CONSENT THROUGH SERIOUS GAMING (e-CONSENT)

British Embassy Bucharest

Cuprins

Contents

Importance of Sexual Consent

1. General Aspects Relating to Consent

To reduce and subsequently eliminate misunderstandings about the concept of consent, its definition, and ways of applying it in the context of real life, Williamson, Bayly, and collaborators (2023) mention the importance of creating opportunities to educate young people from the perspective of consent, but also adoption. some socio-cultural norms.

In general the concept of consent refers at permission for something to happen or agreement to do something and "no change may be made without the consent of all the partners".

Consent refers to the mediation of all forms of interpersonal contact from medical care to expressions of affection and governs access to and use of personal data and the right to private property (Healey, 2022).

In the following, aspects will be presented regarding the importance of the respective consent to the ways to offer and request it in sexual relations.

From the perspective of consent in sexual relations three courses of action consider feelings, communication, and perceptions (Muehlenhard et al., 2016 cited in Willis, Murray & Jozkowski, 2021). This examination leads to the following three unique characteristics of sexual consent:

1. It can be described as a person's desire to have sex with another person on an internal level (Jozkowski, Sanders, et al., 2014 cited in Willis, Murray & Jozkowski, 2021).

2. The need to interact sexually with another individual

3. The perception of indicators that indicate that a person is ready for sexual engagement also forms the basis of sexual consent (Willis, Murray & Jozkowski, 2021).

According to the definition developed by Gerberg & Dunn (2014), consent refers to the affirmative, unequivocal, and voluntary agreement of a person to engage in sexual activity. This can be demonstrated by commonly understood words or **actions that explicitly indicate a willingness to engage in sexual intercourse.**

According to the "Campus Advocacy, Resources & Education (CARE, n.d.) program developed by the University of California there are several types of consent as follows:

Informed - Consent is a clear, affirmative, and intentional choice made by each party to partake in an action that has been mutually agreed upon.

Voluntary - Consent is the freely given, affirmative participation in an action or the declaration of intent to engage in an activity. Force, threats, or intimidation are never used to extract genuine consent. Consent does not imply silence.

Revocable – A single consent does not constitute consent for subsequent actions. No of the type of connection, consent can be granted or withheld at any moment. Anything done after consent has been revoked must end immediately.

Verbal - Consent may be expressed verbally. The safest and clearest form of permission is this one. Verbal affirmations of the agreement include "Yes," "That sounds wonderful," and "That's amazing."

Non-verbal - Consent can also be expressed non-verbally. There are nonverbal methods to communicate a strong desire to participate in an activity. Giving consent nonverbally can be demonstrated by nodding in agreement or making eye contact. But it's crucial to keep in mind that everyone's body language is unique, so depending only on it can occasionally be troublesome. Consent is never taken for granted in the absence of a vocal or physical protest. Silence, inactivity, or the absence of opposition cannot be taken to imply consent.

Enthusiastic - Simply said, searching for a "yes" rather than a "no" is what passionate consent entails. Both verbal and nonverbal signs, such as smiling, keeping eye contact, and nodding, can be used to convey enthusiastic approval.

The correct definition of consent can have a preventive character on delinquent behaviors that are specific to sexual assaults, domestic abuse, sex trafficking, or denial of the rights of other people.

Every encounter with another person should respect their right to "consent" to their property and physical autonomy.

Two categories may be used to operationalize consent: the internal experience, which relates to choices and emotions, and the outward communication, which is represented by verbal and non-verbal signs. Obtaining external consent falls under one of four categories of active communication:

1. Direct verbal signals in which the subject expresses explicit interest in having sex;

2. Visible nonverbal signs that are used to express desire in sexual activities through sexual body language. This area covers flirtation and foreplay;

3. Subtle verbal clues that indicate desire in sexual activities by employing language or inquiries that are specialized to sex,

4. Physically approaching someone or making more physical contact with them in an indirect manner (Hickman & Muehlenhard 1999; Jozkowski, 2011 cited in McKenna, Roemer & Orsillor, 2021).

According to Lang (2022), the purpose of consent is to prevent unpleasant sexual encounters that can result in trauma or issues that last a lifetime. A person can enjoy themselves, progress personally, and suffer less when it is freely given and explicitly expressed permission.

The Crown Prosecution Service outlines two common MYTHS about consent in sexual relationships:

1. A person's clothing, no matter how scanty it is, represents a form of consent for involvement in a sexual activity;
2. Most cases of engaging in sexual activity without consent occur between people who know each other.

Useful terminological definitions:

• Sexual assault is the act of physically touching someone without that person's consent.

• Sexual harassment refers to offensive remarks or actions of a sexual character that have a detrimental impact on a person's employment, study, or living conditions or have a bad effect on the victim.

• Stalking is the practice of persistently following or contacting someone (in person or online) in a way that makes them feel frightened or threatened.

• Voyeurism: Observing, taking pictures of, or recording someone for sex without their permission in a place where there is a reasonable expectation of privacy.

• Transmitting or sharing sexually explicit photographs with another person without their consent includes sending or sharing sexually explicit images (photos or films) with another person without their consent.

• Indecent exposure is when a person makes their body visible to another person for sex without that person's consent.

• Stealthing: removing the condom without permission before or during sexual activity.

2. What do studies and researches say about consent?

In research on sexual consent, it has been shown that the **main feelings** associated with giving consent in sexual relationships are the following:

> ➢ physical response;
> ➢ safety/comfort
> ➢ arousal
> ➢ agreement/desire and
> ➢ readiness (Jozkowski, Sanders, et al., 2014 cited in Willis, Murray & Jozkowski, 2021).

The clues utilized to determine the partner's preferences are gender-related. As a result, guys look for nonverbal clues from their relationships whereas females typically rely on verbal cues to perceive permission (Jozkowski, Peterson, et al., 2014 cited in Willis, Murray & Jozkowski, 2021). Berkowitz (2001) states that to avoid coercion in sexual relationships, verbal cues are important. Thus, free, open communication on the part of both partners, but especially on the part of the one who initiates the sexual act, contribute to the voluntary participation of both people.

Wills & Jozkowski (2019) cited in Tiffany, Jozkowski, et al., (2022) state that as the duration of the relationship between the partners is longer, the expression of consent is based on a tacit understanding, considering the romantic feelings of the partners, routine behaviors that indicate a desire to engage in sexual activity and less active communication of consent is used.

Humphreys (2007) noted in research on perceptions of sexual consent that relationship history influences the need for explicit consent in sexual relationships. Thus, in the case of couples who have a long-term relationship and implicitly experience it from a sexual point of view, the actions of the partners were perceived as clearer in the expression of sexual intentions, acceptable and consensual, not requiring explicit verbal consent. The same is not true for short-term relationships, where the two partners can often misinterpret the other's intentions, requiring explicit verbal consent to engage in sexual activities.

Hardesty, Young, et al. (2022) demonstrated in a study of sexual behaviors used in expressing consent that young people predominantly use ambiguous communication over clear communication when they are in a sexual interaction, believing that doing so has more social benefits. In this case, the chances of misinterpretation of verbal or non-verbal behavior that can lead to sexual aggression increase.

Following research on the social dimensions of sexual consent, Hirsch, Khan et al. (2019) demonstrated that it is necessary to promote consensual sexual relations to prevent aggression.

Many colleges have started running efforts to get consent. It is possible to increase awareness about college sexual assault and related issues with the aid of creative campaigns that use catchy phrases and images (Thomas, Sorenson, Joshi, 2016).

Some people find it difficult to assent. Under that jurisdiction's legal definition of the age of sexual consent, minors under that age are deemed unable to provide sexual actions with their informed permission. Additionally, individuals with dementia or other infirmities may not be able to provide their permission for sexual activity, even with their spouse (Belluck, 2015).

When both individuals clearly express their permission for sexual conduct by unambiguous verbal communication or nonverbal indications or gestures, it is referred to as affirmative consent (yes enthusiastically) (Gilbert, 2018; deFur & deFur, 2016). All parties must participate and interact with one another. According to studies, consent is an "affirmative, clear-cut, and deliberate decision by each person to participate in sexual activity that is mutually agreed upon." (Im, et al., 2021; McMains, 2022; Burton et al., 2023) support this approach. According to an earlier study (Humphreys & Herold, 2003), students usually had negative sentiments regarding institutional affirmative consent requirements, citing concerns with the legitimacy and applicability of these mandated rules. By definition, a person who is drunk, unconscious, or sleeping cannot offer affirmative consent.

The concept of sexual consent has undergone a significant shift in recent years, moving away from the traditional "no means no" framework towards a more proactive and affirmative approach known as "yes means yes." This shift in perspective has been driven by the recognition of the limitations and potential harms of the "no means no" framework, which has been criticized for placing the burden of resisting unwanted sexual advances on individuals rather than on obtaining explicit and enthusiastic consent (Foster, 2018).

New models of sexual consent have been put out since the late 1990s. "Yes implies yes" and "voluntary acceptance of what is done or advised by another; permission; agreement in concept or attitude," in particular, are examples of affirmative language that seems to be used (Hall, 1998).

Hickman and Muehlenhard assert that unrestricted expression of a sense of desire to engage in sexual engagement should constitute consent (Hickman & Muehlenhard, 1999). However, affirmative consent may have limitations since the "yes means yes" or "no means no" approach does not always take into account the underlying personal circumstances surrounding permission (Roffee, 2015).

The "yes means yes" or positive approach, on the other hand, places emphasis on the necessity of gaining clear agreement up front and during any sexual activity. This framework places the responsibility for obtaining consent on the individual initiating the sexual activity, rather than relying on the absence of resistance as an indication of consent (Foster, 2018). This approach has been rooted in the recognition that individuals, particularly those who belong to marginalized groups or women, may feel pressured to comply with sexual advances even when they do not want to and that a lack of "no" does not always equate to a "yes" (Foster, 2018).

