





Factors influencing experiences of non-consensual sex: results from a mixed data cross-sectional online survey of Australian university students

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ABSTRACT

Background. The high prevalence of non-consensual sex, including physical force, verbal threats, intimidation, and/or verbal coercion and rape among university students, has prompted urgent calls for action from governments, statutory, and university bodies. This research aims to identify key factors students see as contributing to non-consensual sex with a view to developing effective strategies to address these issues. **Methods.** An online cross-sectional survey was administered to 4291 university students attending universities in south-east Queensland, Australia. Participants were recruited via email, print media, and face-to-face invitations. The survey contained closed and open-ended questions on a range of sexual health knowledge, attitudes, and behaviours, including non-consensual sexual experiences. A subset of students ($n = 199$) who responded 'yes' to engaging in sexual acts against their consent were the primary participants for this paper. Descriptive statistical analysis and thematic analysis, employing the theory of planned behaviour, were conducted using the quantitative and qualitative data regarding non-consensual sex, respectively. **Results.** Immediate and longer-term fear and partner eagerness were the most commonly identified influences on non-consensual sex. An inability to give consent due to lack of consciousness or intoxication were also frequently cited factors contributing to non-consensual sex. **Conclusions.** Interventions acknowledging and addressing sociocultural factors are needed. Sexuality and relationship education encompassing effective communication, relationship boundaries, and safe use of alcohol and drugs could substantially reduce the incidence of non-consensual sex. Importantly, such education should be non-judgmental and place greater responsibility on perpetrators than victim-survivors.

Keywords: affirmative consent, Australia, non-consensual sex, planned behaviour, sexual consent, sexuality and relationship education, university students, victim survivors.

Introduction

Non-consensual sex, including unwanted sexual contact, sexual coercion, rape, and sexual assault, has recently garnered increased attention. Awareness was raised in the United States around 2012 in what was termed the college rape 'crisis'.¹ Commentary and documentaries from the United States called for research and prevention in universities globally, including Australia, which implemented the 'Respect. Now. Always' program through Universities Australia in 2016.² Coinciding with the 2017 #MeToo movement, the Australian Human Rights Commission commissioned research into sexual assault and harassment in Australian universities.³ Their research found 6.9% of students reported experiencing sexual assault at least once, with women (10%) over three times more likely to report sexual assault than men (2.9%) during 2015 and 2016.³ The more recent National Student Safety Survey estimated 275 students are sexually assaulted within Australian universities every week.⁴ Of those, 65.7% knew some or all of their perpetrators, with the most common locations being clubs and social events (25.8%), college residences (25.3%), and private residences (18.4%).

The full magnitude of non-consensual sex on university campuses is unknown due to a lack of university reporting⁴ and victim-survivor under-reporting.⁵ Victim-survivors under-report because they do not perceive the incident to be serious, fear not being taken seriously, know the perpetrator, or do not know how/where to report.^{3,6,7} Minority subgroups (e.g. international, culturally diverse, and LGBTQIA+ students) are even less likely to report non-consensual sex due to other forms of trauma, such as systemic oppression, discrimination, and among non-citizens, concerns about confidentiality and deportation.^{4,7,8}

Consent is a key element of healthy sexual relationships and agency. However, it has been defined in various ways, which can affect how it is measured in research and applied in legal contexts.⁹ Australia has begun to adopt affirmative consent laws,⁹ and from 2023 Australian schools are required to teach age-appropriate affirmative consent education to students in kindergarten through to Year 10, including coercion, gendered stereotypes, and power imbalances.¹⁰ Affirmative consent means a person must express consent actively or positively, verbally or non-verbally, be mutually agreed upon and, as an ongoing process, can be withdrawn at any time,^{11,12} rather than presumed or passively inferred by not resisting or not saying no.⁶ Most consent laws recognise consent cannot be given if a person is unconscious, asleep, incapacitated by alcohol, drugs, cognitively impaired, or if there is force, fear of force or serious harm to themselves or others, or if there is intimidation, coercion, or fraud associated with the consent process.¹³

