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The Role of Sexual Agency and Consent in Healthy Adolescent Development

Cady Berkel

Arizona State University & Phoenix Children's Hospital

Introduction

Current events and social movements have pushed the topic of sexual consent to the forefront of public discourse about adolescent sexual health. The #MeToo movement originated in 2006, created by African American activist, Tarana Burke, to harness the healing power of empathy from one sexual assault survivor to another (Ohlheiser, 2017). In 2017, the movement was amplified by celebrities, including Alyssa Milano, Oprah Winfrey, and Salma Hayek (Clair et al., 2019; Gill and Orgad, 2018), forcing a previously unmentionable topic into the open (Clair et al., 2019). The movement is now an international phenomenon, with the hashtag mentioned on Twitter 19 million times in the first year alone (Anderson and Toor, 2018) and has been noted in at least 85 countries around the globe (Gill and Orgad, 2018). Although there is warranted concern within the movement about limited inclusion of all sexual assault victims (Estrada, 2017; PettyJohn et al., 2018), others are using the it to bring attention to diverse groups experiencing sexual violence, including Native American women (Hoyer, 2018), African

American women and girls (Gómez and Gobin, 2019), women with disabilities in China (Lin and Yang, 2019), and women in the military (Alvinus and Holmberg, 2019).

Reflecting the gender statistics about sexual assault and harassment, #MeToo and related social movements have primarily featured men as perpetrators and women as victims (Kunst et al., 2018). Research focused on #howIwillchange (i.e., #MeToo's companion movement to reduce men's role in perpetuating sexual violence and harassment against women) has uncovered a wide range of male responses to the #MeToo movement, from support to patronization to defensiveness and hostile resistance (PettyJohn et al., 2018). The extent to which the #MeToo and other movements will maintain traction against a social problem that has been historically resistant to change is yet to be seen (Pellegrini, 2018).

The purpose of this manuscript is to provide a conceptual review the research related to sexual consent and agency among adolescents. First, a historical perspective on sexual consent and agency are presented. Next, it provides an overview of the current state of adolescent sexual health with respect to these issues. Predictors and outcomes of sexual agency and victimization are examined. Finally, implications are drawn to prevention and health promotion strategies to both avoid risk and promote positive health and development. The literature review was conducted using EBSCOhost and ProQuest search engines. These engines make use of multiple databases (e.g., PsycINFO, PubMed, Scopus, and Web of Science) that include references related to sexual health. Search terms included: sexual consent, sexual victimization, sexual violence, sexual coercion, sexual agency, sexual empowerment, sexual self-efficacy, unwanted sex, unwanted touching, sexual assault, and rape. Peer reviewed articles published in the past decade (2009-2019) that featured adolescents (ages 10-19) were included. This allowed for a primarily focus on adolescent experiences between middle school and college, which is a major life

transition that demarks adolescence from young adulthood. Studies with a larger age range were excluded if design precluded interpretation of effects for adolescents. Also included in the review were reports from national datasets (e.g., the Centers for Disease Control and Prevention National Intimate Partner and Sexual Violence Survey) and articles identified in the reference lists of relevant articles.

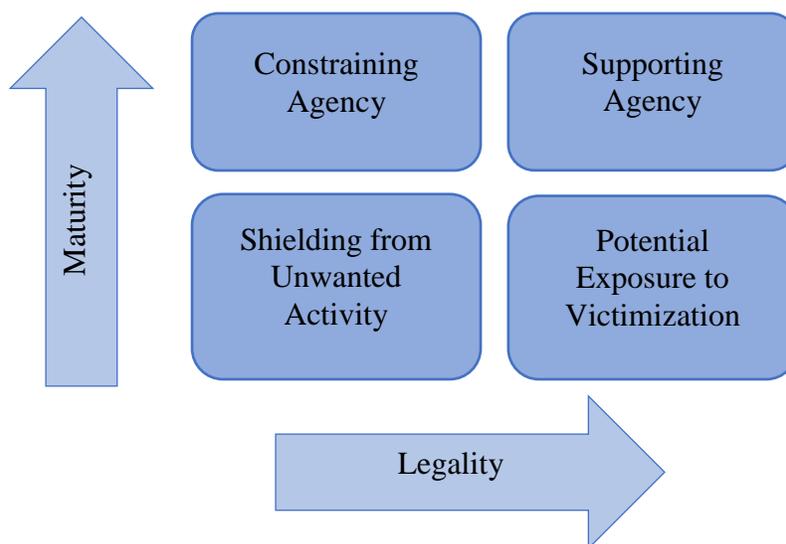
Use of Terms

Sexual Consent

The use of terms to describe one's ability to determine their own participation in sexual activity are varied and have different nuances. *Sexual consent* has its history as a legal term used to determine whether engaging in sexual behaviors may be treated as a criminal offense (Graupner, 2000). Such laws can be used to protect individuals from unwanted sexual behavior or they can be used to control sexual behavior that is deemed by society to be undesirable (Angelides, 2013; Petroni, Das, and Sawyer, 2019). Figure 1 provides a matrix describing the intersection between one's developmental ability to consent and legal constraints on sexual behavior. To the extent that cognitive, emotional, and physical maturity related to sex and relationships remains limited, legal constraints can serve to shield adolescents from potential victimization. With increasing maturity, on the other hand, laws and norms that limit sexual behavior constrain agency and developmentally appropriate opportunities to prepare for adult roles (Petroni, Das, and Sawyer, 2019). Historically, laws and social norms about age of consent to sex and marriage coincided with timing of puberty (Bullough, 2004; Killias, 1990; Petroni, Das, and Sawyer, 2019). Recent demographic trends decreased the age of puberty and increased the age of marriage make it increasingly unrealistic to expect abstinence until marriage and have created tension with respect to addressing sexual behavior outside of wedlock (Sawyer et al.,