In addition to shifting the burden of obtaining consent to the person initiating the sexual activity, the affirmative consent framework also stresses the importance of ongoing and active consent. This means recognizing that individuals have the right to change their minds or renegotiate boundaries at any point in a sexual encounter, and that consent must be continuously sought and given (Foster, 2018). This approach helps to create a culture in which individuals feel empowered to assert their boundaries and in which all sexual encounters are based on mutual respect and understanding.

It can be concluded that the affirmative consent approach to sexual consent is grounded in an evidence-based understanding of human behavior, it provides a more realistic understanding of human sexual interactions, and it aligns with the contemporary societal attitudes towards sexual relationships, where mutual respect and voluntary consent are emphasized.

3. Building a Culture of Consent

Whether it's sharing a photo with your friends on social media, using someone else's property, or in a sexual context, we all seek consent multiple times a day. The concept of consent should be simple: ask, then respect the answer you are given. However, people often stretch the true meaning of asking permission and frame the subject in a gray area where consent is black or white. When someone says no, that doesn't mean "convince me".

Viewed from a perspective focused on compassion and empathy, the purpose of consent or permission is to ensure the comfort of those involved and never to cause harm, rather than viewing consent as an obligation.

While consent is a loose term, being widely used amid various conversations and activities, specific emphasis is given by focusing on the importance of building and promoting a culture of consent about sexual consent.

The culture of consent is a habit that normalizes asking for others' consent, acknowledging their response, refraining from trying to persuade them to a later conclusion, and respecting others throughout the process. For most, the idea of consent culture is simple and a "given" societal norm because we've been asking for permission since we were little kids. However, for those who fail to understand the dire need for consent, especially in the most vulnerable situations, the repercussions are beyond words.

Building a culture of consent is a process, as the subject can be seen as sensitive. However, the most important things are often the hardest to say, and the most difficult or "uncomfortable" conversations lead to the most productive forms of growth. When we look into the issue of sexual assault, the statistics are terrifying.

According to the data of the World Vision Romania foundation, in the last three years, more than 2,000 children, from all over the country, have been sexually abused. Annually, the number of raped minors also increases by a fifth. And rape attempts increased by 60% - from 93 minors sexually assaulted three years ago to 138 minors last year. Every day, in Romania, a child is raped or sexually assaulted. Once every three days, a child becomes a victim of human trafficking, and another is the target of child pornography (source: https://stirileprotv.ro/stiri/socant/un-copil-este-violat-in-fiecare-zi - in-Romania-shocking-statistics-and-in-child-pornography.html).

4. The Four Categories of Consent

A person gives their consent when they freely accept their proposition or requests from another individual. Consent can signify different things depending on the context in which it is used.

The teaching of consent as a component of comprehensive sexuality education is advantageous, according to United Nations organizations and projects in the field (International technical guidance on sexuality education, UNESCO).

An unambiguous statement rather than an implicit one is an expression of consent. It may be communicated vocally, in writing, or nonverbally, such as with a clear gesture like a nod. If a party disputes that express unwritten permission was granted, it may be contested if it cannot be verified by witnesses or an audio or video recording.

It is possible to infer someone's permission from their actions, the facts and circumstances around a particular scenario, or, in certain situations, through their silence or inactivity. Examples include participants in a contact sport explicitly consenting to physical contact or explicitly initiating sexual behavior.

A decision-maker can try to forecast the choice that an incompetent person would have made if they had the relevant abilities thanks to the concept of substituted judgment, also known as substituted consent (Garner, 2011). A legal notion known as prior consent refers to a potential justification or defense against civil or criminal culpability. As a result of the relevant behavior being carried out with the plaintiff's or "victim's" consent and awareness, the defendants argue in support of this defense that they shouldn't be held liable for a tort or crime.

The common definition of sexual consent is freely permitted to participate in sexual behavior without being pressured, intimidated, or exposed to abuses of "trust, power, or authority." Furthermore, consent can be revoked at any time (OSCE, 2014).

Consent has a key role in all facets of our everyday lives, regardless of our standing, not only in intimate, sexual relationships and not just among students. Consent is essential in the workplace and classroom, in business and social interactions, and amongst intimate partners and family members. Because basically, giving someone your consent involves respecting their individuality and dignity. And while different regulations and laws control sexual consent, consent in, general, is essential to respectful and equitable interactions of all kinds.

The consent applies to sexual and physical encounters as well as personal partnerships. Considering how to uphold the individual's right to autonomy and self-determination, we can exercise consent in a variety of contexts. Here are a few instances:

• Personal space, physical contact (such as handshakes or hugs), location, and mobility within the physical environment (e.g. where to sit in a classroom or meeting room),

• Social domain: individual social identity (such as gender identity and expression), social interactions, discussion topics,

• the emotional domain: validating a person's feelings or emotional reactions while considering others' emotional capacities;

• Academic and professional fields: freedom of expression, academic integrity,

• the virtual world: online sharing of private information or photographs, the ability to activate or disable video, and the availability of online communication tools.

Additionally, we must be cognizant of the effect that social location, nationality, ability, gender identity and expression, sexual orientation, and class have on how people and communities seek or provide consent. People are not all given the same capacity to exercise consent in ways that promote their autonomy and dignity in our sociopolitical climate.

We will find new possibilities to exercise consent that go beyond intimate or sexual interactions if we take a holistic approach to it that is sensitive to these societal injustices. We may also take action to include consent in our practices, policies, and procedures. Consent must be central to human relations and interactions, as well as to communities and systems, to genuinely establish a culture of consent in our workplaces, classrooms, and institutions.

We offer some hypothetical situations and suggestions on how to practice consent holistically in various contexts and relationships in the section that follows.

Here are some further ideas for using consent in the workplace:

• If you have staff under your supervision, find out if they can take on additional tasks or participate in committees. Work with the employee to determine what needs to change so they can take on the new duty or project if it is necessary.

• Find out how your coworkers like to be addressed. For instance, inquire as to the preferred personal pronouns.

• Try your best to pronounce the names of your peers correctly. Put aside your unease if you're unsure, and ask them to state their name so you can comprehend.

• Ask coworkers about their respective personal and professional limits.

• Participate in group decision-making and include coworkers and stakeholders in the planning stages.

• Be respectful of your coworkers' various talents. Colleagues should be encouraged to do tasks in a way that best utilizes their abilities.

• Be considerate of your coworkers' privacy by refraining from disclosing information that has been given in confidence or that you suspect may be delicate or private.

Here are some other ideas for teaching consent in your classes:

• Before giving counsel or comments, enquire about the other person's interest in hearing your perspective. Giving advice or comments unexpectedly might cause misunderstandings, even

if helping people can be a positive thing. Try saying, "I've got some ideas. Could I give them to you?

• When working on a collective project, request the bounds of other participants. Find out from your group mates what times are suitable for communication or what platform they feel most at ease with.

• Find out the preferred method of addressing the pupils. For instance, inquire as to the name they would like you to address them by.

• Incorporate universal design principles into the creation and delivery of courses. Give students as many options as you can about the course material and how they prove their understanding.

• Use content notes in your lesson plans, syllabi, assignments, and lectures if you teach potentially difficult subjects like sexual violence, trauma, suicide, or drug misuse so that students can get ready.

• Before disclosing a student's details or situation to other persons or departments, make sure you have the student's consent. For instance, speak with the student and inquire about their well-being if you are worried about their mental health. Offer pertinent help if they mention they are experiencing problems.

Here are some further recommendations for using consent in relationships:

• Find out from friends how they like to communicate (e.g., by text, phone, or Facetime), how fast they anticipate replies, and whether there are specific periods of the day when they need some alone time.

• Before taking someone's picture, get their permission, especially if the picture will be shared with others or posted on social media.

• Before you leave home, especially when you're part of a group, ask about each other's financial stability. Don't assume that everyone can afford to take part in the planned activities.

• Before introducing someone to a new acquaintance or asking a friend out, get their approval.

• Putting restrictions on the kinds of private information you let others access.

Here are some other tips for using sexual consent:

• Requesting sex, whether or whether it has previously occurred.

• Verifying ahead of time the words, expressions, and terminology that both parties have agreed upon and acknowledging that limits may alter.

• Before engaging in sexual activity, discuss safe sex techniques with your partner.

• Check your partner's body language and ask them how they are feeling.

• Choosing a safe phrase to use when engaging in sexual activity and using it to indicate when she feels uncomfortable and wants to stop.

• If at all feasible, talk to the other person after sex and discuss what you both loved.

Other recommendations for demonstrating permission and observing boundaries in different family situations include: • Having an open discussion about each person's expectations on matters like access to private/personal space (for example, restrooms or bedrooms) or information (bank accounts, passwords, email accounts, text messages).

Children's right to bodily autonomy should be encouraged and respected. For instance, a young child's decision to refuse to hug a specific relative should be respected. All family members or partners should be included in significant decisions that will affect them. Everyone needs personal time or time away from the family or relationship. Boundaries should be established regarding what kinds of personal information or stories are acceptable to share with others.

5. How to Develop Sexual Consent Skills in Teenagers?

The ability to effectively navigate and understand the concept of sexual consent is an essential competency for individuals of all ages, particularly teenagers as they navigate the complexities of forming sexual relationships. To successfully apply sexual consent, adolescents should develop several skills and competencies.

Effective communication is of paramount importance in the application of sexual consent. Adolescents should be able to clearly express their desires, boundaries, and limits, as well as actively listen to and respect the desires and boundaries of their partners. This skill is crucial in building trust and respect in sexual relationships, and in creating an environment where open and honest communication can take place.