While the shift to affirmative consent is positive, in practice, sexual consent is complex and contextual. Research demonstrates individuals often say 'yes' to sex they do not want for several reasons, such as to please a partner, as well as gendered and other social norms, and when under the influence of alcohol and other drugs; all of which can increase possible misperceptions of sexual intent and reduce capacity to effectively negotiate consent.^{6,11} Sexual consent is a social process, influenced by various sociocultural constructions, power differentials, and quality and adequacy of affirmative consent information young people receive from families, school programs,^{6,11,14–17} and other influences (e.g. media, popular culture).⁴

The present cross-sectional study, collecting both quantitative and qualitative data, aims to understand the prevalence of non-consensual sex among university students in south-east Queensland and the self-perceived factors influencing non-consensual sexual experience/s, providing timely and valuable information to develop effective policy and programs. The study is part of a larger program of research designed and implemented by the Tertiary Student Sexual Health Survey (TSSHS) consortium,¹⁸ which includes five universities: (1) Queensland University of Technology (QUT); (2) University of Queensland (UQ); (3) University of Southern Queensland (UniSQ); (4) Griffith University (Griffith); and (5) University of the Sunshine

Coast (UniSC); and three industry collaborators: (1) True Relationships and Reproductive Health (True); (2) Ethnic Communities Council of Queensland (ECCQ); and (3) Metro North Public Health Unit.

Materials and methods

Study design and participants

A structured online questionnaire was used to collect data on university students' sexual and reproductive health knowledge, attitudes, and behaviours, and identify facilitators and barriers to accessing sexual health information and services and engaging in safer sex practices.

The TSSHS consortium reviewed literature to identify validated scales or sets of questions for use in the survey.^{19,20} The survey was pre-tested on a small sample ($n = 8$) with demographic characteristics similar to the target population to gauge completion time and confirm branching logic. Terminology was checked to ensure currency, respect, inclusivity, and affirming language. For questions from the final survey analysed for this sub-study, see Supplementary material Table S1.

The target population was Australian tertiary students aged 18 years or older enrolled in one of the consortium universities, with metropolitan and regional campuses, including students enrolled in Australian-based English language courses. Students enrolled at other Australian universities could participate but were not actively recruited. The estimated sample size of 1400–1415 students was calculated using the Australian Bureau of Statistics' sample size calculator²¹ for simple random sampling (although random sampling was not used), using the following assumptions: student numbers and proportions of international students (IS) for each university; and 95% confidence level, estimates from Simpson *et al.*²² survey $P = 0.2$, $s.e. = 0.02366$ ($n = 1786$). Based on an expected response rate of 20%, researchers aimed for 1430 participants.

Multiple strategies were employed to recruit a diverse convenience sample, including promotion via university-run and student organisation-controlled social media pages (Facebook, Instagram, Twitter), and where permitted (UQ, UniSC, and UniSQ) student group email lists. Promotional material included a URL and/or QR code linked to the online survey. Additional strategies included promotion in lectures, on posters throughout campuses, and handouts at university events (e.g. market days, orientation). Targeted promotion was also conducted at some universities to priority populations, including international and LGBTQIA+ student groups. This was accomplished by a member of the research team contacting and attending international and LGBTQIA+ student groups to promote the survey and invite students to participate at two of the universities.

Data collection

The survey was administered anonymously online, an effective method to gather sensitive information²³ from July to September 2019, with multiple choice, Likert-type, and short-answer open-ended responses and took 30–40 min to complete. The survey was administered using REDCap, a secure web-based online survey and database application.²⁴ The number of questions required to complete the survey depended on answers to screening questions (e.g. gender, sexuality, international or domestic student status, sexual behaviours) that branched participants to relevant questions. Short answer open-ended questions complemented the closed questions. All questions were in English, given that admission into an Australian university requires a high level of English language proficiency.²⁵

Demographic variables

Demographic variables relevant to this paper included age, gender, sexual orientation, domestic or international student status, and country of origin.