2018; Suleiman et al., 2017). For example, in Ghana, the Ministry of Gender, Children and Social Protection was concerned that as the legal age to consent to sex is 16 and the legal age of marriage is 18, girls may get pregnant and not be allowed to marry the father (Abugri, 2018; GNA, 2017). They recommend raising the age of sexual consent to 18 to protect adolescent from abuse and unintended consequences (e.g., premarital pregnancy). Others have argued this solution is misguided (Petroni, Das, and Sawyer, 2019). It is generally accepted that adolescents under the age of 14 have not developed the cognitive maturity for sex (Graham, 2018). However, delay of sexual debut past the mid-20s is not normative and is associated with depressive symptoms (Vasilenko, Kugler, and Rice, 2016). In addition, maturity is not consistently determined by age, but instead may be influenced by genetics and environment (Dixon-Mueller, 2008). Cook and Dickens (2000) suggest that a marker for sexual readiness may be a request for contraception, as it indicates an understanding of risks to oneself and others, capacity to act on information, and the ability to plan for sexual encounters.

Figure 1. Intersection between sexual maturity and legal constraints



In addition to the actor's age and maturity (Graham, 2018; Graupner, 2000; Templeton et al., 2017), other factors that influence whether a sexual encounter is perceived as a criminal offense include the age difference between the actors (Reitz-Krueger et al., 2016), the gender of the actors (Graham, 2018; Graupner, 2000), and the type of sexual activity (Graupner, 2000). For contexts in which the sexual experience of a daughter has financial repercussions on the family (i.e., her ability to marry a husband who will provide for her and the family is based on her status as a virgin), sex outside of marriage can be punished severely (Parikh, 2012). Occasionally, men charged with sexual assault are given the option to marry their victims. This situation highlights the at times inconsistent needs of families and the survivors, who will likely continue to be victimized.

Legal constraints on sexuality may create barriers for adolescents in need of sexual healthcare. For example, In some countries the legal age of consent to sex is lower than the age to consent to health services (Godwin et al., 2014). In Zimbabwe, where all sexual behavior under the age of 18 is illegal, adolescents are denied access to sexual health information and contraception, placing them at risk of unplanned pregnancy and sexually transmitted infections (STIs; Amnesty International, 2018). In India, medical providers are required to report all instances of adolescent pregnancy as child sexual abuse, regardless of consent or the age of the partner (Andrade and Sathyanarayana Rao, 2013). This may result in girls' delay of prenatal care to protect their partners. Boys' may also abandon the relationship to avoid legal penalties (Bell, 2012). Delay of prenatal care and treatment for STIs can lead to infertility and other serious health outcomes. Health center staff and school health educators in Uganda provide misinformation and limit adolescents' access to contraception because they do not believe that adolescents or unmarried individuals should participate in sex (Bell, 2012; de Haas, Hutter, and

Timmerman, 2017). Ugandan adolescents avoid buying condoms in local convenience stores because of concerns about gossip and potential damage to their reputations.

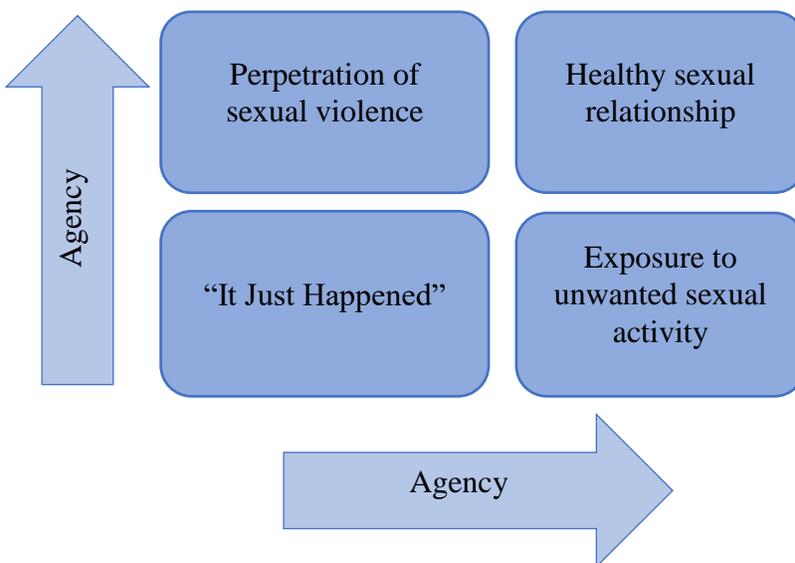
The unintended consequences of legal controls on adolescent sexuality have spread to the issue of sexting, which has become a sensationalized topic in recent years (Angelides, 2013; O'Connor et al., 2017). Although two adolescents may be able to legally consent to sexual relations, consensually sending nude pictures to one another could result in being charged with child pornography and having to register as a sex offender. Despite public concern, there have been no instances of not getting a job or into college because of sexting (Angelides, 2013). The risk is more likely due to the criminalization of the act than an inherent consequence of the act itself. There have been warnings about risk of suicide, however, in the case prompting these warnings, it was clear that the suicide was because of bullying and harassment from peers and the lack of action from adults rather than the sending of explicit photos (Angelides, 2013).