Another important skill for the successful application of sexual consent is the ability to **recognize and understand power imbalances** within relationships. This includes the impact of factors such as gender, race, sexual orientation, and other forms of social identity on sexual experiences. Adolescents should be able to navigate these power imbalances to ensure a fair and respectful approach to sexual consent.

Empathy and perspective-taking are also crucial skills in understanding and applying sexual consent. Adolescents should be able to understand and respect the feelings, needs, and perspectives of their partners to better communicate and negotiate the terms of their sexual experiences. Additionally, the ability to put oneself in the shoes of others can lead to more enjoyable and respectful sexual experiences overall.

Adolescents should also be **educated on their rights and responsibilities** when it comes to sexual consent and be able to identify and report instances of sexual abuse, coercion, and violence. Studies have suggested that consent education programs should aim to develop competencies such as self-awareness, empathy, communication, decision-making, critical thinking, and respect for self and others (Ward, 2016). Furthermore, research has indicated that consent education should also include **education on healthy relationships and relationship dynamics**, including the impact of power imbalances and cultural and societal norms on sexual experiences (Johnson & Tucker, 2019).

When it comes to providing consent education to adolescents, it is crucial to ensure that the materials and activities used are inclusive and non-judgmental and that they address a wide range of identities and experiences. Some key strategies that are effective in teaching consent include:

1. **Role-playing and simulation exercises**: As Johnson & Tucker (2019) have noted, role-playing and simulation exercises can be an effective way to teach communication and negotiation skills, and to explore the nuances of consent in a hands-on, interactive way. These exercises can provide adolescents with an opportunity to practice different scenarios and to see the consequences of different actions and decisions.

2. **Interactive and engaging activities**: Valle, Williams, & Forrest (2019) have pointed out that interactive and engaging activities, such as games and discussions, can provide a safe and comfortable space for adolescents to ask questions, explore their thoughts and feelings about sexual consent, and learn from one another.

3. **Inclusive and culturally responsive materials**: Ward (2016) has emphasized the importance of using age-appropriate and culturally responsive materials such as books, videos, and websites that provide accurate information on sexual consent, and that address a variety of identities and experiences in a non-judgmental way.

4. **Opportunities for self-reflection**: Adolescents can benefit greatly from opportunities for self-reflection, as it can help them understand their own experiences and perspectives, and how these might impact their understanding of sexual consent. as stated by Valle, Williams, & Forrest (2019).

5. **Building healthy relationships**: consent education should not be limited to the discussion of consent itself, but also includes education on healthy relationships and relationship dynamics, including the impact of power imbalances and cultural and societal norms on sexual experiences, as suggested by Johnson and Tucker, (2019).

6. **Professional development for teachers**: Finally, it's also important to ensure that the teachers themselves are properly trained and equipped to teach consent education in a culturally responsive and inclusive way, as Arias, Koss, & Spitz (2017) recommend. This can include training on how to facilitate discussions, provide accurate information, and create a safe and comfortable learning environment for students.

Sexual consent education can be incorporated into several different curricular contexts in schools, including:

- Health Education: Sexual consent is often covered as part of health education classes. This can include topics such as human sexuality, relationships, and reproductive health.

- Physical Education: Physical education classes can provide opportunities to teach students about the importance of communication, respect, and consent in physical interactions and activities.

- Social Studies/Civics: Consent education can be incorporated into the curriculum by tying in historical or current events that relate to the topic, like discussing the #MeToo movement or laws related to sexual consent.

- Science: Consent education can be integrated into science classes when discussing human physiology, puberty, and reproduction.

- Literature and Communication: Consent education can be included as part of a language arts curriculum by analyzing literature, poetry, or other texts that depict consent, sexual violence, or related topics.

- Guidance Counseling: School counselors can guide students about consent and relationships as part of their counseling services.
- Special Education: Special education classes can also provide appropriate opportunities to discuss consent with students with special needs. This can include providing additional support and accommodations to help these students understand and practice consent.

It is important to note that consent education is not just the responsibility of one subject or class. It should be an ongoing effort and education that should be integrated throughout the curriculum in a consistent and age-appropriate manner.

6. The Importance of Consent in Relationships

According to the International Center for Missing & Exploited Children (2019), consent helps young people understand the following about themselves and relationships:

1. Healthy relationships are based on communication, respect, and honesty, and consent is all about these aspects;

2. Sexual coercion, harassment, and assault can be reduced as a result of teaching young people how to express their consent;

3. Consent helps young people express agreement or disagreement with various behaviors specific to a relationship;

4. As a result of discussions about the importance of consent, young people will form their ability to set limits in relationships;

5. Through consent, young people learn that their decisions must be respected and that they in turn have a responsibility to respect their partner's decisions.

According to the National Sexual Violence Resource Center (2015), properly expressed consent is not limited to terms like "yes" or "no", but involves a **continuous dialogue** that highlights the desires and needs of the partners involved in sexual activity. The purpose of this dialogue is to achieve the highest level of comfort. From this perspective, healthy sexuality is based on consent and mutual respect.

An important aspect regarding consent is that it cannot be given in situations where the person:

1. Is younger than 13 years old;

2. Has a physical impairment or a medical condition that affects his capacity to express consent;

3. His mental health is not optimal, which is why his ability to communicate consent is limited (RASAC, 2013).

6.1 What Does the Concept of "Consent" Refer to in Sexual Relations?

In the work "Children and families" (2019) a series of ways to demonstrate consent in relationships are presented:

1. Positive sexual experiences are characterized by mutual consent, respect, and pleasure.

2. Consensual sexual activity is associated with feelings of safety and happiness.

3. Consent is always required in the sexual activity regardless of how much or little the partners know each other. A long-term relationship does not diminish the importance of consent when partners engage in sexual activity.

4. Although consent has been given and the partners have assumed that they will engage in sexual activity, if one of them changes their mind along the way, the other partner must stop any sexual behavior.

5. Consent cannot be given by another person for the one who is to be involved in a sexual relationship. Consent is valid when it is expressed by the person who is directly involved in the relationship.

6. Consent is expressed freely and not as a result of pressure exerted on the person in question or exchange for services offered.

7. If a person answers affirmatively to requests involving sexual activity, but this answer is influenced by pressure placed on him or by the impossibility of saying "no", consent is not valid.

8. Even though one partner may feel disappointed as a result of the other changing their mind about sexual activity, they have no right to make them feel bad or to persuade them to do something they don't want to do.

9. If the person involved in the sexual relationship is under the influence of alcohol or drugs, he cannot express his consent. Any sexual activity with such a person is considered sexual assault or rape because the absence of safety is associated with the inability to express consent.

10. Consent can be expressed both verbally and non-verbally through body language. Partners must pay attention to these cues, feel comfortable and enjoy the sexual activity. If one of the partners is not sure that the other feels happy and comfortable, it means that he does not have his consent.

6.2 Nudity in Images and Consent

The work "Children and families" (2019) summarizes a series of recommendations regarding the production and distribution of nude images and the expression of consent:

1. We all have the right to have our privacy and confidentiality respected, but also have the responsibility to respect the privacy and confidentiality of others.

2. It is illegal for a person to possess indecent images of another person whose age is under 18, even if that person has given their consent. The only exception is when two partners in a stable relationship share nude images exclusively with each other, but even then the person in the image must be over 16 years of age and consent to taking the image.

3. An intimate image reflects the image of a sexual act, of behaviors that would not normally be publicly displayed, or of a person naked or in underwear.

4. Making sexual/intimate images or videos without the consent of the person appearing in them is illegal.

5. A person must not be forced to send, receive or view material of a sexual nature.

6. The distribution of material of a sexual nature by the person directly involved in the respective image/video requires responsibility because once the material is distributed there is no longer any control over it.

7. If intimate/sexual material (image/video) is distributed without the consent of the person appearing in that material, it is considered illegal.

8. It is illegal for intimate/sexual material (image/video) to be sent to a person for whom it is not intended, therefore it is recommended to respect the privacy of the person appearing in that material and refuses to distribute it.

9. If an older person in authority is pressuring another person to receive or send sexual material, it is recommended that he/she contact a trusted adult who can help them resolve the issue. The same is recommended in situations where a person is harassed through messages or materials of a sexual nature.

According to the Rape and Sexual Abuse Support Center (2013), consent is valid if the following conditions are met:

1. The person who expresses his consent can choose from several available options;
2. The person expresses his consent because he agrees with the relationship in which he is to be involved and assumes the behaviors specific to the relationship he is part of. These things happen because the expression of consent is done of one's own will and not by coercion;
3. The person who expresses his consent must have the necessary capacity to make a choice, the consent not being valid if it is expressed by another person on behalf of those directly involved.

How can consent be maintained?

The importance of consent in sexual relations has been addressed, but given the right of partners to change their minds, how can consent be maintained? According to the Centerstone Organization (n.d.), several recommendations consider the following: before initiating a new sexual behavior the two partners communicate their intentions even if consent was given at the beginning of the sexual act; questions like "Are you comfortable with this?", "Is it okay to do this?" they can help when one partner feels the need to show affection to the other in a new way; stopping a behavior that is uncomfortable for the partner; asking additional questions with the role of monitoring the partner's condition when he seems silent, emotionally absent or does not answer the questions initially asked - in such a situation it is recommended to stop the sexual behavior and remind the partner that the sexual act can stop at any time if not feels comfortable.

6.3 How Can Consent Be Given or Solicited Cautiously?

Lang (2022, p. 49) lists several questions that a person can ask themselves when seeking consent for a sexual interaction:

"1. If this person is an adult, am I at least 18? If we are both under 18, is there a big age difference between us?