Influencing factor variables

The question on non-consent asked all participants, ‘Have you been forced to engage in sexual acts without your consent (without you wanting to do it) at any time in the last 12 months?’. Respondents selecting ‘yes’ to this item were branched to questions about factors (rated on a five-point scale from ‘not at all influential’ to ‘extremely influential’) that influenced non-consensual sex. These factors, addressing substance use and peer, partner and economic pressures, were drawn from previous surveys^{19,20} and are in Table 1. An open-ended question: ‘Are there any other reasons you have had sex when you did not want to have sex?’ provided an opportunity for longer responses.^{19,20}

Data analysis

Descriptive statistics described participants’ sociodemographic characteristics, reported as counts and percentages. Where

five or fewer participants provided a potentially identifying answer (e.g. country of origin), responses were grouped into larger categories (e.g. geographical regions) to maintain anonymity. The Chi-Squared Test of Independence (χ^2) measured the relationship between non-consensual sex in the past 12 months and sociodemographic characteristics, reported as χ^2 (degrees of freedom, number of responses, chi-squared value, significance (*P*) value). Spearman’s Rho (ρ) reported as (ρ (number of responses – 2), Correlation co-efficient, *P*-value), was computed to assess the strength and direction of association between factors influencing the occurrence of non-consensual sexual acts in the previous 12 months as reported on a 5-point Likert-scale (Extremely influential, Very influential, Somewhat influential, Slightly influential, Not at all influential).

Each participant’s response (69 in total) to the open questions were initially coded inductively by KW and JD (independently at first and then discussed for concordance), and next reviewed and refined by AM and AB, by identifying meaningful words, clauses, response segments or phrases to identify how participants made meaning of their experience(s) of non-consensual sex. The theory of planned behaviour (TPB)²⁶ was used broadly as a secondary lens by AM and AB to capture perceived behavioural control and subjective norms related to non-consensual experiences. This helped to inform coding where theoretical psychology concepts were required to better delineate some of the differences between the codes and to develop themes and subthemes.^{26–28} Themes and subthemes were then confirmed by KW and JD. The TPB asserts an individual’s beliefs and attitudes towards a behaviour, perceived behavioural control and subjective norms, collectively influence an individual’s intention and behaviour,^{26,28} including in relation to consent. These are important considerations of sexual consent in university students, where peer pressure and coercion can impact an individual’s perceptions of control and of normal behaviour within their context.⁶ Following discussion and refinement, codes were categorised into broader themes based on literature, including concepts drawn from the TPB and the research question.

Table 1. Factors that influenced experience of non-consensual sexual acts in the past 12 months (*n* = 199).

	Extremely influential		Very influential		Somewhat influential		Slightly influential		Not at all influential	
	<i>n</i>	(%)	<i>n</i>	(%)	<i>n</i>	(%)	<i>n</i>	(%)	<i>n</i>	(%)
I was too drunk on alcohol at the time	32	(16.1)	32	(16.1)	22	(11.1)	21	(10.6)	92	(46.2)
I was too high on drugs at the time	8	(4.0)	7	(3.5)	8	(4.0)	7	(3.5)	169	(84.9)
My partner thought I should	43	(21.6)	54	(27.1)	24	(12.2)	9	(4.5)	69	(34.7)
My friends thought I should	4	(2.0)	8	(4.0)	5	(2.5)	4	(2.0)	178	(89.4)
I was frightened to say no	42	(21.1)	42	(21.1)	33	(16.6)	27	(13.6)	55	(27.6)
I had no choice as I thought there would be a ‘bad’ outcome	32	(16.1)	38	(19.1)	33	(16.6)	23	(11.6)	73	(36.7)
I had no choice as I needed the money, a place to sleep, or food	4	(2.0)	3	(1.5)	1	(0.5)	9	(4.5)	182	(91.5)

Ethics

Primary ethical approval was granted through the UQ Human Research Ethics Committee (HREC #2018002579), followed by the four other universities HREC: (1) QUT #1900000529; (2) UniSQ #H19REA164; (3) UniSC # A191290; and (4) Griffith #2019/396. After self-screening for eligibility, informed consent was completed online and implied by completion of the survey. On survey completion, participants were given information and online links about support services, sexual health testing and care. Participants were invited to enter an online random prize draw to win one of five A\$100 supermarket e-vouchers via a separate REDCap questionnaire to ensure anonymity from their survey responses.

