evolving through ongoing discussions of consent that both provided opportunities for empowerment through the ability to voice wants and needs but also wherein it could be difficult to establish patterns of consent at times, in part because it brought up prior experiences of trauma and shame. Survivors also described needing safety to be vulnerable with a partner and noted that sometimes they relied on trusted friends for support as they developed their ability to advocate for their needs.

Other studies have focused on associations between sexual violence and constructs related to consent, such as sexual assertiveness. Definitions for sexual assertiveness vary widely, but it has generally been conceptualized as encompassing the initiation of wanted sexual contact, the refusal of unwanted sexual contact, the expression of sexual desire and satisfaction, and the ability to communicate about sexual history (see Loshek & Terrell, 2015 for a multidimensional measure of sexual assertiveness). Sexual assertiveness has been associated with greater use of direct verbal sexual consent communication and less use of more passive consent signaling (McKenna et al., 2021). Sexual violence survivors have been shown to have lower levels of sexual assertiveness (Kelley et al., 2016; Zerubavel & Messman-Moore, 2013) that is associated with a lower likelihood of resisting a hypothetical sexual assault (Stoner et al., 2008; Vanzile-Tamsen et al., 2005) and increased risk for subsequent victimization (Kelley et al., 2016). Although sexual assertiveness has been studied in the context of unwanted encounters (e.g., Kelley et al., 2016), we are aware of no quantitative studies that have examined sexual consent feelings and communication among sexual violence survivors in the context of wanted/willing encounters. Research on these experiences could be important for informing sexual consent interventions for survivors.

### ***Emotion Dysregulation and Sexual Feelings and Communication***

If sexual violence survivors are engaging in more passive consent communication in consensual sexual encounters, one factor

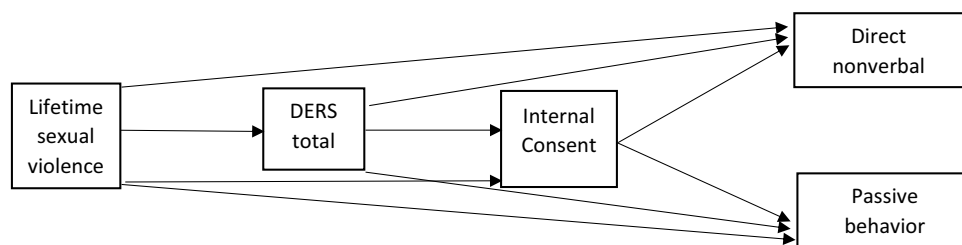
that may help explain this finding is emotion dysregulation. Emotion dysregulation is a multifaceted construct that encompasses difficulties identifying, experiencing, modulating, or expressing emotional states, as well as difficulties engaging in goal-directed behavior when distressed (Gratz & Roemer, 2004). Emotion dysregulation has been associated with poorer interpersonal outcomes, including romantic relationship quality (Chervonsky & Hunt, 2017) and poorer sexual well-being, particularly among women (Rosen & Bergeron, 2019) who tend to use more emotion regulation strategies compared to men (for review, see Nolen-Hoeksema, 2012). Conversely, adults who are more mindful (i.e., emotionally aware) tend to have better sexual outcomes, including greater sexual satisfaction, fewer difficulties with sexual hyperactivation (heightened desire and worry) or deactivation (suppressed desire and behavior), and fewer problems with pornography use (Pepping et al., 2018). Emotion dysregulation mediates associations between low mindfulness and poorer sexual outcomes (Pepping et al., 2018). Despite links to other sexual outcomes, to our knowledge, emotion dysregulation has not been examined in relation to sexual consent feelings and communication.

Although emotion regulation abilities develop in childhood (Cole et al., 1994), these abilities may fluctuate over time and in response to major stressors and/or trauma (Diamond & Aspinwall, 2003). Indeed, sexual violence survivors have been shown to have greater difficulties with emotion regulation (Messman-Moore et al., 2010; Walsh et al., 2011), and emotion dysregulation has been shown to account for survivors' engagement in risky sexual behavior (Weiss et al., 2019), difficulties identifying risky sexual situations (Walsh, DiLillo, et al., 2012), and risk for sexual revictimization (Messman-Moore et al., 2010).

Taken together, prior research suggests that emotion regulation difficulties may increase problems attending to and identifying emotions in sexual situations, which in turn, may increase challenges in identifying internal feelings of consent and communicating willingness to partners. Knowing what and how intensely one is feeling about a particular sexual activity with a specific partner at a precise moment may be a necessary precursor to directly communicating desire or wantedness and initiating sexual behavior. Although emotion dysregulation is heightened among those who have experienced sexual violence (Messman-Moore et al., 2010; Walsh et al., 2011) and it has been shown to mediate associations between mindfulness and poor sexual outcomes (Pepping et al., 2018), it has yet, to our knowledge, to be examined in relation to sexual consent feelings and behaviors, precluding insight into whether emotion regulation could be a useful target in promoting sexual consent communication and sexual well-being.

### ***The Current Study***

The overarching aim of the current study was to examine associations between sexual violence history, emotion dysregulation, and internal and external dimensions of sexual consent in a recent sexual encounter. We hypothesized that individuals with a history of sexual violence victimization would report lower levels of internal consent, less use of direct communication cues, greater use of passive communication cues, and greater emotion dysregulation compared



**Figure 1.** Hypothesized path model. DERS = Difficulties in Emotion Regulation Scale.

to those without a history of sexual violence victimization (Hypothesis 1). We also hypothesized that greater emotion dysregulation would be associated with lower internal consent, less use of direct, communication cues, and greater use of passive communication cues (Hypothesis 2). Finally, we hypothesized that there would be an indirect effect of emotion dysregulation in the relationships between sexual violence victimization and internal and external consent (Hypothesis 3). Specifically, we expected individuals with sexual violence histories to report greater emotion dysregulation, which in turn would be associated with lower internal consent and consequently less direct and more passive external consent communication. **Figure 1** shows the hypothesized path model. Because prior work suggests gender, relationship status, and type of sexual activity are differentially associated with sexual consent feelings and behaviors (Jozkowski, Peterson, et al., 2014; Jozkowski, Sanders, et al., 2014; Walsh et al., 2019), we controlled for these factors in models.