2. Am I a little too drunk or high? Is it all about me? Do I feel bad/sick/ill?

3. Is my potential partner drunk or on drugs and therefore most likely to ignore my wishes and boundaries?

4. Do I want to do this thing you are asking me to do? Will it be enjoyable for both of you, or just for your partner?

5. If I accept, is it because I want to, or am I afraid of turning this person down?

6. What do I hope or expect to happen after I do what my partner asks? Do I think I will make that person "mine" or will I "bind" them to me? Will I be devastated if all these expectations don't come true?"

The International Planned Parenthood Federation presents a series of guidelines for consent in a sexual relationship:

• The person who is to be involved in s sexual relationship must be aware that they have the right to decide for themselves whether or not they want to participate in sexual activity.

• For for the decision to engage or not in a sexual relationship to be valid and constant, it is necessary for the person directly concerned to have control and power over their own life.

• In giving consent, it is important that the person who is going to be involved in sexual activity is mature enough to understand what the said activity entails, what consequences it has, and how to discuss these issues with the partner.

• Consent can only be understood, and accepted by the partner when they are part of a healthy relationship where decisions are recognized and respected.

• Consent for engaging in sexual activity must be accompanied by an understanding of how it is carried out, the feelings associated with the activity itself, but also how partners can be protected from a series of ailments or an unwanted pregnancy.

• The consumption of alcohol and drugs affects the expression of consent, therefore it is recommended that it be given in situations where both partners are self-aware.

•A person's consent can be influenced by the partner's sexual health to eliminate possible risks

6.4 When is it Recommended that Sexual Activity be Interrupted?

Lang (2022) draws attention to some indicators that should lead a person to stop sexual activity even if consent was clearly expressed initially:
- The partner suddenly becomes rigid, does not react to stimuli, and has an inert body;
- Expressions like: "Wait!", "Stop!", "Don't do this!", "Wait!;
- Physical pain occurs;

- If consent was given for a sexual activity where the partners protected themselves from unwanted pregnancy by using a condom, and it was intentionally removed. The continuation of the sexual act in this situation takes the form of sexual aggression;
- The partner has sexual behaviors or requests sexual behaviors that cause the other to feel uncomfortable, and disrespected;
- One of the partners starts to cry;
- Although at the beginning of the sexual interaction, the partner was excited,
during the interaction, he became silent, absent

According to the Dublin Rape Crisis Center (n.d.), consent is not associated with:

1. Conformity to the inner pressure that causes the person to act as others want and to consider the consequences of acting or not;
2. Coercion is represented by the person's obligation to act as others want, feeling pressure from the outside, and fear of blame;
3. Physical, mental, and emotional assault causing the person in question to have no choice.

6.5 Things a Person Needs to be Aware of When Giving or Asking for Consent

According to the National Sexual Violence Resource Center (2015), a person should be aware of the following issues in establishing consent	
Asking for consent – assuming that the partner is comfortable with the activity to be involved is not the same as giving consent. Direct, continuous questions are required to demonstrate the establishment of consent.	Communicating desires, and needs, but also limits contributes to the formation of a healthy relationship and to the establishment of a safe context in which partners can express their consent.
Consent should not be seen as a way to interrupt the partners' sexual activity, it can be part of the activity itself when the partners monitor their sexual experiences. This is how intimacy is built, partners' needs are	Alcohol, and drugs increase the risk of the person engaging in sexual activity that he would not have participated in had he been aware of his actions. For this reason in such situations it is not possible to talk about freely expressed consent.

understood, creating a safe environment for a satisfying sexual activity.	

The work Children and Families (2019) presents a series of situations in which the consent of the person involved in a sexual relationship is not valid:

<div style="border:2px solid black; padding:10px;">

Consent is not valid in situations where a person:

1. Is under the influence of alcohol or drugs;
2. She is asleep or unconscious;
3. Was the subject of violence or threat of violence to oneself or a loved one;
4. She is immobilized against her will;
5. She is deceived in the sexual activity by being told that the purpose of the activity is different from the sexual one, for example during a medical examination;
6. He does not exercise his right to express his consent, and it is expressed by someone else on behalf of the person directly involved in the sexual act.

</div>

7. Approaching Consent from the Perspective of Healthy and Unhealthy Relationships

In a healthy relationship, partners can use enthusiastic affirmative consent to engage in sexual activities. According to the authors, Friedman & Valenti (2009) and Jozkowski (2013) cited in Jozkowski, Manning & Hunt (2018), enthusiastic affirmative consent is not only a mechanism by which sexual violence is prevented as a result of the fact that poor communication between partners is reduced, but it is also a means by which the quality of sexual life is improved. According to this type of consent, both partners agree on the activity they are going to carry out, but are also excited to get involved in such an activity.

In a healthy sexual interaction, there is no notion of a "proposal that the partner cannot refuse", but on the contrary, he/she has the right to refuse any kind of proposal regardless of how open he/she was previously (Lang, 2022).

Hope (2018) states that in a healthy relationship, partners positively look at each other, encouraging each other to reach their best version. Another indicator of a healthy relationship from the author's perspective refers to situations in which the person's state of sadness is lessened with the help of the partner who contributes to the rebuilding of self-confidence.

Monaghan & Cavan CYS (n.d.) differentiate between the characteristics of healthy and unhealthy relationships as follows:

Characteristics of healthy relationships	Characteristics of unhealthy relationships
Partners trust each other.	The relationship is based on control.
Partners feel safe.	Partners do not feel safe.
The same values are shared.	Partners are not allowed to do what they want.
Love and care are mutual.	Constant criticism is present.
Both partners give their consent to the relationship.	Consent is not taken seriously.
Partners actively listen to each other.	Partner boundaries are violated.
Mutual respect is present.	The partner's privacy is not respected.

According to the publication "Children and families" (2019), there are several characteristics based on which young people can decide how healthy their relationship is:

The characteristics of a healthy relationship	
*The people involved feel safe, and happy, are treated equally, and there is a feeling of mutual care for the partners' needs; *The answer "no" to various requests is not accompanied by the feeling of guilt, there is no pressure, and the people involved in the relationship do not feel anxiety, discomfort, or fear;	*When one of the partners feels the need to spend time with a friend, or a loved one, this pleasure is not restricted. In a healthy relationship a limited period spent away from the partner can be beneficial, without the other partner's permission being required for this; *Each partner has the right to spend time on his own, taking care of his pleasures;

*Intimate or healthy sexual moments are accompanied by respect, safety, and happiness, regardless of whether the duration of the relationship is short or long; *Partners are not pressured to engage in activities such as viewing adult material or writing sexually explicit messages;	*Physical, verbal, emotional, mental, financial, and sexual abuse does not define a healthy relationship. It is recommended that abuse is not associated with feelings of guilt or shame, but with seeking help from trusted people;
*In a healthy relationship both partners feel free to end the relationship when they feel it is no longer working. If one of the partners feels uncomfortable with this decision or unsure, it is recommended to consult with a trusted person; *Involvement in the relationship is due to one's own will and respect for the partner's feelings and not the obligation felt towards the partner; *Involvement in the relationship is due to one's own will and respect for the partner's feelings and not the obligation felt towards the partner; *Partners are not blamed for their needs and do not experience aggression or discomfort.	*Sexual activities take place because both partners want to and not because one partner wants to reward the other for various things, services offered, or for saying "I love you!" *Engagement in sexual activity in exchange for receiving a service - carrying out a project, offering a place to stay, lending some objects - is considered sexual exploitation even if the person who benefited from the services agreed or believes that he agreed to be involved in sexual activity; Even if the relationship between the partners also involved activities of a sexual nature, they will not be pressured to have sexual relations if they do not want it.

7.1 Gender and Culturally Based Societal Perceptions

Gender can play a significant role in shaping individuals' perceptions of sexual consent. Research suggests that societal gender norms and stereotypes can influence how men and women are socialized to think about and approach sexual consent. For example, traditional gender roles and expectations often position men as sexual aggressors and women as passive sexual objects, which can lead to men feeling entitled to sexual activity and women feeling pressure to comply with men's sexual advances (Ward, 2016; Cohan & Kleinplatz, 2005). This can result in a lack of

understanding among men of the importance of obtaining clear and enthusiastic consent, and a lack of understanding among women of the importance of being able to assert their sexual boundaries (Johnson & Tucker, 2019). Additionally, societal norms that dictate that men should be dominant and that women should be submissive in sexual relationships can also contribute to this dynamic. This can lead men to think that they have the right to make decisions about sex and women's bodies, and women may feel that they should comply with men's wishes, regardless of their desires or comfort level (Cohan & Kleinplatz, 2005). Furthermore, some research suggests that men are more likely than women to report that they have pressured someone into sexual activity or to have been involved in sexual activity against their will, suggesting that men may be more likely to engage in behaviors that violate consent (Ward, 2016).

It's important to note that sexual violence and coercion are not just issues that affect women, men also can be victims and survivors, understanding and challenging harmful societal gender norms and stereotypes around sexual consent is important to promote healthy and respectful sexual relationships for all genders. It's essential to address these issues through education and the promotion of healthy communication, negotiation, and consent skills that challenge societal norms and stereotypes, helping everyone to navigate sexual experiences in ways that respect themselves and others (Johnson & Tucker, 2019; Ward, 2016).

8. Negative Consequences of Limitation of Consent

Despite the importance of expressing consent, there are situations in which a person's right to give consent is limited. This occurs when someone feels threatened or intimidated, is coerced into choosing because they believe they have no other option, or is subjected to social sabotage or blackmail via photographs, videos, or other media. Another context that can often cause the limitation of the person's right to express consent regarding a sexual relationship is represented by the imbalance of authority and power existing between the two partners. This imbalance can be determined by the age difference between the partners, by the difference in status, or by a possible addiction of one partner to the other (drug addiction, financial addiction) (RASAC, 2013).