Results

Sociodemographic characteristics of the sample

In total, 4291 students (women, $n = 2921$, 68.1%; men, $n = 1264$, 29.5%) across 26 universities, predominantly in south-east Queensland (University of Queensland, $n = 2217$, 51.7%; University of the Sunshine Coast, $n = 1063$, 24.8%), completed the survey. Most were domestic Australian-born (DABS) ($n = 2923$, 68.1%) undergraduate students ($n = 3376$, 78.7%), aged 18–25 years old ($n = 3314$, 77.2%). Table 2 outlines select sociodemographic and behavioural characteristics of the total sample.

Factors influencing non-consensual sex

A multiple-choice question asked all participants who had been sexually active in the past 12 months ($n = 2707$) if they had ‘been forced to engage in sexual acts without their consent (without wanting to do it) at any time in the last 12 months’. Of the 2454 (90.7%) participants who responded to this question, 199 (8.1%) responded ‘yes’ (182 women; 11 men; three non-binary/gender diverse; two different identity; one preferred not to answer; 140 were DABS students; 31 were domestic overseas-born students (DOBS); 29 were IS; 73 were 18–19 years old; 94 were 20–24 years old; 22 were 25–29 years old; six were 30–34 years old; one was 35–39 years old; three were 40+ years old). Table 1 shows factors reported to have influenced their experience of non-consensual sex.

The questions regarding non-consensual sex were aligned with concepts from the TPB and the complexities and challenges regarding communicating sexual consent.^{26–28} The most frequently reported factors influencing participants engagement in non-consensual sex in any way from slightly to extremely were: ‘I was too frightened to say no’ (72.4%) (perceived behavioural control), ‘My partner thought I should’ (65.3%) (subjective norms), and ‘I had no choice as I thought there would be a ‘bad’ outcome’ (63.3%) (perceived behavioural control). Being ‘too drunk on alcohol’ was

Table 2. Sociodemographic characteristics of the sample ($n = 4291$).

		<i>n</i>	Valid %
University	The University of Queensland	2217	51.7
	University of the Sunshine Coast	1063	24.8
	Griffith University	598	13.9
	Queensland University of Technology	187	4.4
	University of Southern Queensland	141	3.3
	Other	85	2.0
Enrolment status	Undergraduate	3376	78.7
	Postgraduate	749	17.5
	Higher degree by research	87	2.0
	Academic preparation	49	1.1
	English language	3	0.1
	Other	27	0.6
	Residency	Domestic student	3576
Domestic Australian-born student		2923	68.1
Domestic overseas-born student		653	15.2
International student		715	16.7
Missing responses		20	0.5
Gender		Women	2921
	Men	1264	29.5
	Non-binary or gender diverse	77	1.8
	‘Different identity’	9	0.2
	Women assigned a sex other than female at birth	15	0.3
	Men assigned a sex other than male at birth	16	0.4
	Non-binary or gender diverse people reported being assigned female sex at birth	53/77	68.8
	Non-binary or gender diverse people reported being assigned male sex at birth	14/77	18.2
	Did not indicate their gender	20/4291	0.5
	Sexual activity	Answered the question about any previous sexual activity	3827/4291
Reported ever being sexually active		3075/3827	80.4
Women		2172/3075	70.6

(Continued on next page)

Table 2. (Continued).

		<i>n</i>	Valid %
Of those ever sexually active	Men	837/3075	27.2
	Non-binary/gender diverse	51/3075	1.7
	Different identity	6/3075	0.2
	Preferred not to answer	9/3075	0.3
Of those who reported sexually active	Responded to questions about recent (past 12 months) sexual activity	2967/3075	96.5
Of those who responded to recent (past 12 months) sexual activity	Recent (past 12 months) regular and/or casual sexual partners	2707/3075	91.2