## Method

### Participants and Procedure

This secondary analysis of existing data focused on 610 students (18 years or older) who participated in an online cross-sectional study in Spring 2017 and completed questions about their most recent sexual encounter (see Walsh et al., 2019 for detailed methods). Briefly, students attending a large public university in the Northeast were recruited via the university's Psychology Participant Pool using the SONA system, posters on campus, and a campus-wide recruitment e-mail to complete a Qualtrics survey about sexual experiences. Participants completed the survey for either course credit or entry into a lottery for five \$100 Amazon gift cards. This study was approved by the university's Institutional Review Board. As reported elsewhere (Walsh et al., 2019), participants were 21.3 years old on average; 71.8% were women, 27.0% were men, and 1.1% were gender expansive (including trans and non-binary students). More than half (56.0%) were White, 23.6% Hispanic/Latina, 12.0% Black, 3.6% Asian, 0.8% Pacific Islander, and 3.8% identified their race/ethnicity as "other." The majority (78.2%) identified as heterosexual.

## Measures

### Demographic Characteristics

Students were asked their age (years), race/ethnicity (Black or African American, Asian, Hispanic/Latinx, Native American,

Native Hawaiian or Pacific Islander, White, more than one race), gender (man, woman, gender expansive), sexual orientation (straight, gay, lesbian, bisexual, pansexual, another sexual orientation), current residence, year in school (freshman, sophomore, junior, senior or beyond), whether they received financial aid (yes/no), and whether they were currently full-time students (yes/no).

### Lifetime Sexual Violence

Sexual violence since age 14 was assessed using the 36-item Modified Sexual Experiences Scale (MSES; Messman-Moore & Brown, 2004), an expanded version of the Sexual Experiences Survey (SES; Koss et al., 1987). Like the SES, the MSES identifies exposure to specific types of unwanted sexual contact (kissing and fondling; oral, anal or vaginal penetration) obtained by various non-mutually exclusive tactics: coercion/pressure (e.g., using criticism/lies, pleading, position of authority), incapacitation (i.e., drugs or alcohol), or force (e.g., holding someone down, twisting their arm). However, the MSES includes additional items about unwanted oral sex and a continuous (vs dichotomous) assessment of acknowledgment of the experience as rape or sexual assault. The MSES correlates with variables typically related to adult sexual assault, including childhood sexual abuse and posttraumatic stress disorder (Messman-Moore & Brown, 2004, 2006; Messman-Moore et al., 2010). For the current study, any unwanted contact since age 14 obtained by coercion, incapacitation, or force was coded positively for sexual violence. Sexual violence in childhood was assessed with the five-item sexual abuse subscale of the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003). The CTQ has strong test-retest reliability (.79–.86) over four months (Scher et al., 2001). Consistent with recommended cut-off scores in the CTQ manual, anyone who obtained a score of 6 or higher was considered sexually abused. A lifetime sexual violence variable was obtained by coding anyone who reported sexual violence in childhood or since age 14 as positive for sexual violence.

### Emotion Regulation Difficulties

The Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) is a 36-item self-report measure assessing six factor-analytically-derived facets of emotion regulation difficulties: nonacceptance of emotional responses, difficulties engaging in goal-directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity. The DERS has been shown to have good psychometric properties (Ritschel et al., 2015), including in college samples (Kaufman



et al., 2016). Only the DERS total score (Cronbach's  $\alpha = .95$ ) was used here.

### **Most Recent Penetrative Sexual Encounter Characteristics**

Participants were asked how long ago the sexual encounter occurred (within the last week; within the last month; within the last six months; within the last year; more than one year ago), which acts were involved (oral, anal, vaginal penetration), relationship to partner (dating partner/significant other; friend; acquaintance; someone just met), and gender of partner (woman, man, non-binary/gender expansive). As described previously (Walsh et al., 2019), most of the encounters (53%) had occurred within the past week, but an additional 19% had occurred within the past month, 16% had occurred within the past 6 months, 5.1% had occurred within the past year, and 7% had occurred more than one year ago. Most encounters (85%) involved vaginal sex, although 73% involved oral sex, and 14% involved anal sex (non-mutually exclusive). Three-quarters (75%,  $n = 461$ ) of encounters were with a dating partner or significant other, 15% ( $n = 93$ ) were with a friend, 6% ( $n = 38$ ) were with an acquaintance, and 3% ( $n = 20$ ) were with someone they had just met. Most partners (73%) were men.

### **Internal Consent**

The Internal Consent Scale (ICS; Jozkowski, Peterson, et al., 2014) is a 25-item measure that evaluates feelings of sexual willingness (i.e. internal consent) across five factors (Physical Response, Safety/Comfort, Arousal, Consent/Want, and Readiness). Participants indicate the extent to which they experienced particular feelings (e.g., safe, turned on, willing) during their last sexual encounter on a four-point Likert scale, from 1 (disagree) to 4 (agree). The ICS total demonstrated excellent internal consistency in prior work ( $\alpha = .95$ ; Jozkowski, Peterson, et al., 2014) and in the current sample ( $\alpha = .97$ ).