The connection between sexual coercion and young people's mental health was further explored in recent research that was published in the Journal of Adolescent Health (Arias et al., 2017). According to the study, people who said they had been sexually coerced heavily also had poorer levels of self-esteem and much greater levels of sadness. This shows that sexual coercion may negatively impact a person's mental health and feeling of worth.

Another research that looked at the long-term effects of sexual assault on survivors was written about in the Journal of Interpersonal Violence. The study's findings were especially alarming since they showed that victims of sexual assault frequently suffer from a variety of long-lasting physical and mental health effects. Chronic pain, sadness, and post-traumatic stress disorder are a few of these effects (PTSD). These findings highlight the need for survivors of sexual abuse to get good assistance and care since the effects on their physical and mental health can be severe and long-lasting.

8.1 What Are the Possible Situations in Which a Person Resorts to Passivity at the Expense of Free and Clearly Expressed Consent?

Berkowitz (2001) mentions several scenarios that lead a person to consider a passive attitude more appropriate:

1. Body size – a short person may fear being hurt by a tall, possibly intoxicated person, and to avoid bodily harm conforms to the situation;

2. A person who was previously a victim of sexual aggression may "freeze" in front of a similar situation, considering that this attitude will help him survive;

3. The person does not know a safe way to get home and, being in a coercive environment, feels the fear of leaving it, which is why they passively approach a sexual relationship;

4. The person is in an unfamiliar environment with few possibilities for negotiation.

8.2 Vulnerability and the Solicitation of Consent

There may be situations where asking for consent creates a state of vulnerability for the person who wants to initiate a sexual relationship. Questions like "What if my partner doesn't feel the same way as me?", "What if he/she will reject me and my needs won't be met?" may discourage the person from seeking consent. Even in these situations Lang (2022) recommends asking such

questions, accepting the partner's refusal if this is his decision and not sexually coercing the partner or assaulting him. The same author describes the feelings that a person can experience if they are rejected in a sexual interaction: lack of value, lack of appreciation, frustration, and anger. There may be a need to approach the partner with mean words to also feel the emotions of the rejected one. Such a relationship-damaging attitude can be replaced by an awareness of emotions and the fact that they must be controlled by the denied person and not by the non-consenting partner.

8.3 The Dangers of Coerced Consent

Grooming is a manipulative process that can include gaining a child or vulnerable adult's trust, building an emotional connection with them, and ultimately exploiting them for sexual purposes. This process can take place in person or online and can happen over weeks, months, or even years (Seto & Cooper, 2009).

A study published in the Journal of Child Sexual Abuse found that online grooming can be particularly insidious because it allows perpetrators to remain anonymous and can be more difficult for parents and caregivers to detect (Jones & Finkelhor, 2011). The study also found that online groomers often use tactics such as flattery, compliments, and building a sense of trust and friendship with the child to manipulate them into sexual activity (Quayle & Jones, 2015).

Another study published in the journal Child Abuse & Neglect found that grooming behaviors are often subtle and incremental, making them difficult to detect (Jones & Finkelhor, 2011). The study also found that perpetrators often use positive reinforcement, such as attention and gifts, to gain the child's trust and compliance (Quayle & Jones, 2015).

The lack of informed consent is a key aspect of grooming. Children and vulnerable adults may not have the cognitive ability to fully understand the nature of the sexual activity or may be coerced or manipulated into engaging in sexual activity. Additionally, research by the Office of the Children's Commissioner for England found that grooming can also create a sense of "grooming normalization," in which the child or vulnerable adult becomes accustomed to the attention, gifts, and other rewards provided by the perpetrator, making it harder for them to resist or understand the gravity of the situation(Mitchell, Finkelhor, & Wolak, 2011).

Grooming and sexual abuse may have terrible long-term impacts on victims. According to research in the Journal of Interpersonal Violence, children who have been sexually abused are more susceptible to mental health problems such as anxiety, depression, and post-traumatic stress disorder (Widom, Czaja, & Dutton, 2008). Additionally, they could suffer from emotions of guilt,

shame, and self-blame, which can make it challenging for them to report the abuse or get treatment (Widom, Czaja, & Dutton, 2008).

It's important to note that sexual exploitation and abuse can occur within any culture, community, and socioeconomic group. Educating people about the warning signs of grooming and the importance of consent is crucial in preventing sexual abuse and exploitation and supporting victims.

8.4 Communication with victims of sexual assault

It was previously mentioned that if one of the partners is limited in his right to express his consent, becoming the victim of a sexual assault, it is recommended that he communicate with a trusted person. How should a person who has been a victim of sexual assault be approached?

The Rape and Sexual Abuse Support Center (2013) offers several recommendations to improve communication and lead to problem-solving and trauma healing:

1. Giving confidence to the victim of sexual assault - the person with whom the victim's experience is shared has the role of listening to what is said and not evaluating the narrated experience. If the person who has been sexually assaulted feels that they are not believed, it will take a long time before they are willing to share the experience again.

2. Demonstrating respect for the person who is reporting the traumatic experience they went through. In such a communication, it is important not to invade the intimate space of the person telling the traumatic event. Sometimes even minor touches, with the role of encouragement, can create discomfort for the one who has gone through a sexual assault.

3. Listening carefully to the person sharing the experience. Questions with the role of leading the discussion are not necessary for this context because through them the interlocutor can obtain inaccurate information. A general, open-ended question like "What happened?" is more recommended than a question directly aimed at the person, for example, "What did you do?"

8.5 Learning to say NO/ or accept a NO

Sometimes it might be difficult to say no. The capacity to say "no" freely depends on a variety of variables, including personality and education. Telling is not emotionally taxing for introverts who want to be liked. Many individuals are taught to put the needs of others before their

own, thus hearing "no" might be devastating rather than freeing depending on how a previous "no" was interpreted.

Power and gender are two other factors at work. Women, people of color, and sexual minorities—all historically oppressed groups—are taught to fulfill the wants of the ruling classes, who believe they are entitled to their time, bodies, and labor. Saying no to a male supervisor, for instance, could be harder than refusing a female coworker, and when disadvantaged persons encounter obstacles to leadership positions, several degrees of oppression and disadvantage develop. Since not everyone can afford to take time off, refusing to work is also a luxury. To dismantle the capitalist necessity to be hyper-productive to exist, it is ultimately necessary to normalize saying no in professional contexts, but the process of unlearning the ideals we grew up with is emotionally draining.

Each "yes" might thus seem like a step up the social ladder, a method to establish credibility and likeability, or a way to achieve conventional success. Additionally, it promotes a mistaken sense of belonging to one's superiors, as if following instructions makes one deserving of greater room. Real belonging, though, begins with accepting who you are as someone who merits having their boundaries upheld in every situation. It involves expressing your decision and making sure others can see and hear you. Our ability to communicate our limits is also influenced by culture.

8.6 Hearing a "no" can hurt

A vulnerable act is starting an activity. For instance, when someone declines sex, the initiator could feel uneasy or envious. why not Is there a problem with me? Is he dating someone person? Since we live separate lives and are free to make decisions that seem right to us at any moment and for any reason, society has taught us that rejection is a sign of personal inadequacies or a lack of regard for the partnership. It is sometimes forgotten that a successful sex life begins with a relationship built on respect, trust, and empathy.

In the process of normalizing consent, it's crucial to learn how to accept "no" with grace, but all emotions that surface must also be accepted. Recognize how a no impacts you and confront the reasons why. It's acceptable to feel sad or disappointed, but you should also be aware that using those feelings as leverage to force someone into a compromise is coercive and leads to a poisonous and dangerous environment.

Consider the following if you have trouble saying no:

• Respect yourself by appreciating your boundaries.

• Even if they can annoy others, your needs are still vital.
• Mastering the phrase "can't" to conserve your energy.
• You don't always need to "package" or justify a "no."
• With experience, it becomes simpler. Possibly not simple, but simpler.
When you receive a "nu," there are a few things to keep in mind:
• Be respectful of whatever choice the other person chooses. It could not even be about you.
• Have faith that others have their own best interests in mind.
• Acknowledge that the other person's "no" response was what was anticipated.
• Don't insist on getting an explanation from them. One is not always expected of you.

A dynamic and continuing discourse with the active engagement of all parties is how consent in sex and other contexts should be seen. Because we are human and were taught certain views and values, it is not black and white. Receiving a no may be disappointing, and giving someone a no can make them feel let down. So, let it be a call to inquire about those inner whispers. Permit yourself to feel and be compassionate to others. Allow yourself room and time to develop. We are more than the morals we were taught as children, and we can continuously learn and unlearn.

8.7 The Utility of the Supportive Response

People who have gone through situations where their boundaries were not respected, being forced to engage in sexual relations and did not express their consent, need a supportive response from those who are asked to support these people (family, friends, specialists). The supportive response indicates the following messages to the aggrieved person:

1. I trust you!
2. It's not your fault!
3. I'm here to support you!
4. You have the right to receive help (ICMEC, 2019).

8.8 Addressing Consent Discussions Within the Family

Discussions about consent can start at any time with the mention that they should be adapted according to the age of the child (ICMEC, 2019). Thus, to give children the ability to express consent, parents can request it in different situations, such as: displaying a picture of the child in the room, borrowing some pencils from the child's kit, or even posting a picture on social networks which also appears to the child. By teaching them from an early age that it is important to give consent in situations that directly concern them, they will transfer this skill to contexts that involve sexual activities.