mentioned for at least half (53.8%) of participants, while being ‘too high on drugs’ was mentioned by 15.1% (both of these related to actual or perceived behavioural control). Friends’ opinions (subjective norms) or the need for money or resources (perceived behavioural control) were reported by 10.6% and 8.5% of participants, respectively. The statement ‘my partner thought I should’ had the highest reported rates (48%) for being an extremely to very influential factor. There was a moderately positive correlation between being ‘frightened to say no’ and the belief ‘a bad outcome’ would happen ($\rho(197) = 0.64, P < 0.001$) suggesting being ‘frightened to say no’ is influenced by additional factors other than perceived negative consequences. Younger age group (18–24 years old) ($\chi^2(5, N = 2454) = 35.26, P < 0.001$), Aboriginal and Torres Strait Islander persons identity ($\chi^2(1, N = 2454) = 4.44, P = 0.035$), bisexual sexual identity ($\chi^2(4, N = 2454) = 37.51, P < 0.001$), drug use in the previous 12 months ($\chi^2(1, N = 2423) = 25.14, P < 0.001$), anxiety, depression or mental health issues in the previous 12 months ($\chi^2(1, N = 2417) = 32.57, P < 0.001$), any relationship status other than living with current partner ($\chi^2(1, N = 2454) = 63.51, P < 0.001$), two or more regular partners in the previous 12 months ($\chi^2(1, N = 2454) = 63.51, P < 0.001$), one or more casual partners in the previous 12 months ($\chi^2(6, N = 2454) = 141.46, P < 0.001$), undergraduate student enrolment ($\chi^2(1, N = 2454) = 11.17, P < 0.001$), and living alone or in university accommodation ($\chi^2(7, N = 2454) = 51.26, P < 0.001$) were associated with greater reporting of non-consensual sex in the previous 12 months. No statistical association was observed between reported non-consensual sex and being born outside Australasia, speaking a first language other than English, or year of study ($P > 0.05$).

Generated themes and subthemes

After the multiple-choice questions participants were asked to ‘... describe any other factors you are able to which

influenced you having sex without your consent.’ Sixty-nine participants (34.7% of the 199 who responded ‘yes’ to having been forced to engage in sexual acts without their consent, 63 women, five men, one non-binary/gender diverse and one different gender, 52 DABS, eight DOBS, and 10 IS)) responded to this open question. While some new factors were identified in the open responses, other responses expanded on the multiple-choice options and are examined below. Cues in the qualitative data (e.g. ‘partner’, ‘relationship’, ‘ex-boyfriend’, ‘friend’, ‘assistant manager’) suggested many incidents of non-consensual sex were with a partner or someone known to the victim-survivor. The initial inductive analysis identified several themes; however, where codes and themes proved difficult to delineate, the analysis drew on concepts from the TPB to complete the analysis deductively. In particular, two overarching themes of perceived behavioural control and subjective norms were used to organise the sub-themes. The theory also helps to explain how the themes are related. The TPB asserts that perceived behavioural control, subjective norms and attitudes towards the behaviour combine to shape intention and in turn, behaviour.²⁶ Attitude toward the behaviour was not gathered; however, given that the respondents stated that the sex was not consensual, it is assumed that they were not in favour of sex in the particular context to which they were referring. Perceived (or actual) behavioural control and subjective norms were then influencing intention either alone or in combination as outlined below.

Actual or perceived behavioural control

Not able to provide consent – incapacitated or asleep. Several students identified being incapable of sexual consent because they were asleep; for example, ‘I was sleeping and woke up to it’ (female, 20–24 years old, DABS), while others described being incapacitated due to alcohol or drugs. Some participants chose to use alcohol or drugs; others emphasised alcohol or drugs were administered to them rather than freely taken. Some reported having their drinks spiked, ‘I was drugged’ (female, 30–34 years old, DOBS), being plied with alcohol or drugs or pressured by friends or the perpetrator to consume alcohol or drugs or more than one of these factors as described by one respondent:

I had consumed alcohol and was around pressuring friends, but after two drinks [...] I was roofied and woke up [...] with no recollection of anything except for my first two drinks. (Female, 18–19 years old, DABS)

Some respondents stated they were ‘unconscious’ at the time of the non-consensual sex act, ‘I was unconscious’ (male, 18–19 years old, DOBS; and non-binary/gender diverse, 25–29 years old, IS). However, the following student, who denied consuming alcohol or illicit drugs, described waking-up to find the perpetrator engaging in non-consensual sex acts with them: ‘I was asleep and unconscious (no alcohol etc. involved) and woke up to find someone I had thought of as

a friend was sexually assaulting me' (female, 20–24 years old, DABS). Denial of voluntarily consuming substances was not isolated, suggesting participants might feel judged about substance use. This was evident in a comment providing feedback on the survey:

I think it's really poor judgement to have framed the sexual assault question to imply that being drunk is the reason you were assaulted. It could be incredibly damaging to survivors who have been assaulted and blame themselves. It is always the rapist's fault, and NO ONE else's. (Female, 20–24 years old, DABS)

Difficult saying no: fear of violence and wanting to please. Communicating sexual consent is a highly complex behaviour²⁸ featured in the data, where some respondents reported that they lacked communication skills or confidence to say 'no' to avoid unwanted sexual activity: 'I didn't know how to say no without making him upset, angry or embarrassed' (female, 18–19 years old, DABS), and 'I lacked confidence to say no assertively enough' (female, 25–29 years old, DABS). Others identified being influenced by social norms that influence behaviour of self and others,^{26,27} 'I felt like it was as expected/didn't have a reason not to' (female, 20–24 years old, DABS).

Physical force or violence. Some respondents reported physical force or violence influencing their behaviour of engaging in non-consensual sex:^{26–28} 'He was forcefully aggressive' (female, 20–24 years old, DABS), 'There were three of them and one of me, I couldn't get away' (female, 20–24 years old, DABS), 'He hurt me if i [*sic*] asked him to stop' (female, 20–24 years old, DABS). While there was insufficient context to identify sub-themes or expand understanding, the divergence from other themes and the use of violence warranted their inclusion.

Perceived behavioural control and subjective norms combined

Felt pressured. Feeling pressured or unable to say 'no' was identified as perceived behavioural control in turn informing non-consensual sex^{26–28} in various forms: 'emotionally manipulative relationship' (female, 20–24 years old, DABS); expectations, 'I felt like it was expected/didn't have a reason not to' (female, 20–24 years old, DABS), or 'I was no longer 'in the mood' but felt like I owed it to him' (female, 20–24 years old, DABS); power imbalance, 'They were the assistant manager' (female, 18–19 years old, DAB); guilt, 'He made me feel guilty' (female, 18–19 years old, DABS), 'Felt bad for saying no' (female, 18–19 years old, DABS); or force, 'Constant force to have intercourse'(female, 25–29 years old, IS).

Not wanting to upset. Some participants indicated having sex to avoid upsetting their partner, 'I gave in because I did not

want to upset my partner' (male, 20–24 years old, IS). In this sense, their behaviour sought to avoid a particular outcome, possibly linking back to unwanted outcomes or past experiences such as prior physical violence. However, it might also be linked to not upsetting the partner by not adhering to expected norms.

Subjective norms

Wanting to please. Similarly, some participants reported non-consensual sex because they wanted to please their partner or try to gain a particular outcome: 'Wanted to please my partner' (female, 20–24 years old, DABS) or 'Please/satisfy partner' (female, 18–19 years old, DABS). Wanting to please is an attitude and a behaviour that can be linked to culturally- and gender-related normative beliefs^{26–28} as expressed by one domestic overseas-born student, 'To please my partner as I felt it was my duty' (female, 20–24 years old, DOBS).

Discussion

This study found of the 4291 students from 26 Queensland universities, who responded to this study, 2707 reported being sexually active in the past 12 months. Of these 199 (8.1%), reported they had 'been forced to engage in sexual acts without their consent' in the past 12 months. This is higher than the 1.1% of students who reported being sexually assaulted in an Australian university context in the past 12 months in the Australian National Student Safety Survey.⁴ The reason for this difference is unclear but is likely to be due to different methods, including a different survey tool and that the 2021 national survey was conducted during the COVID-19 pandemic. The 8.1% prevalence of non-consensual sex however is lower than global estimates (11%) and those for the Western Pacific Region based on a systematic review with meta-analyses.²⁹ The main self-reported factors influencing non-consensual sexual experience/s were related to violence, manipulative tactics, partner pressure, or feeling it was difficult or would have adverse effects if they refused. This demonstrates how sexual consent is relational, highly situated and influenced by factors that either prevent or facilitate effective communication between the sexual partners and beliefs about whether sexual non-consent will compromise their relationship or cause negative experiences for themselves or partner. These factors fit with the concepts of perceived behavioural control that relate to both agency and self-efficacy to negotiate sexual consent. They also relate to subjective norms from the TPB, which apply to perceived societal and peer group expectations around entitlement, asserting dominance, pleasing a partner, and the use of alcohol. This understanding of factors contributing to non-consensual sex can help to guide programs to more effectively promote consent in terms of both the skills needed to negotiate consent, as well as the

social norms that provide the context in which sexual consent is negotiated.