### **External Consent**

The External Consent Scale (ECS; Jozkowski, Peterson, et al., 2014) is an 18-item measure that evaluates behavioral indicators of sexual consent across five factors: Direct Nonverbal Behaviors ("I touched my partner or showed him/her what I wanted through touch;"  $\alpha = .82$ ), Passive Behaviors ("I let the sexual activity progress to the point of intercourse;"  $\alpha = .78$ ), Communication/Initiator Behaviors ("I used verbal cues such as communicating my interest in sexual behavior or asking if he/she wanted to have sex with me;"  $\alpha = .55$ ), Borderline Pressure ("I shut or closed the door;"  $\alpha = .58$ ), and No Response Signals ("It just happened;"  $\alpha = .32$ ). Participants indicated which behaviors they utilized during their most recent sexual encounter with a yes or no for each behavior listed. The ECS total demonstrates good internal consistency ( $\alpha = .84-.89$ ; Jozkowski, Peterson, et al., 2014; Walsh et al., 2019); however, because the subscales represent distinct communication strategies, they were examined separately. Since the Communication/Initiator Behavior, Borderline Pressure, and No Response Signals subscales were below .70, they were excluded from further analyses due to poor internal consistency.

### **Analytic Plan**

We first conducted descriptive and bivariate analyses. To address the first hypothesis that sexual assault survivors would report lower internal consent, less use of direct communication cues, and greater use of passive communication cues, multivariate analysis of covariance (MANCOVA) was used. Based on prior research (Jozkowski, Peterson, et al., 2014; Jozkowski, Sanders, et al., 2014; Walsh et al., 2019), analyses controlled for gender (0 = men; 1 = women), whether vaginal sex occurred (0 = no, 1 = yes), and partner relationship (0 = partner or friend; 1 = just met). To examine the second hypothesis that greater emotion dysregulation would be associated with lower internal consent, less use of direct communication cues, and greater use of passive consent communication, we examined correlations. To examine the third hypothesis that emotion dysregulation would have an indirect effect in the associations between lifetime sexual violence history and internal and external consent, we estimated a recursive path model specifying that sexual violence history would be positively associated with emotion dysregulation, which in turn would be negatively associated with internal consent. Internal consent, in turn, would be positively associated with direct nonverbal behaviors and negatively associated with passive consent behaviors. In the full model, we also specified direct effects from lifetime sexual violence history to internal and both forms of external consent and we specified direct effects from emotion dysregulation to both forms of external consent. The model again controlled for gender, whether vaginal sex occurred, and relationship to partner. We first examined the full hypothesized model and then tested the fit of a parsimonious model where we trimmed non-significant paths (Kline, 2023). Model fit was evaluated using Hu and Bentler's (1999) recommendations that the Comparative Fit Index (CFI) be  $> .95$ , the root mean square error of approximation (RMSEA) be  $\leq .06$ , and the standardized root mean square residual (SRMR) be  $< .08$ . Bootstrapped indirect effects that reflected the product of coefficients (MacKinnon et al., 2004) were estimated for the pathways from sexual violence to each of the external consent communication cues through emotion dysregulation and internal consent. All analyses were conducted in Mplus version 8.7 (Muthén & Muthén, 1998–2017).

## **Results**

### **Descriptive Statistics**

Approximately 42% of the sample ( $n = 257$ ) reported any lifetime exposure to sexual violence, with 22.6% of men ( $n = 37$ ), 49% of women ( $n = 225$ ), and 71.4% ( $n = 5$ ) of gender-expansive respondents reporting any lifetime sexual violence. Due to low numbers, gender-expansive students were not included in subsequent analyses, which included 603 students. Mean emotion dysregulation, internal consent and external consent scores are presented in Table 1 along with correlations between study variables.

### **Hypothesis 1**

Table 2 presents the results of a MANCOVA predicting internal and external consent from lifetime sexual violence history

**Table 1.** Prevalence/means and correlations between lifetime sexual violence, demographic and sexual encounter characteristics, emotion dysregulation, internal consent, and external consent communication during a recent sexual encounter.

|                        | % (n)/M (SD)  | SV     | Gender | Vaginal | Partner | DERS tot | ICS tot | DNVB   | PB |
|------------------------|---------------|--------|--------|---------|---------|----------|---------|--------|----|
| SV (1)                 | 42.1% (257)   | –      |        |         |         |          |         |        |    |
| Gender (1 = woman)     | 72.0% (439)   | .24*** | –      |         |         |          |         |        |    |
| Vaginal (1)            | 85.4% (521)   | .03    | .15*** | –       |         |          |         |        |    |
| Partner (1 = just met) | 3.3 (20)      | .03    | –.08*  | –.13*** | –       |          |         |        |    |
| DERS tot               | 84.65 (24.78) | .16*** | .09*   | .03     | .02     | –        |         |        |    |
| ICS tot                | 3.66 (.56)    | –.09*  | .03    | .16***  | –.19*** | –.11**   | –       |        |    |
| DNVB                   | 0.85 (.36)    | .05    | .01    | –.03    | .07     | –.03     | .21***  | –      |    |
| PB                     | 0.79 (.41)    | .12*** | .01    | .04     | .007    | .005     | .19***  | .54*** | –  |

SV = sexual violence history; DERS tot = Difficulties in Emotion Regulation Scale total; ICS tot = Internal Consent Scale total score; DNVB = direct nonverbal behavior; PB = passive behavior.

while controlling for gender, sexual orientation, whether vaginal sex occurred, and partner relationship, which was significant, Wilk's lambda = .97,  $F = 3.6$ ,  $p = .003$ . As hypothesized, individuals with a history of sexual violence had lower internal consent, and higher passive behaviors scores compared to those without a sexual violence history. Also consistent with hypotheses, those with sexual violence histories had higher mean emotion dysregulation scores compared to those without.

### Hypothesis 2

As hypothesized, higher levels of emotion dysregulation were associated with lower total internal consent; however, contrary to hypotheses, emotion dysregulation was not associated with external consent communication cues (Table 1).