Sexual Agency

Sexual agency is a term that is gaining in popularity and is often used to refer to self-efficacy in asserting one's sexual interests, from the ability to avoid unwanted sexual activity to the positive fulfillment sexual desires (Arbeit, 2014; Bay-Cheng, 2015; Byers, O'Sullivan, and Brotto, 2016; Peterson, 2010). It is a key component of sexual health (Epstein and Mamo, 2017; Harden, 2014). Sexual agency is in part a characteristic of the individual adolescent, but is often constrained by the microsystemic contexts of the relationship and the family, as well as societal, macrosystemic influences. Agency may more accurately be described as a continuum: thin agency is when actions are made within highly restrictive contexts, e.g., with high moral constraint, whereas thick agency is where individuals have the freedom to act in accordance with their own preferences (Bell, 2012). Each partner in a sexual relationship can be placed along a

continuum of agency. As depicted in Figure 2, when both partners have high levels of agency, a healthy sexual relationship can occur. When there is unbalanced agency between romantic partners, one person has more control over factors related to both pleasure and safety within the sexual encounter and sexual victimization is a risk (Barnett and Maticka-Tyndale, 2011). While it may be difficult to imagine a situation where sex occurs without either party's control, qualitative studies of sexual debut are replete with adolescent reports of sex that "just happened" (e.g., Geary et al., 2013; Ott et al., 2012; Timm et al., 2013). It is important to note that between having no control and full control, there is a space that researchers have referred to as willingness (Geary et al., 2013) or complaint sex (Katz and van der Kloet, 2010), where one party more or less goes with the flow in exchange for other benefits of the relationship. Determinants and outcomes of sexual agency will be further discussed in the sections that follow.

Figure 2. Intersection between sexual agency of partners



Prevalence

To understand the scope of these issues, the following section reviews descriptive research on adolescent sexual agency and consent. It also presents a summary of research on prevalence of non-consensual or unwanted sex and pro-assault attitudes. Because studies were conducted in varied cultural contexts, descriptions of the study populations are provided throughout. When available, differences across subgroups are presented.

What is it that adolescents want with respect to romantic relationships and sexuality?

Data from the National Longitudinal Study of Adolescent to Adult Health (Add Health) demonstrated that adolescents' desire for sexual activities is much lower than their desire for other romantic behaviors (Choukas-Bradley et al., 2015). There was agreement among Add Health participants that saying "I love you" should come before engagement in sex. Demographic differences in the study indicated that males and sexual minority youth were more interested in sex than females and heterosexuals. Within males, African American and Latino males indicated higher levels of sexual interest than White males.

How common are unsafe attitudes about sexual agency and consent?

The literature is mixed on the prevalence of attitudes and ideas that support sexual victimization, however, gender differences are common. For example, in a survey of predominantly White (81%) freshman students in a Northwestern university in the United States (Hust et al., 2014), average scores assessing agreement with common myths about rape ($M = 2.5$, $SD = 1.1$) were well below the midpoint of the 7 point scale. Endorsement of rape myths among males was significantly higher than among females. Similarly, among predominantly White freshman college students in a Midwestern university, males were more likely to endorse

permissive beliefs about alcohol and sexual assault than females (Ward et al., 2012). In Canada, high school students also appeared to be influenced by rape myths (Kumar et al., 2013). When presented with four vignettes that represented sexual assault, less than 30% were able to correctly judge all four as sexual assault. In a study of adolescent sexual health in low income areas of Uganda (Renzaho et al., 2017), more than one-third of respondents felt that it was acceptable to force a girl to have sex. Almost three-quarters perceived rape by strangers or relatives to be common. These attitudes did not differ by gender. Further, with respect to attitudes about sexual agency in the prevention of pregnancy and sexually transmitted infections (STIs), two-thirds of the Ugandan sample felt that it is the girl's responsibility to ensure protection is used, but almost half felt that a boy would not respect a girl who insisted on condoms (Renzaho et al., 2017).

How frequent is non-consensual sexual activity in adolescence?

Research assessing the frequency of perpetration of sexual victimization was more limited than the experience of sexual victimization, however, the available evidence showed that males were more likely to be the perpetrators in assault situations. For example, among primarily White freshman students in a Northwestern university, males were less likely than females to report that they would respect a desired partner's decision to not have sex (Hust et al., 2014). Qualitative studies support the notion that perpetrators of sexual violence are primarily men (e.g., Bhana, 2015; Fehler-Cabral and Campbell, 2013).