Consistent with research, non-consensual sex occurred within relationships/friendships more often than between strangers,^{3,4} with women more likely than men to report non-consensual sex.³ There are several reasons why men may not disclose non-consensual sex. Patriarchal structures and socially constructed norms around masculinity, as well as the common belief of women as victims and men as offenders, for example, mean men may experience feelings of shame, guilt, fear of derision, disbelief, hostility or that their sexual orientation might be questioned.^{30,31} Commonly held gender beliefs such as men should be able to prevent a sexual assault or that men who experience non-consensual sex are less masculine can also contribute to men not reporting a sexual assault.^{32,33} According to Graham,³⁴ fear of homophobic reactions and a dissolution of their masculinity also prevents men from reporting non-consensual sex.³⁴ Research also indicates men and women take male survivor-victims less seriously, especially when the perpetrator is female.^{31,34} Further, as men are often depicted as the primary aggressors, male victim-survivors often find it difficult to accept and/or recognise non-consensual sex especially when the perpetrator is a female.^{35,36} This study found that many factors identified as influencing non-consensual sex could be considered beyond participants' real or perceived control, indicating the need to consider factors influencing the perpetrators' behaviours in designing preventative strategies.^{27,28}

Some participants reported engaging in unwanted sex due to being exposed to violence, manipulative tactics, pressure from their partner, or when they lacked willingness/desire, but felt it was disadvantageous to refuse, with possible negative impacts on their relational experiences. These findings were consistent with other research.³⁷ Gavey³⁸ suggests this is a grey area in which 'unjust' sex takes place where individuals, mostly women, have unwanted sex, that is not characterised as sexual violence or assault. Individuals are following sociocultural normative behaviours and heteronormative sexual scripts that furtively reduce but do not necessarily nullify an individual's sexual agency; that is, the ability to make independent and informed decisions about sexual behaviours. However, individuals must navigate their sexual agency within existing social structures. Some of the participants in this study displayed levels of conflict around their perceived behavioural control, in terms of their personal autonomy and efficacy to stop a socially expected yet unwanted sexual interaction. This highlights how sexual consent and sexual agency are experienced is likely to be a complex interplay between perceived behavioural control (as one's judgment of their personal autonomy and self-efficacy) and subjective norms or societal expectations, deserving of further research.^{26,27,39}

Findings related to inability to give sexual consent due to voluntary/non-voluntary substance-use, were consistent with the literature.⁴⁰⁻⁴² While substance use itself may not remove

capacity to provide sexual consent, higher levels of substance-related impairment may make the act non-consensual. Substance use impairs consent by interfering with cognition and reducing verbal cues, influencing perceptions by both parties of whether consent has been given.⁴² In the context of hazardous alcohol consumption, especially in residential colleges, this is concerning.⁴¹ Interventions to address this might more closely link alcohol misuse prevention with programs for preventing sexual assault; more consistent and stronger university policies and messages that clearly outline the undesirable legal and social consequences; strategies to challenge student expectancies regarding sex, alcohol and aggression; education programs focussing on the clear understanding of consent, the ability to communicate this and the right to refuse sex at any time; and the enlistment of student peer leaders to demonstrate disapproval of heavy drinking and non-consensual sex.⁴² Such programs could aim to change subjective norms by shifting the perceptions of societal expectations within university contexts.²⁶ Alcohol consumption may reduce students' perceived or actual behavioural control.²⁶ However, it is vital that there is an emphasis on alcohol use of perpetrators to prevent further judgment and stigmatisation of victim-survivors.