### Hypothesis 3

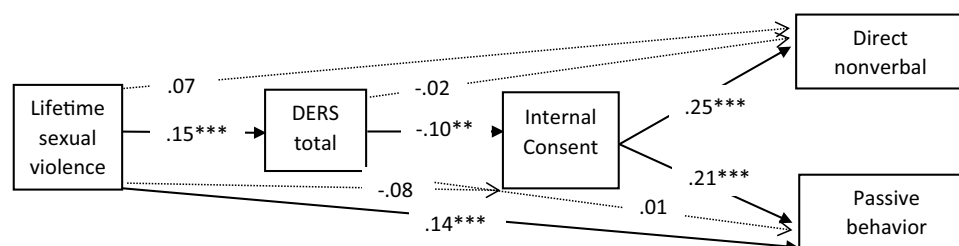
The standardized path coefficients for the full hypothesized model are presented in Figure 2. The model provided good

fit to the data,  $\chi^2 (df = 3) = 2.55$ ,  $p = .47$ , CFI = 1.00, RMSEA < .001, SRMR = .01, as indicated by a significant chi-square value, a CFI above .95, a RMSEA below .08, and a SRMR below .06. As hypothesized, lifetime history of sexual violence was positively associated with emotion dysregulation and use of passive external consent cues. Also as hypothesized, emotion dysregulation was negatively associated with internal consent. However, contrary to hypotheses, internal consent, was positively associated with Direct Nonverbal cues and Passive Behavior cues. We also tested the fit of a trimmed, parsimonious model wherein we deleted non-significant paths (Figure 3). The model fit the data well,  $\chi^2 (df = 3) = 2.55$ ,  $p = .47$ , CFI = 1.00, RMSEA < .001, SRMR = .01, and all previously significant paths remained identical. Emotion dysregulation and internal consent served as significant indirect pathways from sexual violence history to Direct Nonverbal cues (*Estimate* =  $-.004$ , *SE* = .002,  $p = .03$ ) and Passive Behavior cues (*Estimate* =  $-.003$ , *SE* = .001,  $p = .04$ ). However, the model accounted for relatively little variance in internal or external consent, ranging from 6.5% of the variance in Direct

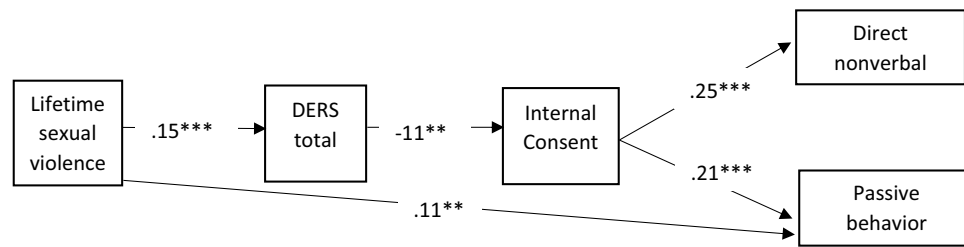
**Table 2.** Mean differences (standard deviations) in internal and external consent and emotion dysregulation by sexual violence history.

|                       | SV History    | No SV history | $F (p)$       | $\eta^2$ |
|-----------------------|---------------|---------------|---------------|----------|
| ICS total             | 3.60 (.60)    | 3.70 (.53)    | 4.78 (.03)    | .008     |
| ECS Direct Nonverbal  | .87 (.34)     | .83 (.37)     | 1.02 (.31)    | .003     |
| ECS Passive Behaviors | .84 (.37)     | .74 (.44)     | 8.72 (.003)   | .015     |
| DERS Total            | 89.14 (24.43) | 81.38 (24.55) | 14.92 (<.001) | .024     |

SV = sexual violence; ICS = Internal Consent Scale; ECS = External Consent Scale; DERS tot = Difficulties in Emotion Regulation Scale total.



**Figure 2.** Standardized path coefficients in the full path model from lifetime sexual violence to external consent communication strategies via difficulties in emotion regulation (DERS), and internal consent,  $\chi^2 (df = 3) = 2.55$ ,  $p = .47$ , CFI = 1.00, RMSEA < .001, SRMR = .01. Model controlled for gender (0 = men; 1 = women), whether vaginal sex occurred (0 = no, 1 = yes), and partner relationship (0 = partner or friend; 1 = just met). Gender was not significantly associated with internal or external consent. However, having a partner one had just met was associated with lower internal consent ( $B = -.18$ ,  $SE = .04$ ,  $p < .001$ ) and more direct nonverbal consent communication ( $B = .12$ ,  $SE = .04$ ,  $p = .003$ ) but not passive behavior ( $B = .04$ ,  $SE = .04$ ,  $p = .31$ ). Vaginal sex was associated with higher internal consent only ( $B = .13$ ,  $SE = .04$ ,  $p = .001$ ).



**Figure 3.** Standardized path coefficients in the final trimmed path model from lifetime sexual violence to external consent communication strategies via difficulties in emotion regulation (DERS), and internal consent,  $\chi^2(df = 7) = 8.98$ ,  $p = .25$ , CFI = .99, RMSEA = .02, SRMR = .02. Model controlled for gender (0 = men; 1 = women), whether vaginal sex occurred (0 = no, 1 = yes), and partner relationship (0 = partner or friend; 1 = just met). Gender was not significantly associated with internal or external consent. However, having a partner one had just met was associated with lower internal consent ( $B = -.18$ ,  $SE = .04$ ,  $p < .001$ ) and more direct nonverbal consent communication ( $B = .12$ ,  $SE = .04$ ,  $p = .003$ ) but not passive behavior ( $B = .04$ ,  $SE = .04$ ,  $p = .31$ ). Vaginal sex was associated with higher internal consent only ( $B = .13$ ,  $SE = .04$ ,  $p = .001$ ).

Nonverbal cues and 6.6% of the variance in internal consent.