Preventive measures and ensuring the child is aware of their body autonomy are crucial and should be taught as early as possible. It is recommended by the American Academy of Pediatrics that parental discussions should generally begin around the age of three. Below we enlist several guidelines for starting this important conversation with your child:

- Teach them about their body parts and the correct names for them: By providing children with the correct names for their body parts, you are giving them the language they need to communicate about any type of touch or behavior that makes them uncomfortable.
- Talk to them about good touch and bad touch: Help children understand the difference between touches that are meant to be affectionate and loving, and touches that are not okay, such as touches that make them feel uncomfortable, scared, or confused.
- Teach them about consent: Help children understand that no one has the right to touch them without their permission and that they have the right to say no to any touch, even from someone they know and trust.
- Teach them about secrets: Help children understand that there are good secrets (like surprise birthday parties) and bad secrets (such as touch that makes them feel uncomfortable) and that bad secrets should be told to a trusted adult immediately.
- Emphasize that they have the right to speak up: Let children know that they have the right to speak up if they feel uncomfortable, unsafe, or if something doesn't feel right and that it's important to tell a trusted adult right away if something happens to them that makes them feel that way.
- Empower them by teaching them how to assert themselves: Teach children the assertive language they can use to say no, and provide opportunities to practice.
- Be available to listen and provide support: Be available to listen to children when they have concerns, and provide emotional support and guidance as needed. This will help them feel more comfortable talking about any concerns or experiences they may have.

It is also important to keep in mind that children may not have the language or understanding to verbalize what is happening to them, but may show signs of distress or changes in their behavior, so it is important to be aware and responsive to any changes in their behavior. Additionally, it is important to regularly talk to children about these issues and to keep the conversation going.

Preadolescents and adolescents need to learn early possible affirmations they can use to express consent and create healthy relationships. Planned Parenthood offers several examples of how parents can teach children how to give age-appropriate consent:

Ways in which parents can teach children to express consent	
8 years or younger 1. "You don't have to kiss or hug a person if you don't want to." 2. "You shouldn't touch a person if they tell you not to." 3. "Friends listen to each other, so you have to wait your turn when you want to say something." 4. "If someone other than me (parent) or doctor touches you in a way that makes you feel uncomfortable, tell them to stop. If it doesn't stop, ask me or a trusted adult for help."	**9-11 years** 1. "When people care about each other they treat each other with respect even if they disagree with each other." 2. "If you feel that someone is forcing you to do something you don't like or don't want to do, you can use the expression "I don't want to do this, but let's do something else instead." 3. "If someone treats you badly, or harasses you, don't forget that it's not your fault. You must talk to me or a trusted adult."
12-14 years 1. "What do you need to feel safe in a relationship?" 2. "Social networks help us connect with our loved ones, but be careful what pages you follow, what kind of people you communicate with, and what influence they have on you."	**15-18 years** 1. "Consent is how you and your partner communicate to each other that you agree to be involved in a sexual relationship. You should always ask for your partner's consent, and you always have the right to say "yes" or "no" when your partner wants to have sex."

3. "In a healthy relationship partners do not pressure one of them to give in and do what they do not want." 4. "Rape and sexual assault are illegal. The blame always belongs to the aggressor and not to the victim."	2. "If you were in an unhealthy relationship, how would you break up with your partner in a way that would be safe?" 3. "If you are under the influence of alcohol or drugs, it will be difficult for you to express your consent or to interpret the consent of another person. If you want to get involved in a sexual relationship, it is recommended not to consume such substances." 4. "If you ever have unpleasant sexual experiences, like sexual assaults, you can count on my help. Together we will also be able to call on specialists in this field if you think it is needed."

The International Planned Parenthood Federation outlines several key points about consent that parents or adults in general need to address with children depending on their age range. Thus, in the case of children whose age between 8-12 years old, parents need to initiate discussions through which children learn how to respect their bodies, and how to differentiate between activities that can be done in public and those that must be done in private, intimate spaces. In this way, children can understand what appropriate touch means and how to talk to a trusted person.

For teenagers whose age is in the range of 13-18 years, the discussions should also include aspects related to romantic, but also sexual relationships, thus addressing the subject of consent, but also teaching them to recognize their limits, to impose them in the relationship with the partner and in turn to respect his limits. Learning about consent needs to be complemented by enlightening discussions about gender roles, the importance of communication in relationships, appropriate versus inappropriate sexual behaviors, and, last but not least, discussions about sex-specific legislation.

Part 2

Studies on sexual assault. Aggressors and victims

Approaches to sexual victimization.

1. Introduction

The likelihood of sexual victimization was indirectly increased by the correlation between more hazardous sexual scripts, riskier sexual conduct, and lower rejection assertiveness. Through less firm resistance and more hazardous sexual conduct, lower sexual self-esteem indicated a higher likelihood of sexual victimization. Greater religiosity is occasionally associated with a

higher susceptibility to sexual victimization through poorer sexual self-esteem, while higher religiosity predicted a reduced vulnerability to sexual victimization through less hazardous sexual scripts and behavior. It has implications for preventive efforts as risky sexual scripts were a major factor in the prediction of sexual victimization (Schuster & Krahé, 2019).

It discovered scant support for therapies that would immediately reduce child sex offenders' reoffending. Five trials' worth of data on adults was inadequate to conclude the advantages and disadvantages of pharmacological and psychological treatment. Insufficient data prohibited inferences regarding the effects of other therapies; for teenagers, limited evidence from one trial showed that multisystemic therapy avoided reoffense. In the one experiment that was discovered, there was insufficient evidence supporting the efficacy of therapy for children with sexual behavioral disorders (Lngström et al., 2013). It was discovered that: (1) women were more likely to be victims of child sexual abuse and that the victims' average age at the time of the abuse was around 11 years; (2) the abusers were mostly men who lived close to the victims and had an average age of just under 30 years; and (3) a significant portion (25.6%) of child sexual abuse cases involved penetration and involved the use of force or threats of force (Castro et al., 2021).

College students who experience sexual assault suffer harm. Those who only experienced sexual harassment (i.e., did not also experience contact sexual victimization) and those who only experienced non-contact sexual harassment (i.e., did not also experience contact sexual victimization) both reported negative consequences as a result of the victimization, but it was more typical for survivors of sexual harassment only to report feeling intimidated and uneasy in their surroundings among the college population (Pinchevsky, Magnuson, Augustyn, & Rennison, 2020). Separately, 22% and 8% of respondents claimed to have engaged in compelled sex (i.e., forced intercourse that involved physical violence) (i.e., external psychological manipulation, substance-related coercion, or internal psychological pressure). Coercive sex was also correlated with the amount of sexual activity adolescents engaged in during that time, with more sexual activity indicating a higher likelihood of reporting coerced sex (Zweig, Sayer, Crockett, & Vicary, 2002). It discovered data supporting the idea that college students who have experienced sexual assault are less likely than those who have not to participate in a campus survey on sexual violence. This is particularly true for men (Jouriles et al., 2022).

In identifying rape victims, the traumatic experiences factors significantly outperformed the base rates. Only 10% of the women had a risk profile that identified them, yet among them, the chance of being raped was twice as high as it was for the women without the profile. The majority of sexually abused women (75–91%) were unable to be distinguished from nonvictims

(Koss, & Dinero, 1989). By a static risk assessment schedule (Risk Matrix 2000), only high/very high-risk males (17% over 2 years, 42% over 5 years) were reconvicted for sexual crimes. Men who were judged as having a high degree of dynamic risk were more likely to be reconvicted for a sexual offense (13% against 5% over two years; 44% versus 10% over five years) (Beech, & Ford, 2006).

2. Definitions

The sexual experiences survey results may be used to create four victimization categories. These are listed below in order of sexual experience survey presentation (Himelein, 1995):

As opposed to attempted rape, which is defined as unwanted sexual activity that is attempted but not completed by a man using force, alcohol, or drugs, sexual coercion is defined as unwanted sexual activity obtained through verbal pressure or a position of authority, and rape is defined as unwanted sexual activity. Sexual contact is defined as unwanted sex play (kissing, fondling, petting) obtained through a man's verbal pressure, the position of authority, the threat of force, or force.

Sexual abusers who fit into one of the following six categories: rapists, incest abusers (intrafamilial), child abusers (extrafamilial), statutory rapists (i.e., those who had illicit cooperative sex with a peer who was younger than the age of consent), non-contact abusers (e.g., exhibitionists, voyeurs, and obscenity callers), and child abusers. Adult and adolescent sexual abusers are typically categorized under these abuser types (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010, apud Gordon et al., 1998).

According to Koss (1993), "psychological coercion" is likely intended to allude to verbal threats of bodily violence or rape, both of which constitute offenses. However, she cautions that the phrase might make respondents think of "such situations as those involving false promises, threats to end the relationship, continuous nagging and pressuring, and other verbal strategies to coerce sexual intercourse" (p. 60), which she points out are undesirable but not crimes. Separate from actual or attempted rape, sexual assault is described as a broad variety of victimizations. Assaults or attempted attacks falling under this category usually involve the victim and the perpetrator engaging in unwanted sexual contact. Sexual assaults include actions like grasping or fondling and may or may not use force. Verbal threats are another aspect of sexual assault (Fisher, & Cullen, 2000).

The operationalization of sexual assault includes five categories: verbal threats of sexual assault other than rape, sexual assault with serious assault, sexual assault with minor assault, sexual assault without harm, and sexual assault without force (Fisher, & Cullen, 2000).