Further to this, consultation with students and their participation in the development of university policy and interventions such as education and training have been demonstrated to be effective,^{43,44} particularly the use of student leaders in the co-design and delivery of such prevention programs.⁴¹

Participants' emphasis on non-voluntary substance use may in part be due to perceived stigma around alcohol and drugs and non-consensual sex. Most research on alcohol consumption and tertiary students is from the US, where college culture gives power to members of college fraternities and the minimum legal drinking age is higher than the average age of university students. Therefore, power is assumed by those old enough to purchase alcohol and relegates drinking to house parties and other venues where alcohol consumption is less well regulated.^{45,46}

University is an ideal place to provide sexuality and relationship education, including that pertaining to navigating and negotiating sexual consent to 'allow for a mutual understanding of intentions and desires as a sexual situation unfolds'^{27,28} (p. 420). Research suggests victims-survivors of sexual assault or other unwanted, non-consensual sex are more likely to report sexual assault to university officials if the victim-survivor receives training, including discussion related to affirmative consent, and have a positive perception of the campus climate.^{3,7} Discussion around affirmative consent also needs to disrupt social constructions of masculinity and femininity, heteronormative sexual scripts and social norms around substances that enable 'symbolic violence' in sexual encounters.⁴⁷⁻⁵⁰ These social constructions inform how sexual people understand and practice sexual intimacy, including sexual consent. As Pascoe and

Hollander⁵¹ argue, non-consensual sex is more than individual-level events; non-consensual sex is possible due to gendered cultural values and practices. In this study for example, women particularly, felt they had to accommodate a male partner's desire for sex, reflecting women's stereotypical nurturing role. Relationship norms also influence sexual behaviour, with consent often assumed for sexual intercourse, within intimate relationships.

Given concern refusing a partner facilitated non-consensual sex, educational efforts should help students of all genders develop skills to negotiate sexual consent and promote consent as a normative method of enriching relationships and sexual pleasure. Education initiatives should explain that sexual refusal, even in established relationships, is common and permissible, while validating emotional fears that might generate hesitancy to practice/negotiate consent.

This study contributes to the literature on consent negotiation among university students. However, findings are limited by the cross-sectional design and short-answer format of the open-ended responses, which limited in-depth analysis and contextual understanding. Retrospective self-report designs are open to recall and social desirability biases, and the sensitive nature of non-consensual sex may have resulted in under-reporting.⁵ The few studies that have examined male experiences of non-consensual sex, suggests males under-report non-consensual sex due to perceived stigma and stereotypes and it is likely the present research suffers from the same.³¹ Further, it was not always possible to determine the gender of the sexual partner or the respondents' relationship/s to them, limiting understanding of these dynamics. The open-ended questions however, while limited, helped provide some context.

Generalisability of findings could be improved by including students from more diverse backgrounds. Approval from UQ, UniSQ, and UniSC to send a recruitment email to all enrolled students improved participation rates. Targeted recruitment strategies may have improved participation rates, particularly among more difficult to reach groups such as men, IS, and LGBTQIA+ students. A lack of resources prevented the full implementation of this approach across all facilities. The study did not provide a definition of non-consensual sex and was possibly interpreted differently by different participants. Nevertheless, the study highlights the power of enduring gendered norms and the psychological and relational factors that influence sexual non-consent in university students, including men and non-binary or gender diverse students, who are often absent from research on non-consensual sex. The study underscored the role that students' perceptions of behavioural control, including the social and cultural context of both the victim-survivor and perpetrator, may have on decision making, consent processes, and planned behaviours when navigating situations informing sexual consent.^{26–28}

Conclusion

The findings demonstrate the experience of non-consensual sex among university students are connected to various sociocultural factors. These are related to perceived behavioural control around the ability to negotiate consent, and subjective norms around expectations for consensual and pleasurable sexual activity as well as the use of alcohol. While sexuality and relationship education may raise awareness of affirmative consent laws, education that only aims to create behavioural change at the individual level or target prevention from the victim-survivor perspective is likely to have limited success. To be effective, universities must also address the systemic and intersecting sociocultural factors within the university environment to reduce the prevalence of non-consensual sex. This includes addressing subjective norms around expectations of sexual activity, consent, sexual pleasure, and alcohol use. It is vital interventions target students of all genders and sexualities, and cultural backgrounds, and promote safe consensual and pleasurable sexual experiences.

Supplementary material

Supplementary material is available [online](#).

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