## Discussion

The current study examined whether a history of sexual violence and emotion dysregulation were associated with sexual consent feelings and behaviors during a recent sexual encounter. Consistent with hypotheses, those with a history of sexual violence reported greater emotion dysregulation, lower overall internal sexual consent feelings, and greater use of external passive consent cues during their most recent sexual encounter. Greater emotion dysregulation was associated with lower feelings of internal consent, but contrary to hypotheses, emotion dysregulation was not directly associated with any external consent communication cues. Path modeling revealed that sexual violence history was indirectly associated with various forms of external consent communication during a recent sexual encounter through emotion dysregulation and internal consent; however, contrary to hypotheses, higher internal consent was associated with greater use of passive consent communication behaviors. Importantly, findings from the path model should be interpreted with caution as these data were cross-sectional and thus cannot explicate temporal relationships among the variables.

## Hypothesis Testing

Consistent with the first two hypotheses, students who had experienced sexual violence reported greater levels of emotion dysregulation and lower internal consent during their most recent sexual experience, which may reflect heightened distress among survivors in sexual situations. Indeed, a large literature has documented difficulties with various aspects of sexual functioning and decreased sexual satisfaction among sexual violence survivors, particularly those who develop distress such as posttraumatic stress symptoms (e.g., Bornefeld-Ettmann et al., 2018; Kelley & Gidycz, 2019). In the current study, we found that students who had more difficulties regulating emotions reported lower internal feelings of consent. It is possible that these students generally feel more negatively and thus are unlikely to rate emotional states, including those in sexual situations, as positively as other students; however, it also is possible that these students

are having more difficulty making sense of how they are feeling, or they are feeling overwhelmed by their emotions in sexual situations. Sexual violence survivors in particular may use more passive consent cues to communicate in these moments, which may reflect challenges in navigating consent after trauma (Mark & Vowels, 2020). Based on these data, however, we cannot eliminate the possibility that this more passive communication style was present before SV exposure. Finally, and contrary to hypotheses, there were no differences between SV survivors and non-survivors in use of direct nonverbal communication cues, suggesting that survivors may be using a mix of different consent communication cues.

Interestingly and contrary to hypotheses, emotion dysregulation was not directly associated with any external consent cues at the bivariate level, but rather was indirectly associated with all external consent cues through internal consent feelings. These findings suggest that trait-level emotion dysregulation may be associated with how people experience and appraise their consent feelings during a sexual encounter, which in turn may be associated with how they communicate during the encounter. In prior studies with women, higher internal consent has been associated with the use of more active consent cues (Willis et al., 2019); while that was true here as well, we also observed positive low-level associations between internal consent feelings and the use of passive consent cues, suggesting that willingness is not inconsistent with the use of passive cues. In fact, it may be that higher internal consent is associated with the use of a variety of consent cues, not just more direct forms of communication. This measure does not assess the effectiveness of particular external consent communication strategies and it is possible that students experiencing higher willingness engage in a variety of strategies (including passivity) to communicate that willingness. Nonetheless, we support Willis et al.'s (2019) conclusion that partners should not rely solely on the use of passive consent cues to infer consent. Most college consent programming focuses on knowing definitions of consent (e.g., Ortiz & Shafer, 2018), but not on the practicalities or challenges of communicating consent in particular contexts. Consent programming that encourages students to attend to their own emotions and desires and develop communication strategies

that reflect those experiences could better consider context and lead to more satisfying encounters for all.

### Limitations

Findings should be considered in the context of study limitations. First, data for the current study were cross-sectional, so although we hypothesized an order in which these variables might operate based on theory, we cannot conclusively determine the temporal ordering of variables in the path model and findings should be interpreted with substantive caution. Second, although several studies have examined individual differences in consent during a recent sexual encounter (e.g., Jozkowski, Peterson, et al., 2014; Jozkowski, Sanders, et al., 2014; Walsh et al., 2019), diary studies have found significant variability in internal and external consent over time within individuals (Willis, Jozkowski, et al., 2021), suggesting that contextual factors may be more important than static individual differences in understanding consent feelings and communication. Third, although significant associations were observed in the current study, the magnitude of these associations was small, and the final model accounted for relatively little variance in internal or external consent. Other factors likely play a role in how people experience and communicate consent. For example, alcohol use has been associated with risk for sexual assault victimization (for review, see Lorenz & Ullman, 2016), lower internal consent (Jozkowski & Wiersma, 2015; Willis, Marcantonio, et al., 2021), and more explicit external consent (T. L. Marcantonio et al., 2024). Alcohol expectancies and binge drinking also may play a role in sexual consent feelings and communication. Indeed, some work has found that students with more positive alcohol expectancies who were not drinking during their most recent encounter were more likely to engage in direct nonverbal communication (Jozkowski & Wiersma, 2015). Other work has found that young adults who are binge drinking rely less on active consent communication and more on context compared with those who are not binge drinking, possibly because alcohol impedes their ability to process complex stimuli like active consent cues (T. L. Marcantonio et al., 2022). Alcohol use, alcohol expectancies, binge drinking and their interaction with sexual victimization should be considered in future research. Fourth, we used a modified version of the widely used Sexual Experiences Survey (SES); however, a new expanded version of the SES has been developed and is being validated for use in future studies. Fifth, we needed to exclude some external consent communication subscales due to low internal consistency reliability, as strong psychometric properties are critical for single-indicator (observed) variables (Kline, 2023). Sixth, women were overrepresented in this sample while men and gender expansive students were underrepresented. Finally, this study did not measure attention to or clarity of emotions during a recent sexual encounter, nor did we assess broader feelings about the encounter, including pleasure and/or satisfaction.