According to the 2015 National Intimate Partner and Sexual Violence Survey, 11 million women and 1.5 million men experienced their first sexual assault prior to the age of 18 (Smith et al., 2018a). These numbers represent 43% of all female and 51% of all male victims of sexual assault. In a survey of predominantly African American adolescent women in New York, half of

the sample reported coerced sexual activity and 20% reported the event had occurred on three or more occasions (Morrison-Beedy and Grove, 2018). Gender is the most frequently examined demographic predictor examined in the literature; results consistently indicate that women experience more victimization than men. A multisite study was conducted to examine the sexual behavior of college students in Wisconsin and Texas (Higgins et al., 2010). Rates of sexual assault were high for female students, who were significantly more likely to have ever been raped on a date (22% versus 2%) or to have ever been fondled or had clothes removed against their will (17% versus 7%). In a study of adolescents in Uganda (Renzaho et al., 2017), girls were significantly less likely than boys to have consensual sex at first intercourse (70% vs. 90%). Other demographic risk factors that have been confirmed in the literature include extreme poverty and special education needs (Khadr et al., 2018). Native American students were more likely to experience sexual victimization than students of other racial/ethnic backgrounds (Patterson Silver Wolf et al., 2018). Bisexual women who have been raped were more likely to experience first assault during adolescence (48%) than heterosexual women (28%) (Smith et al., 2018b).

In terms of exercising sexual agency, evidence in the literature for adolescents' active and explicit communication about what they wanted or did not want was rare. As mentioned above, consistent finding in qualitative literature is that adolescents report that their first sexual encounter "just happened" (Delgado-Infante and Ofreneo, 2014; Geary et al., 2013; Mann, 2016; Ott et al., 2012). Predominantly White college students reported that only half gave explicit consent at first intercourse and 22% were intoxicated (Higgins et al., 2010). Giving explicit consent to sex was rare for both genders, but particularly among males (Higgins et al., 2010). Male freshmen were also less likely than females to say that they would refuse unwanted sex

(Hust et al., 2014). Young women in South Africa reported higher sexual-self efficacy than young men to refuse sex and communicate with partners about condom use and sexual history (Closson et al., 2018). These results suggesting lower agency among men than women may seem contrary to expectations given the gender breakdown of perpetrators and victims in most sexual assault cases. Confusion may come from stereotypes about men's physical prowess or that they are so interested in sex that they would never turn an invitation down (Lowe and Rogers, 2017).

However, adolescent agency is apparent in some research. In a study of sexually experienced adolescents in Canada, a substantial number decided to avoid future sexual behavior (27%) and romantic relationships (47%) (Byers, O'Sullivan, and Brotto, 2016). Females were more likely to report avoiding both sexual and romantic relationships than males. Previous sexual coercion was the strongest quantitative predictor of relationship avoidance for both males and females. Interestingly, participants did not explicitly mention sexual coercion as a reason for avoidance in the qualitative component of the study. It may be the case that for many adolescent women the subject of sexual victimization is taboo. Adolescent women in England demonstrated their agency to avoid unwanted sex by ending relationships in which partners asked for sexual behaviors that were unappealing or uncomfortable (Maxwell and Aggleton, 2012).

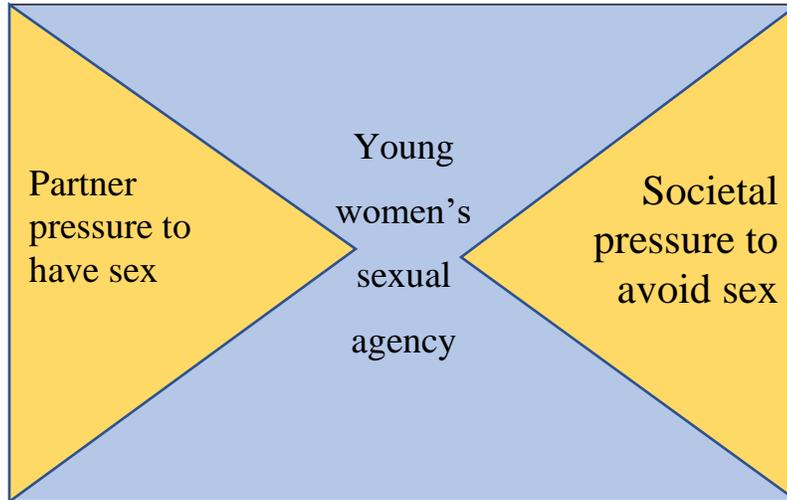
In terms of agency towards desired sexual activity, an example was found in Lesbian adolescents who are seeking to become pregnant (Reed, Miller, and Timm, 2011). They determined the who, the where, the when, and the how these procreative relations would occur. Many of the participants in this study had previously experienced sexual victimization, which can limit sexual agency (Closson et al., 2018). However, in one case, a participant reported stopping her sperm donor midway through intercourse because of flashbacks of a previous

assault. The women did not discuss this level of control with any other sexual relations with men, but it shows the level of agency women invoke in certain circumstances.