Tjaden and Thoennes (1998) defined rape as an act that was performed without the victim's consent and involved the use of physical force or the threat of physical force to penetrate the victim's vagina, anus, or mouth with the penis. The phrase applied to both successful and unsuccessful rape (Fisher, & Cullen, 2000). The new legislation broadly defines rape as any sort of sexual intercourse, or any other sexual actions perceived as being equal to sexual intercourse, involving a juvenile under the age of 15, regardless of the offender's prior behavior. Repeated sexual assault was rather prevalent, and the relationships between the perpetrator and victim were often extrafamilial (Stiernströmer, Väfors Fritz, Mellgren, & Khoshnood, 2022).

Forced sexual contact including both physical and psychological compulsion. By "forced sexual contact," the offender implies oral, anal, or vaginal penetration (s). Incidents when a foreign item, like a bottle, caused the penetration fall under this category as well. includes attempted rapes, victims who are both male and female, and rapes that are both heterosexual and gay. Verbal rape threats are included in attempted rape (Fisher, & Cullen, 2000).

It is not uncommon for college students to face sexual victimization, which is described as non-contact unpleasant sexual experiences (such as sexual harassment), unwelcome sexual contact, sexual coercion, for liberate, or alcohol, or drug-assisted attack or rape (Pinchevsky, Magnuson, Augustyn, & Rennison, 2020).

Stalking, according to Tjaden and Thoennes (1998), is a pattern of behavior intended to frighten a reasonable person with repeated meetings on two or more occasions. It includes close physical or visual proximity, non-consensual communication, verbal, written, or implied threats, or a combination of these (Fisher, & Cullen, 2000).

Stitt (Stitt, & Lentz, 1996, apud Stitt 1988, p.92) defined harm in his discussion of victimless crimes; it will be assumed that harm has occurred if an individual is physically harmed (e.g., murder, assault, or rape); an individual's property is harmed (e.g., theft or vandalism); an individual is psychologically harmed (e.g., the threat of physical (e.g., invasion of privacy, kidnapping or false imprisonment).

The Penal Code has defined lack of consent to exist where the apparent assent (Stitt, & Lentz, 1996):

a) is given by a person who is legally incompetent to authorize the conduct charged to constitute the offense;

b) is given by a person who because of youth, mental disease or defect, or intoxication is manifestly unable or known by the actor to be unable to make a reasonable judgment as to the nature or harmfulness of the conduct charged to constitute the offense;

c) is given by a person whose improvident consent is sought to be prevented by the law defining the offense;

d) is induced by force, duress, or deception of a kind sought to be prevented by the law defining the offense.

3. Intervention Models

If cases of sexual abuse are discovered, a variety of intervention techniques have been chosen. These techniques may not be scientifically confirmed, but they are crucial for educating the professionals handling these situations, especially if the victims are children (McGrath, Cumming, and all, 2010):

- Bio-medical: Medication, such as selective serotonin reuptake inhibitors and antiandrogens, is a key therapy focus.
- Cognitive-Behavioral: This approach is predicated on the idea that people's thoughts primarily influence how they behave and that changing one's thought patterns may modify behavior through several training techniques.
- Family Systems: The main focus of treatment is to alter unhealthy interpersonal patterns.
- Living well. The objective is to assist the person in creating a productive life devoid of crime. It downplays the need of concentrating on conventional risk management and avoidance tactics.
- Reduction of harm. This approach to therapy acknowledges that the best result is to prevent reoffending, but it also values any decrease in the severity of a reoffense.
- Multisystemic. Services are frequently offered in the client's home, community, school, and neighborhood to alter their "ecological environment."
- Psychodynamic. The significance of comprehending the unconscious processes that influence human sexual behavior and other actions is emphasized by this paradigm.

- Psycho-Socio-Educational. This strategy places a strong emphasis on education as a way to assist sexual abusers in changing their behavior. Usually included are group lessons and opportunities to develop social skills.
- Risk-Need-Responsivity. Focus on social learning and cognitive-behavioral therapy methods, and target changing traits of offenders that are directly associated with reoffending and receptive to offenders' learning styles.
- Preventing relapse. The focus is on educating people on how to supervise the abuser and help him or her effectively apply these relapse-prevention techniques, as well as on helping abusers gain self-management skills to prevent relapse.
- Self-regulation. This relapse process model identifies four paths to crime and suggests treatment modalities appropriate for each.
- Compulsive sexual behavior. People who engage in specific forms of sexual abuse are seen to have a sexual addiction. Attending a 12-Step program like Sexaholics Anonymous or Sex and Love Addicts Anonymous is a component of treatment.
- Sexual Trauma. A crucial part of treatment is seen to be aiding abusers in healing from their sexual trauma.
- These therapeutic aims were not described in the survey, nor was it asked how much time was spent on each target during treatment. Here are descriptions of each target.
- Control of arousal. Risk factors for perpetrating sexual abuse include sexual obsession, hypersexual behavior, and deviant sexual preferences.
- Emotional control. The objective is to support the client in properly identifying, observing, comprehending, and managing their emotions.
- Networks of Support for Families A well-informed network of family and friends can offer crucially important constructive social support that lowers the chance of reoffending.
- Relationship & Intimacy Skills. Due to certain sexual abusers' propensity to seek out sexual connections with minors and people who are not consenting, it can be difficult to establish and sustain satisfactory personal relationships with friends who are of a similar age.
- Responsibility for Offense. Asking clients to disclose and take ownership of their sexually abusive conduct has historically been one of the first steps in abuser treatment.
- Offensive attitudes of support. Those who sexually abuse others frequently employ illogical or rationalizing cognitive processes to defend or justify their actions.

- Resolving issues. Offenders who cannot deal with issues and satisfy their sexual and life demands in prosocial ways seek to do so by engaging in sexually abusive behavior.
- Self-monitoring. This includes identifying and controlling the attitudes, feelings, events, arousal, and sexual desire that were connected to the offense.
- Social abilities. Sexual abusers frequently lack a range of social skills, which might include deficiencies in conversational ability, parenting, and leisure activity utilization.
- Empathy and Awareness for Victims. Most programs include treatment activities intended to teach sexual abusers about the negative impacts of sexual victimization, how to see things from other people's perspectives, and how to appreciate and value others.

4. The Psychological Profile of Female Sex Abusers

The growth of child sexual abusers was marked by increased sexuality, but the childhood experiences of rapists were more suggestive of violence. The treatment of sexual abusers and the prevention of sexual abuse are both impacted by these results. It follows that a risk management strategy may not be sufficient treatment for sexual offenders since they have been educated to satiate human wants for closeness and sexuality through maladaptive methods. Although risk models educate offenders on how to avoid high-risk situations, they neglect to address any potentially maladaptive needs-satisfying techniques that they may have acquired (Simons, Wurtele, & Durham, 2008). Sexually abusing children more often (73%), were exposed to pornography sooner (65% before age 10), began masturbating earlier (60% before age 11), and engaged in more sexual activity with animals (38%) than rapists. Rapists, as opposed to child sexual abusers, reported experiencing physical abuse more frequently (68%), parental violence more frequently (78%), emotional abuse more frequently (70%), and animal cruelty more frequently (68%). Both rapists and child sexual abusers (>93%) said they were frequently exposed to violent media as children. The majority of offenders (94%) spoke of their relationships with their parents as being insecure; rapists expressed avoidant parental attachments (76%), while child sexual abusers reported nervous parental attachments (62%). (Simons, Wurtele, & Durham, 2008).

While not claiming that victims are accountable for the behavior of perpetrators, it was discovered that some victims do not place all the blame on their perpetrators. This was based on research into how victims and third parties attribute blame and perpetrator motivation for actual sexual victimization experiences. Sexual assault and attempted rape victims, as well as anyone who knew a victim of sexual assault, assigned responsibility to a variety of parties, including the

offender, the victim, their selves, their friends, their families, and the circumstances. Participants also discussed how they believed the sexual assaulter's motives to be. Victims tended to place more responsibility on themselves than third parties did, whereas third parties saw offenders as more sexually driven while perpetrators were seen as more power-oriented. Victims and others who have never personally experienced such tragedy have quite different perspectives on rape and sexual assault (Perilloux, Duntley, & Buss, 2014).

According to Matthews (1993), the majority of criminals come from disorderly, violent environments where verbal, physical, emotional, and sexual abuse are frequent. They frequently have low standing in their peer groups and a lack of a feeling of identity. They frequently lack friends, and as a result, they act strangely to get approval. While the majority of studies concur that there is no such thing as a "typical" female child abuser, Jennings (1994) identified six traits that abusers of female children often share:

1. The median age is 26 years, with a range of 16 to 36 years.
2. About two-thirds of victims are female and one-third are male.
3. The perpetrators of the abuse were frequently former themselves.
4. They frequently experience significant male rejection or reliance.
5. Mental health issues and substance misuse are prevalent.

- To comprehend the psychological makeup of the female abuser, Matthews (1989) found it useful to compare male and female abuse patterns. According to Boroughs (2004), she has discovered the following variations between male and female abuse patterns:

• Women are more likely than men to start abusing others when they are much older, use fewer threats to intimidate their victims, and act out against themselves. Women abusers, unlike men abusers, rarely, if ever, coerce others into being complicit.

• Women abusers are less likely than men to use force or violence, and when they do, they are not as forceful. Women are less likely to initially deny the abuse and are more willing to accept responsibility for their behavior.

According to a classification system created by Faller (1987) cited in Boroughs (2004), female abusers can be divided into one of five groups:

1. Polyincestuous abuse, which typically involves two or more victims and at least two offenders.
2. Abuse by a mother against her kid when there is only one parent.
3. Abusers who are insane also have uncontrollable libidinal desires.

4. The juvenile offender who has access to kids while babysitting and whose sexual activity serves more to satisfy the offender than to please the victim.