### Future Research Recommendations

Limitations notwithstanding, this secondary analysis highlights several important recommendations for future research. Future studies should examine associations

between sexual violence, emotion regulation and consent feelings and behaviors within a longitudinal framework to better understand how these variables are temporally related. For example, the current study examined lifetime sexual victimization, but did not differentiate between exposure to multiple instances of sexual victimization (termed revictimization; Walsh, Danielson, et al., 2012) and a single instance of victimization. Longitudinal work to understand whether emotion dysregulation emerges prior to sexual violence or in response to sexual violence and how these constructs change over time and in relation to additional violence exposure will be important. It also could be important to test whether these associations are invariant across gender, sexual orientation, race and other demographics in samples with more balanced representation across these characteristics. Given that emotions and emotion regulation can vary over time, it also will be important for future studies to examine trait- and state-level emotions and emotion regulation during the sexual experience to better understand linkages between these constructs. The poor psychometric properties of some of the ECS subscales and the lack of questions balanced across dimensions of directness (ranging from indirect to direct) and mode of communication (ranging from nonverbal to verbal) suggest that it may be prudent to develop and validate an improved external consent measure. Finally, developing and validating a measure of attention to and clarity of emotions within sexual encounters could improve the assessment of internal sexual consent. A measure like the Positive and Negative Affect Schedule (Watson et al., 1988) or the awareness and clarity subscales of the Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004) could be adapted to sexual encounters to accomplish this goal.

### Conclusions

The current study observed preliminary evidence for associations between sexual violence history, emotion dysregulation, and internal and external consent. The finding that those with sexual violence histories report greater use of passive behavior cues to communicate consent compared to those without sexual violence histories suggests room for empowering survivors to be more active in articulating their needs and boundaries, which builds on qualitative work in this area (Mark & Vowels, 2020). Although we did not observe direct associations between emotion dysregulation and direct nonverbal or passive external consent cues, emotion dysregulation was related to both forms of external consent cues through higher internal consent. Consent programming that includes a focus on emotion regulation and internal consent could have implications for consent communication during sexual encounters.

### Acknowledgments

The authors would like to thank members of the Montclair State University Trauma and Resilience Lab, especially Megan Young, Emma Ophthof, and Zaynah Mahon, for their assistance with recruitment, survey programming, and data collection.



## Disclosure Statement

No potential conflict of interest was reported by the author(s).