Predictors of Sexual Agency and Victimization

Gender norms have been identified in the literature as a primary determining factor in understanding sexual consent and agency (Bay-Cheng, 2012; Christianson, 2015; de Haas, Hutter, and Timmerman, 2017; Hirsch et al., 2019; Hust et al., 2014; Kelly et al., 2017; Levin, Ward, and Neilson, 2012; Marks and Wosick, 2017; Salazar et al., 2018; Shafer et al., 2018; Summit et al., 2016; Trinh, 2016). Culturally based sexual scripts play a large role in determining who has agency for sexual decision-making in relationship (Barnett and Maticka-Tyndale, 2011). In general, sexual scripts provide males with more sexual agency than females, to the point that obtaining consent is seen as the man's job (Hirsch et al., 2019). This power differential appears to be heightened in societies with more gender and income inequality (Barnett and Maticka-Tyndale, 2011; Bay-Cheng, 2012). Young women face opposing pressures from society and from their potential partners (see Figure 3). Societal influences on young women's sexual activity seek to reduce agency by socializing women that sex is shameful. Men push vigorously in the opposite direction with promises of love, commitment, and sometimes economic rewards, or with physical violence if women refuse (Jewkes and Morrell, 2012). Facing the proverbial rock and hard place, it appears for girls, distancing themselves from their own sexual agency is more acceptable than saying either "I wanted it" or "I was forced." On the other hand, even when men seek active consent, women report feeling it would be rude to say no (Hirsch et al., 2019). Traditional gender roles and religiosity are negatively associated with sexual assertiveness and condom use self-efficacy among young women (Curtin et al., 2011)

Figure 3. Opposing forces on women's sexual agency



Other demographic factors intersect with gender norms to produce complex social rules and consequences for sexual behavior. For example, socioeconomic standing plays a role, with often greater constraints on more advantaged young women's agency and more potential victimization among underprivileged women (Barnett and Maticka-Tyndale, 2011; Bell, 2012; Bhana, 2015; Closson et al., 2018; Jewkes and Morrell, 2012; Watt et al., 2012; Wilkins and Miller, 2017). For example, young women from low income countries have reported pressure from parents and friends to acquiesce to sex with men who provide them with financial support or gifts (Barnett and Maticka-Tyndale, 2011; Bell, 2012; Cense, 2014; de Haas, Hutter, and Timmerman, 2017; Geary et al., 2013). This is seen as a socially acceptable way to improve one's station in life for women who have limited resources. It is not acceptable for women in those same communities who do have resources. The lyrics from "In the Summertime" by Mungo Jerry provides evidence about how the intersection of gender and class permeates popular culture. "If her daddy's rich, take her out for a meal, If her daddy's poor, just do what you feel." These lyrics can be interpreted as a prohibition against sex with wealthier women, but an

encouragement to freely pursue one's (most likely the man's) sexual agency with poor women. The song spent 13 weeks on the Billboard music chart in 1970, and has become one of the best-selling singles of all time (Wikipedia, 2019). The song has been covered by Ken Boothe, Elton John, and many other performers around the world. When it was covered by Shaggy in 1995 lyrics that apparently encouraged drunk driving ("When the weather's fine, You got women, you got women on your mind, Have a drink, have a drive, Go out and see what you can find") were altered, perhaps due to their use in a UK campaign to end driving (Wolmar, 1994). Shaggy then removed the sexual lyrics for a rerelease in the children's movie *Flicker* in 1996. However, the song was covered again in 2006 by Derek Sherinian with both sets of lyrics included. Online debates about the nature of the lyrics are ongoing and provide insight into how entrenched values about gender and wealth are (Moe, 2008; Virgin Records, 2014; Wikipedia, 2019).

In neoliberal societies, young women are increasingly being judged for their agency in engaging in sexual behavior, such that to the extent that it is desired, sexual activity is acceptable (Bay-Cheng, 2015; Kuortti and Lindfors, 2014). While this is an improvement over moralistic sanctions against all sexual behavior among young women, it has the negative effect of further stigmatizing sexual activity that occurs outside of a young woman's control (Bay-Cheng, 2015; Mann, 2016).

Race is another factor which plays a role in how gender norms related to sexuality are enacted. For example, Black men in the United States have reported being very careful about actively obtaining consent from all women, but particularly White women (Hirsch et al., 2019). To understand this finding, it is important to examine race and gender relations in the not too distant past. White communities have used often images of African American men sexually assaulting White women as a justification for committing violence against Black communities

(Nowatzki, 1994; Perloff, 2000). Consequently, there is a historically based fear that having consensual sex with a White woman may lead to physical danger for African American men.

In addition to macro level social norms, characteristics of adolescents' microsystems (e.g., family, peers, romantic relationships), as well as their own characteristics and assets influence their agency in a relationship and risk of sexual victimization. The family plays a primary role for development from infancy to late adolescence. Positive relationships with parents lay the foundation for a positive sense of self, which carries over to other domains like sexual relationships. For example, fathers' emotional responsiveness to White heterosexual daughters during adolescence predicted their sexual agency in college (Katz and van der Kloet, 2010). Specifically, responsiveness was positively associated with daughters' self-worth and sexual refusal assertiveness, and negatively with gender-typed dating scripts and sexual compliance. Family functioning and connectedness was also associated with lower levels of the perpetration of sexual violence among adolescent males in Georgia (Salazar et al., 2018). Parent-child communication specific to sex and romantic relations can also influence sexual behavior. In a study of Croatian high school students, communication about sex with parents mediated the positive association between parental support and adolescents' sexual agency (Klein, Becker, and Štulhofer, 2018).

The nature of parent-child communication about sex is also important. Among undergraduate students from a Midwestern university (74% White, 15% Asian), parental messages in support of their daughters' abstinence were associated lower sexual self-efficacy and comfort in sexual communication, but also a lower risk of sexual victimization among female adolescents (Levin, et al., 2012). Sex-positive messages from parents were associated with young women's authentic communication with her partner. For sons, abstinence messages were

associated with reduced comfort in sexual communication and increased endorsement of rape myths. Sex-positive messages from parents were positively associated with young men's sexual self-efficacy and communication (Levin, et al., 2012)

Cultural differences in attitudes about sex can influence the extent to which young people can rely on their parents for support. Qualitative interviews were conducted with White American and Dutch adolescent women about parents' reactions to their emerging sexuality (Schalet, 2010). In Dutch families where sex in the context of romantic relationships is seen as a normative part of development for adolescents, girls reported being able to speak with their parents about sex and obtain contraception. American girls, on the other hand, were rebuked when they brought up the topic or their parents discovered that they were approaching sexual activity. This did not result in girls abstaining, but rather hiding their sexuality from their parents. Consequently, they were at greater risk for unprotected sex or victimization. Similar differences were found between ethnic majority and minority Dutch adolescents. Many ethnic minority adolescents who were adopting the cultural values of the mainstream community felt that they had to hide part of themselves from parents (Cense, 2014). Many parents with traditional values struggle to support their sexual minority children (Yon-Leau and Muñoz-Laboy, 2010). In a study of adolescent African American lesbians, some participants reported engaging in unwanted sexual behavior with men to hide their sexuality and appease family members (Timm et al., 2013).

Peers are the second most influential group with respect to adolescents' development of a sexual self. Perceptions about how many of their peers are having sex (regardless of the accuracy) is a predictor of early sexual behavior among African American adolescents (Shepherd, Sly, and Girard, 2017) Adolescent college women receive messages from their

friends that promote both sexual agency and sexual gatekeeping, often simultaneously (Trinh, 2016). These inconsistent messages are reflective of the inconsistent ways female sexuality is considered and can cause confusion in navigating murky waters. Peers also influence the perpetration of sexual victimization. Among undergraduate students from a Midwestern university, sexual double standard messages from peers are positively associated with endorsement of rape myths for both young men and women, and of perpetration for young men (Levin, et al., 2012). Involvement in athletics and fraternities and peer support of sexual violence is associated with young men's perpetration of sexual violence prior to college (Salazar et al., 2018).

Characteristics of a romantic relationship are the most proximal influences on sexuality. One study of young Filipina women found that having a boyfriend was a predictor of having unwanted sex (Delgado-Infante and Ofreneo, 2014). They felt that they had to have sex to prove their love. Girls may also have sex to mark their territory, as ownership of male interest can be considered an important social resource for adolescent girls (King, 2014; Kuortti and Lindfors, 2014). Attachment anxiety with a relationship has been linked with challenges in confronting pressures to avoid unwanted sex among African American and White adolescents in the Southeastern United States (McElwain, Kerpelman, and Pittman, 2015). Losing a partners' interest after sex is a risk that young adolescent women consider with trepidation (Kuortti and Lindfors, 2014). However, having a partner that is supportive and avoids pressure for sex encourages sexual agency (Kuortti and Lindfors, 2014). Larger age gaps between sexual partners increase the likelihood of emotional and physical victimization, unwanted sex, and limit the use of protection against pregnancy and STIs in a diverse sample of low-income adolescents (Oudekerk, Guarnera, and Reppucci, 2014).

Individual characteristics can be thought of as the mediators that link the social influences described above to a given sexual interaction. Substance use is an important determinant of sexual behavior, particularly because consent cannot occur while intoxicated (Hirsch et al., 2019; Timm et al., 2013). Inhalant use was correlated with limited sexual agency (perceived ability to refuse unwanted sex) among adolescent Latinas (Guzmán and Kouyoumdjian, 2016). Substance use predicted sexual self-efficacy for both young men and women in South Africa (Closson et al., 2018). In a sample of primarily White heterosexual first year college students in the Midwest, beliefs about the connection between alcohol and sexual assault were associated with both sexual assault perpetration and victimization (Ward et al., 2012). Alcohol and other drug use was associated with perpetration of sexual violence by male college students (Salazar et al., 2018).

Mental health concerns also play a role in sexual agency. Depression has been linked to sexual self-efficacy among young men in South Africa (Closson et al., 2018). A study of freshman psychology students in a predominantly White Midwestern university (Manago et al., 2015) tested a two-mediational model linking Facebook usage to body surveillance (i.e., preoccupation with how one's body looks) to body shame, to sexual assertiveness. The hypothesized pathways were significant and in the expected direction for both women and men.