## ORCID

Kate Walsh  <http://orcid.org/0000-0002-3996-2683>

Stephanie Ward  <http://orcid.org/0000-0002-8191-0158>

## References

- Beres, M. (2010). Sexual miscommunication? Untangling assumptions about sexual communication between casual sex partners. *Culture, Health & Sexuality*, 12(1), 1–14. <https://doi.org/10.1080/13691050903075226>
- Beres, M. A. (2014). Rethinking the concept of consent for anti-sexual violence activism and education. *Feminism & Psychology*, 24(3), 373–389. <https://doi.org/10.1177/0959353514539652>
- Bernstein, D. P., Stein, J. A., Newcomb, M. D., Walker, E., Pogge, D., Ahluvalia, T., Stokes, J., Handelsman, L., Medrano, M., Desmond, D., & Zule, W. (2003). Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child Abuse & Neglect*, 27(2), 169–190. [https://doi.org/10.1016/S0145-2134\(02\)00541-0](https://doi.org/10.1016/S0145-2134(02)00541-0)
- Bornefeld-Ettmann, P., Steil, R., Lieberz, K. A., Bohus, M., Rausch, S., Herzog, J., Priebe, K., Fydrich, T., & Müller-Engelmann, M. (2018). Sexual functioning after childhood abuse: The influence of post-traumatic stress disorder and trauma exposure. *The Journal of Sexual Medicine*, 15(4), 529–538. <https://doi.org/10.1016/j.jsxm.2018.02.016>
- Cantor, D., Fisher, B., Chibnall, S., Harps, S., Townsend, R., Thomas, G., & Madden, K. (2019). *Report on the AAU campus climate survey on sexual assault and misconduct*. The Association of American Universities, Westat.
- Chervonsky, E., & Hunt, C. (2017). Suppression and expression of emotion in social and interpersonal outcomes: A meta-analysis. *Emotion*, 17(4), 669. <https://doi.org/10.1037/emo0000270>
- Cole, P. M., Michel, M. K., & Teti, L. O. D. (1994). The development of emotion regulation and dysregulation: A clinical perspective. *Monographs of the Society for Research in Child Development*, 59(2–3), 73–100. <https://www.jstor.org/stable/1166139>
- Curtis, J. N., & Burnett, S. (2017). Affirmative consent: What do college student leaders think about “yes means yes” as the standard for sexual behavior? *American Journal of Sexuality Education*, 12(3), 201–214. <https://doi.org/10.1080/15546128.2017.1328322>
- Diamond, L. M., & Aspinwall, L. G. (2003). Emotion regulation across the life span: An integrative perspective emphasizing self-regulation, positive affect, and dyadic processes. *Motivation & Emotion*, 27(2), 125–156. <https://doi.org/10.1023/A:1024521920068>
- Fedina, L., Holmes, J. L., & Backes, B. L. (2018). Campus sexual assault: A systematic review of prevalence research from 2000 to 2015. *Trauma, Violence, & Abuse*, 19(1), 76–93. <https://doi.org/10.1177/1524838016631129>
- Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*, 26(1), 41–54. <https://doi.org/10.1023/B:JOBA.0000007455.08539.94>
- Hu, L. T., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal*, 6(1), 1–55. <https://doi.org/10.1080/10705519909540118>
- Jozkowski, K. N. (2015). “Yes means yes”? Sexual consent policy and college students. *Change, the Magazine of Higher Learning*, 47(2), 16–23. <https://doi.org/10.1080/00091383.2015.1004990>
- Jozkowski, K. N., & Peterson, Z. D. (2013). College students and sexual consent: Unique insights. *The Journal of Sex Research*, 50(6), 517–523. <https://doi.org/10.1080/00224499.2012.700739>
- Jozkowski, K. N., Peterson, Z. D., Sanders, S. A., Dennis, B., & Reece, M. (2014). Gender differences in heterosexual college students’ conceptualizations and indicators of sexual consent: Implications for contemporary sexual assault prevention education. *The Journal of Sex Research*, 51(8), 904–916. <https://doi.org/10.1080/00224499.2013.792326>
- Jozkowski, K. N., Sanders, S., Peterson, Z. D., Dennis, B., & Reece, M. (2014). Consenting to sexual activity: The development and psychometric assessment of dual measures of consent. *Archives of Sexual Behavior*, 43(3), 437–450. <https://doi.org/10.1007/s10508-013-0225-7>
- Jozkowski, K. N., & Wiersma, J. D. (2015). Does drinking alcohol prior to sexual activity influence college students’ consent? *International Journal of Sexual Health*, 27(2), 156–174. <https://doi.org/10.1080/19317611.2014.951505>
- Kaufman, E. A., Xia, M., Fosco, G., Yaptangco, M., Skidmore, C. R., & Crowell, S. E. (2016). The Difficulties in Emotion Regulation Scale Short Form (DERS-SF): Validation and replication in adolescent and adult samples. *Journal of Psychopathology and Behavioral Assessment*, 38(3), 443–455. <https://doi.org/10.1007/s10862-015-9529-3>
- Kelley, E. L., & Gidycz, C. A. (2019). Posttraumatic stress and sexual functioning difficulties in college women with a history of sexual assault victimization. *Psychology of Violence*, 9(1), 98. <https://doi.org/10.1037/vio0000162>
- Kelley, E. L., Orchowski, L. M., & Gidycz, C. A. (2016). Sexual victimization among college women: Role of sexual assertiveness and resistance variables. *Psychology of Violence*, 6(2), 243. <https://doi.org/10.1037/a0039407>
- Kline, R. B. (2023). *Principles and practice of structural equation modeling*. Guilford Publications.
- Koss, M. P., Gidycz, C. A., & Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *Journal of Consulting & Clinical Psychology*, 55(2), 162. <https://doi.org/10.1037/0022-006X.55.2.162>
- Lafrance, D. E., Loe, M., & Brown, S. C. (2012). “Yes means yes.” A new approach to sexual assault prevention and positive sexuality promotion. *American Journal of Sexuality Education*, 7(4), 445–460. <https://doi.org/10.1080/15546128.2012.740960>
- Lorenz, K., & Ullman, S. E. (2016). Alcohol and sexual assault victimization: Research findings and future directions. *Aggression & Violent Behavior*, 31, 82–94. <https://doi.org/10.1016/j.avb.2016.08.001>
- Loshek, E., & Terrell, H. K. (2015). The development of the Sexual Assertiveness Questionnaire (SAQ): A comprehensive measure of sexual assertiveness for women. *The Journal of Sex Research*, 52(9), 1017–1027. <https://doi.org/10.1080/00224499.2014.944970>
- MacKinnon, D. P., Lockwood, C. M., & Williams, J. (2004). Confidence limits for the indirect effect: Distribution of the product and resampling methods. *Multivariate Behavioral Research*, 39(1), 99–128. [https://doi.org/10.1207/s15327906mbr3901\\_4](https://doi.org/10.1207/s15327906mbr3901_4)
- Marcantonio, T. L., Cao, C., Leone, R. M., & Cropsey, K. (2024). A within-person examination of alcohol-involved and non-alcohol involved internal and external sexual consent communication. *Journal of Studies on Alcohol & Drugs*, jsad–23. <https://doi.org/10.15288/jsad.23-00260>
- Marcantonio, T., Jozkowski, K. N., & Wiersma-Mosley, J. (2018). The influence of partner status and sexual behavior on college women’s consent communication and feelings. *Journal of Sex & Marital Therapy*, 44(8), 776–786. <https://doi.org/10.1080/0092623X.2018.1474410>
- Marcantonio, T. L., Willis, M., & Jozkowski, K. N. (2022). Effects of typical and binge drinking on sexual consent perceptions and communication. *Journal of Sex & Marital Therapy*, 48(3), 273–284. <https://doi.org/10.1080/0092623X.2021.1986445>
- Mark, K. P., & Vowels, L. M. (2020). Sexual consent and sexual agency of women in healthy relationships following a history of sexual trauma. *Psychology and Sexuality*, 11(4), 315–328. <https://doi.org/10.1080/19419899.2020.1769157>
- McKenna, J. L., Roemer, L., & Orsillo, S. M. (2021). Predictors of sexual consent communication among sexual minority cisgender and non-binary young adults during a penetrative sexual encounter with a new