Media usage has also been linked to perpetration of sexual violence. In an internet survey of predominantly White College freshmen in a Northwestern university, adolescents who reported reading men's magazines, (examples given were Men's Health, Field and Stream, Playboy, Maxim, FHM, and Stuff) had lower intentions to seek consent prior to sexual behavior and to respect partners' consent decisions (Hust et al., 2014). Reading women's magazines (examples given were Cosmo, Good Housekeeping, Seventeen, and CosmoGirl), on the other

hand, was associated with agency in refusing unwanted sexual activity. Another study found that adolescent consumption of pornography is associated with sexual violence perpetration (Salazar et al., 2018)

Sexual communication skills are regularly found to improve understanding and intention to obtain and respect consent (Shafer et al., 2018). Knowledge and attitudes about consent were associated with perpetration of sexual violence by male college freshman in Georgia (Salazar et al., 2018). In a study of college freshmen in a Northwestern university, rape myth acceptance was associated with lower intent to respect a potential partner's consent decisions (Hust et al., 2014).

Outcomes related to Sexual Agency and Victimization

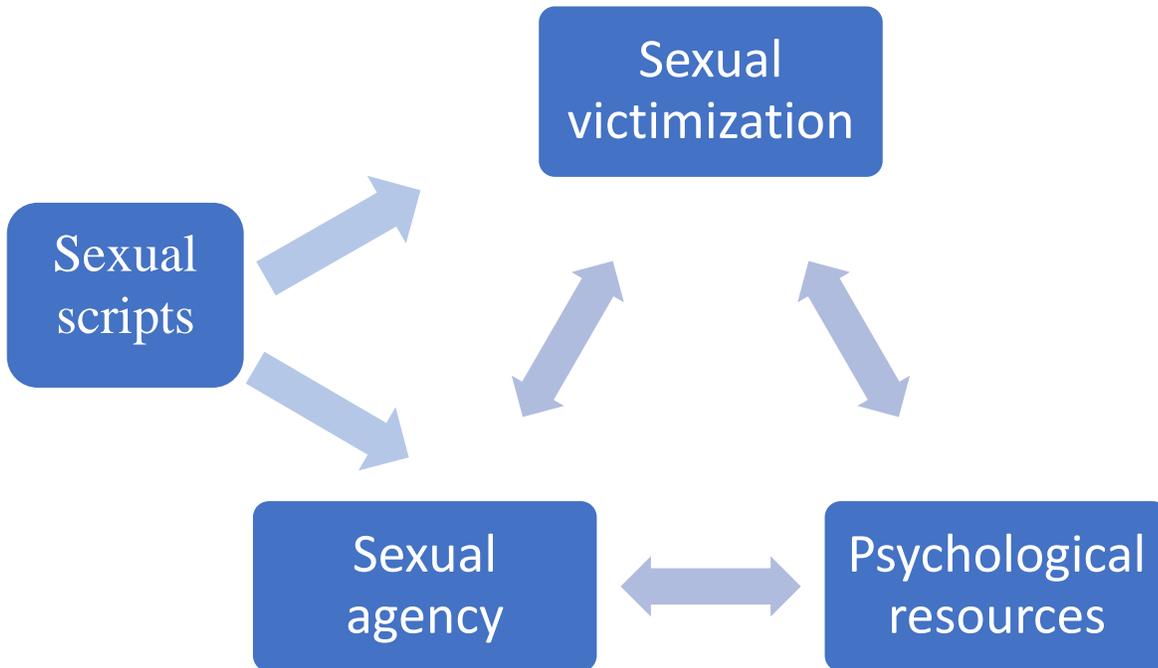
The literature is clear on the negative effects of sexual victimization. Outcomes of unwanted sex include both physical and psychological pain. Girls who report that sex was unwanted were more likely to report physical pain, which was often followed by regret, intense disappointment, and shame (Delgado-Infante and Ofreneo, 2014; Geary et al., 2013; Kuortti and Lindfors, 2014). Although for many males, first sex is thought to be a rite of passage, both males and females report being unprepared and disappointed by their first sexual experience (Ott et al., 2012). Most wished they understood better what it would be like and said if they had known, they would have waited (Geary et al., 2013). Unwanted sexual experiences within unfulfilling relationships can lead to depressive symptoms among adolescent girls in a national sample (Soller, Haynie, and Kuhlemeier, 2017). Rape is associated with experience of trauma (Delgado-Infante and Ofreneo, 2014) and increases the likelihood of acquiring an STI (Champion and Collins, 2012). Meta-analytic results demonstrate that sexual assault is associated with multiple domains of mental health, including suicidality, trauma, depression, and substance abuse

(Dworkin et al., 2017). Although the study included adolescents and adults, age and time since assault did not moderate these effects. These linkages were found across types of sexual assault, including penetrative, fondling, and other non-penetrative acts. Injuries and use of weapons were associated with greater psychopathology, but sexual assault by a known individual was just as damaging as that by a stranger.

Disclosure is part of the healing process, but secondary trauma may occur when adolescents report sexual assault to non-supportive adults (Fehler-Cabral and Campbell, 2013). Male sexual assault victims may be reluctant to report because of victim blaming, rape myth acceptance, and homophobia (Lowe and Rogers, 2017). Cultural-historical events create further difficulties in sexual assault disclosure. Native American women who are raped by non-Native men are unable to prosecute those men due to tribal-federal relations (Hoyer, 2018). Moreover, cultural betrayal trauma theory (CBTT) explains the difficulties face when African American women are raped by African American men. Because of the historical and ongoing victimization of Black men by the White community, Black women are placed in an impossible situation when they experience intraracial sexual assault (Gómez and Gobin, 2019). African American cultural values emphasize the importance of unity and collective responsibility. Intracultural trust provides a buffer against the harms of racial trauma. However, when members of the in-group commit violence against each other, this results in a sense of cultural betrayal. However, because of the responsibility to protect the group as a whole, African American women feel pressure not to disclose. Many women recognize their responsibility to also protect future generations of young women from sexual assault, which would be best served by disclosing. Hence, they find themselves in an impossible situation.

Sexual agency and self-expression, on the other hand, is linked to feelings of pleasure and satisfaction (Delgado-Infante and Ofreneo, 2014; Kuortti and Lindfors, 2014; Maxwell and Aggleton, 2012). Sexual agency reduces the likelihood that participants will engage in unwanted or unprotected sexual activity (Best et al., 2014; Kuortti and Lindfors, 2014). Having high relationship power was associated with avoidance of pregnancy among Latinas in San Francisco (Rocca et al., 2010). A multidimensional latent sexual health construct including indicators such as sexual agency, self-esteem, and communication had positive associations with young urban African American women's sexual behavior and condom use, and negative associations with the acquisition of a sexually transmitted infection (Hensel and Fortenberry, 2013). Sexual health, and agency in particular, is associated with lower depression and self-esteem, less delinquency, more connection with community and religion, and more prosocial friends (Hensel, Nance, and Fortenberry, 2016). Sexual self-acceptance was associated with life satisfaction among Mexican adolescents (Espinosa-Hernández et al., 2017). In summary, this body of literature suggests cyclical relations between sexual agency, mental health, and sexual victimization (see Figure 4). Culturally-based sexual scripts provide limited sexual agency to women, which increases their risk of victimization. Victimization taxes psychological resources, which can further reduce agency. However, following the opposite path, agency can improve psychological resources and reduce the risk for future victimization.

Figure 4. Recursive relations between sexual agency and victimization



Prevention and Health Promotion

This review has summarized the most recent research on sexual agency and consent and has found that these are critically important and potentially malleable predictors of both sexual health and general well-being across gender and demographic background. The next logical question is how can we promote sexual agency and ensure that consent is respected? Current approaches to promote adolescent sexual health in the United States range from abstinence only education and comprehensive sex education. Abstinence education teaches that sex outside of marriage is inherently wrong. Evaluations of abstinence demonstrate some problems, for example, showing increases in negative attitudes towards condoms, unprotected sex, and adolescent birth rates (Shepherd, Sly, and Girard, 2017; Yang and Gaydos, 2010). Comprehensive sex education produces superior effects on abstinence and protected sex (Jaramillo et al., 2017). Many researchers and public health experts have called for updates to these approaches using “rights-based” curricula, which adds a focus on partner rights and

consent (Rohrbach et al., 2015) and “theory of gender and power,” which teaches critical thinking skills about the power structures that maintain the status quo (Haberland and Rogow, 2015). The bottom line is that the current approaches focus on adolescent sexuality as a fundamentally risky endeavor (Schalet, 2011). Programs developed in accordance with both of these perspectives rely on fear to encourage abstinence or the avoidance of unprotected sex. This focus on fear and risk is evident based on the targets selected for evaluation which are overwhelmingly focused on risk (e.g., early sexual debut, number of partners, condom use), rather than sexual health per se.

In response, Schalet (2011) proposes the ABC-and-D model that focuses on developing adolescent sexual health and competencies and aligns with the current research on agency and consent. The first component “A” stands for autonomy, in the sense that adolescents should be given the support to understand their own values and interests and act on them without the pressures of others. “B” stands for building good relationships. Supporting adolescents in developing relationship skills to support trust, communication, and equality will protect them from engaging in unwanted, unsafe, or ungratifying sex. These skills will support satisfying relationships throughout their lives. “C” is for connection with parents and other caring adults. The importance of positive parent-child relationships has been demonstrated, and even with close relationships, communication often breaks down when it comes to adolescent sexuality. Parents who support romantic relationship skills in adolescents can guide their children in a developmentally appropriate way. Parents who forbid romantic relationships for adolescents send young adults out into the world without support for developing these difficult skills. Programs addressing adolescent sexuality should always include a component for parents. “D” stands for two concepts: recognizing diversity and removing disparities. Diversity refers to the

differences in the pace of development as well as the different ways that adolescents define and enact their sexual orientation and gender identity. Services for youth and families that teach respect for all will promote adolescent sexual agency. Finally, the international literature has shown that gender inequality and economic scarcity are linked with coercive sexual behaviors. These issues must be addressed to ensure the promotion of adolescent sexual health.

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