- partner. *Sexuality & Culture*, 25(4), 1490–1508. <https://doi.org/10.1007/s12119-021-09831-y>
- Mellins, C. A., Walsh, K., Sarvet, A. L., Wall, M., Gilbert, L., Santelli, J. S., Khan, S., Benson, S., Bah, K., Kaufman, K. A., & Hirsch, J. S. (2017). Sexual assault incidents among college undergraduates: Prevalence and factors associated with risk. *PLOS ONE*, 12(11), e0186471. <https://doi.org/10.1371/journal.pone.0186471>
- Messman-Moore, T. L., & Brown, A. L. (2004). Child maltreatment and perceived family environment as risk factors for adult rape: Is child sexual abuse the most salient experience? *Child Abuse and Neglect*, 28(10), 1019–1034. <https://doi.org/10.1016/j.chiabu.2004.05.003>
- Messman-Moore, T. L., & Brown, A. L. (2006). Risk perception, rape, and sexual revictimization: A prospective study of college women. *Psychology of Women Quarterly*, 30(2), 159–172. <https://doi.org/10.1111/j.1471-6402.2006.00279.x>
- Messman-Moore, T. L., Walsh, K. L., & DiLillo, D. (2010). Emotion dysregulation and risky sexual behavior in revictimization. *Child Abuse & Neglect*, 34(12), 967–976. <https://doi.org/10.1016/j.chiabu.2010.06.004>
- Muehlenhard, C. L., Humphreys, T. P., Jozkowski, K. N., & Peterson, Z. D. (2016). The complexities of sexual consent among college students: A conceptual and empirical review. *The Journal of Sex Research*, 53(4–5), 457–487. <https://doi.org/10.1080/00224499.2016.1146651>
- Muthén, L. K., & Muthén, B. O. (1998–2017). *Mplus user's guide* (8th ed.). Muthén & Muthén.
- Nolen-Hoeksema, S. (2012). Emotion regulation and psychopathology: The role of gender. *Annual Review of Clinical Psychology*, 8(1), 161–187. <https://doi.org/10.1146/annurev-clinpsy-032511-143109>
- Ortiz, R. R., & Shafer, A. (2018). Unblurring the lines of sexual consent with a college student-driven sexual consent education campaign. *Journal of American College Health*, 66(6), 450–456. <https://doi.org/10.1080/07448481.2018.1431902>
- Pepping, C. A., Cronin, T. J., Lyons, A., & Caldwell, J. G. (2018). The effects of mindfulness on sexual outcomes: The role of emotion regulation. *Archives of Sexual Behavior*, 47(6), 1601–1612. <https://doi.org/10.1007/s10508-017-1127-x>
- Ritschel, L. A., Tone, E. B., Schoemann, A. M., & Lim, N. E. (2015). Psychometric properties of the Difficulties in Emotion Regulation Scale across demographic groups. *Psychological Assessment*, 27(3), 944. <http://doi.org/10.1037/pas0000099>
- Rosen, N. O., & Bergeron, S. (2019). Genito-pelvic pain through a dyadic lens: Moving toward an interpersonal emotion regulation model of women's sexual dysfunction. *The Journal of Sex Research*, 56(4–5), 440–461. <https://doi.org/10.1080/00224499.2018.1513987>
- Scher, C. D., Stein, M. B., Asmundson, G. J., McCreary, D. R., & Forde, D. R. (2001). The Childhood Trauma Questionnaire in a community sample: Psychometric properties and normative data. *Journal of Traumatic Stress*, 14(4), 843–857. <https://doi.org/10.1023/A:1013058625719>
- Stoner, S. A., Norris, J., George, W. H., Morrison, D. M., Zawacki, T., Davis, K. C., & Hessler, D. M. (2008). Women's condom use assertiveness and sexual risk-taking: Effects of alcohol intoxication and adult victimization. *Addictive Behaviors*, 33(9), 1167–1176. <https://doi.org/10.1016/j.addbeh.2008.04.017>
- Vanzile-Tamsen, C., Testa, M., & Livingston, J. A. (2005). The impact of sexual assault history and relationship context on appraisal of and responses to acquaintance sexual assault risk. *Journal of Interpersonal Violence*, 20(7), 813–832. <https://doi.org/10.1177/0886260505276071>
- Walsh, K., Danielson, C. K., McCauley, J. L., Saunders, B. E., Kilpatrick, D. G., & Resnick, H. S. (2012). National prevalence of posttraumatic stress disorder among sexually revictimized adolescent, college, and adult household-residing women. *Archives of General Psychiatry*, 69(9), 935–942. <https://doi.org/10.1001/archgenpsychiatry.2012.132>
- Walsh, K., DiLillo, D., & Messman-Moore, T. L. (2012). Lifetime sexual victimization and poor risk perception: Does emotion dysregulation account for the links? *Journal of Interpersonal Violence*, 27(15), 3054–3071. <https://doi.org/10.1177/0886260512441081>
- Walsh, K., DiLillo, D., & Scalora, M. J. (2011). The cumulative impact of sexual revictimization on emotion regulation difficulties: An examination of female inmates. *Violence Against Women*, 17(8), 1103–1118. <https://doi.org/10.1177/1077801211414165>
- Walsh, K., Honickman, S., Valdespino-Hayden, Z., & Lowe, S. R. (2019). Dual measures of sexual consent: A confirmatory factor analysis of the Internal Consent Scale and External Consent Scale. *The Journal of Sex Research*, 56(6), 802–810. <https://doi.org/10.1080/00224499.2019.1581882>
- Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 54(6), 1063–1070. <https://doi.org/10.1037/0022-3514.54.6.1063>
- Weiss, N. H., Walsh, K., DiLillo, D. D., Messman-Moore, T. L., & Gratz, K. L. (2019). A longitudinal examination of posttraumatic stress disorder symptoms and risky sexual behavior: Evaluating emotion dysregulation dimensions as mediators. *Archives of Sexual Behavior*, 48(3), 975–986. <https://doi.org/10.1007/s10508-019-1392-y>
- Wiederman, M. W. (2015). Sexual script theory: Past, present, and future. In J. DeLamater & R. F. Plante (Eds.), *Handbook of the sociology of sexualities* (pp. 7–22). Springer.
- Willis, M., Blunt-Vinti, H. D., & Jozkowski, K. N. (2019). Associations between internal and external sexual consent in a diverse national sample of women. *Personality and Individual Differences*, 149, 37–45. <https://doi.org/10.1016/j.paid.2019.05.029>
- Willis, M., Jozkowski, K. N., Bridges, A. J., Veilleux, J. C., & Davis, R. E. (2021). Assessing the within-person variability of internal and external sexual consent. *The Journal of Sex Research*, 58(9), 1173–1183. <https://doi.org/10.1080/00224499.2021.1913567>
- Willis, M., Marcantonio, T. L., & Jozkowski, K. N. (2021). Internal and external sexual consent during events that involved alcohol, cannabis, or both. *Sexual Health*, 18(3), 260–268. <https://doi.org/10.1071/SH21015>
- Zerubavel, N., & Messman-Moore, T. L. (2013). Sexual victimization, fear of sexual powerlessness, and cognitive emotion dysregulation as barriers to sexual assertiveness in college women. *Violence Against Women*, 19(12), 1518–1537. <https://doi.org/10.1177/1077801213517566>