5. The abuser is not the parent of the kid and does not have custody rights.

Women are better than men in gaining children's trust and exercising authority over them, so when women abuse them, children feel more betrayed and outraged. She also highlights these risks for the victims:

A few of the problems that people with these issues face include drug, alcohol, and solvent abuse, attempted suicides, gender identity issues, relationship management problems, unresolved anger, shame, and grief, self-mutilation, anorexia and bulimia, persistent runaways, agoraphobia, and fear of touching their children.

Children who have the same sex as the perpetrator had a higher likelihood of being sexually attracted to them. By the age of 21, 92.5% of the research group reported being aware of their sexual arousal of children, and another 67.5% reported having already engaged in contact with sexual offenses against minors. The results that concerned the professional perpetrators' claimed motivations for pursuing jobs dealing with children may have been the most intriguing. 15% of respondents said that the only reason they picked their line of work was to get access to youngsters they might abuse. Another 41.5% claimed that, while it wasn't their main reason for working with kids, they were motivated in part by the possibility of abusing them. The survey also shed some light on the methods of grooming and persuasion employed by professional offenders: 77.5% admitted to setting up meetings with children outside of work to facilitate that child's sexual assault (Sullivan, & Beech, 2004).

5. Effects

Sexual abusers who have sexually victimized others have more severe developmental predispositions (trauma, familial traits, early exposure to pornography, and personality) as well as more recent behavioral issues (sexual aggression, sexual arousal, use of pornography, and nonsexual criminal behavior) (Burton, Duty, & Leibowitz, 2011). According to Trickett & Schellenbach, the long-term effects of sexual child abuse include hypersexuality, sexual behavior problems, fear, anxiety, and melancholy as well as incorrect attributions and social-interpersonal difficulties (1998). Differences between intrafamilial, extrafamilial, and child pornography offenders' subgroups of child sexual abusers. Deviant sexual preferences and interests were linked to a higher probability of recidivism, interest in pedophilia as a crime, and sexual fantasy.

Additionally, antisociality is inversely connected with it (Schmidt et al., 2014). It does not appear that there is a precise link between sexual abuse of children as a kid and childhood maltreatment; rather, it is likely that a variety of childhood abuse can result in a variety of behavioral and psychological issues as an adult. According to Forsythe and Telles' (1988) research, both men and women exhibited comparable psychopathological characteristics after experiencing sexual assault. It is reasonable to assume that boys would display higher disruptive, antisocial conduct when subjected to the stress of sexual abuse as men typically demonstrated more disruptive, externalizing behavior than females (e.g., fighting, truancy) (Hanson, & Slater, 1988).

Adolescent sexual abusers who had been sexually victimized were more likely than non-victimized respondents to use physical force, have more victims, start abusing at a younger age, have both male and female victims, abuse only non-family members less frequently, and exhibit more conduct-disordered behavior (Burton, Duty, & Leibowitz, 2011 apud. Cooper et al. 1996). An analysis of descriptive data showed that 46% of college victims had experienced moderate or severe levels of earlier victimization, and 57% of victims had also been victims of romantic violence before enrolling in college. Only two of the six behavioral and attitudinal risk factors were substantially related to victimization, compared to 31% of college nonvictims and 15% of those who had experienced moderate or severe past victimization. Because they are the outcomes of the only longitudinal study to date to evaluate the impact of these variables, these findings refute the notion that assertiveness or rape-supportive attitudes (such as acceptance of interpersonal violence, adversarial sexual beliefs, and rape myth acceptance) increase victimization risk. Without an emphasis on sexual rights, assertiveness, and "safe" dating practices, a victimized woman may never learn to control her sexual urges (Himelein, 1995). Teens in the sodomy and sex offenders groups showed higher psychopathology than those in the inpatient sample (Herkov, Gynther, Thomas, & Myers, 1996).

The authors took into account drug use, sexual activity, and sexual aggressiveness as predictors of sexual victimization by intimate partners and nonintimate perpetrators to enhance women's vulnerability to such crimes. 17.9% of women in a representative community sample, mostly by intimate partners, aged 18 to 30, experienced sexual victimization over two years. Drug use, a low sexual refusal assertiveness score, and past intimate relationship abuse were predictors of intimate partner abuse. Victimization by nonintimate was predicted by the frequency of sexual partners and heavy episodic drinking (Testa, VanZile-Tamsen, & Livingston, 2007). Women who had experienced sexual assault incapacity scored more on measures of problem drinking, but those who had experienced sexual assault in the military scored higher on measures of re-victimization

risk and PTSD symptoms. Attrition was predicted by past sexual victimization of either kind, although forced sexual victimization and sexual victimization did not vary from one another (Griffin, & Read, 2012).

The highest rates of exposure to sex trafficking and intimate partner abuse were associated with the cluster profile with high levels of severe familial violence (Kennedy, A. C., Bybee, Kulkarni, & Archer, 2012). When family criminality was assessed as a cumulative variable, sexually abused young people were more likely to have witnessed criminal activity, such as drug sales, nonsexual domestic violence, and illegal acts by family members, as well as to have been exposed to violence at home, such as punching, slapping, and hitting (such as someone threatening them). Before turning 10, children who had experienced sexual abuse and neglect viewed pornography far more frequently (i.e., adults having sex with other adults or with children and adults forcing sex with other adults or with children, in pictures, movies, or on the Internet). When asked if they had ever suffered sexual abuse, some young people said "no," but when asked if they thought they had, they replied "rarely" or "occasionally" (Burton, Duty, & Leibowitz, 2011). Both incapacitated and forcible rape had an influence in certain dimensions (such as present felt trauma and emotional impact), whereas, in other domains (such as attributions of culpability), incapacitated rape was comparable to verbal coercion. In general, verbal coercion and forced rape had more severe traumatic effects than incapacitated rape (Brown, Testa, & Messman-Moore, 2009).

6. Victim Profile

Based on personality traits, Worling (Burton, Duty, & Leibowitz, 2011) divided teenage sexual abusers into four subtypes: antisocial/impulsive, unusual/isolated, overcontrolled/reserved, and confident/aggressive. A classification of teenage sexual abusers was recently proposed by Oxnam and Vess (2008). There were four categories they distinguished: inadequate (internalizers with a dysthymic presentation), antisocial (aggressive and emotionless), conforming, and passive-aggressive (are more immature and are more prosocial).

Juvenile sexual abusers who had sexually abused victims also scored higher on the traits of introversion, restraint, melancholy, submissiveness, unruliness, opposition, and borderline tendencies. Juvenile sexual abusers who were sexually traumatized as children abused others for a longer period since they began doing so when they were younger. Boys under the age of 12,

males between the ages of 13 and 18, public masturbation, voyeurism, rape, frottage, bestiality, and exhibitionism were some of the triggers that sexually abused juvenile sexual abusers reported considerably increased levels of sexual attraction to. Additionally, they were more likely to look at porn before and after committing sexual acts and to take longer to prepare them. Juvenile sexual abusers who had been sexually assaulted as children scored higher on tests for alcohol use, general delinquency, property damage, felony theft, and felony assault (Burton, Duty, & Leibowitz, 2011).

Child sexual abusers were more meek and compliant than peer sexual abusers, and they were more nervous. Peer sexual abusers had similar scores to non-sex offenders, but they scored higher on the rowdy and aggressive personality measures, social insensitivity, delinquent propensity, substance-abuse proneness, impulsive propensities, and antisocial functioning than child sexual abusers (Glowacz, & Born, 2013). Compared to their classmates who sexually attacked victims who were the same age or older, juvenile child molesters had greater neuroticism scores, more social issues, and were harassed at school more frequently. Additionally, child predators reported having a worsening self-image. They were younger when they were submitted for screening, but they had committed more sex offenses, more frequently against men than women (Hendriks, & Bijleveld, 2004). The individuals in the child sexual abuse group were more likely to experience sexual abuse during their first semester of college than the control group, but they did not vary from them in terms of reported attachment anxiety, attachment avoidance, feelings of power, or self-esteem (Reese-Weber, & Smith, 2011).

Sexual risk-taking, problematic drinking, increased drug use, sexual dysfunction, and dyadic sexual desire were all associated with sexual victimization among female students. These risk-taking behaviors and difficulties with sexual functioning were most frequently reported by women who had experienced rape or other more serious sexual abuse (Turchik, & Hassija, 2014).

Some testimonies of the victims *(Fisher, & Cullen, 2000):*

„After I visited one of my friends, we were all hanging out, so we went to my friend's house and down into the basement. After the friend I went to see walked upstairs, my other friend and I were left alone. When he stated he was going to get me, I attempted to flee, but he slammed me to the ground and raped me. I was hesitant to intervene since I knew he had a pistol."

„ I was walking home from work when someone came up to me and asked what time it was before walking 15 to 20 feet past me. Later, he followed me as I walked three blocks, after which I was passed by someone else. They followed me a little way later with a gun to my back."

„ They attacked me behind a house after demanding money, which I did not have. He was a buddy of mine, so I invited him inside. I was forced to try things by him. I hit him and he got thrown out of my room."

„ I asked him to wait in the car while I went to the bathroom as I was driving him from the bar. He attempted to squeeze me when I got back and thanked him. He tried again with more force when I told him to get off, but he didn't hurt me this time. I then told him to get out of my car and shoved him out. „

The concept of informed consent is not rooted in Romanian society, as discussions about sexual freedom are just beginning to emerge from the taboo character they had in the past decades.

It is advisable that discussions about consent and the importance of personal choices be made from as early an age as possible so that the child develops self-esteem and gains confidence in the ability to make decisions.

Each person has the opportunity to decide on their own body, on assets, and to respect their wishes. Accepting or refusing an interaction is a fundamental right of every person.

References

Arias, I., Koss, M., P., & Spitz, E., R. (2017). Sexual coercion and self-esteem in adulthood. *Journal of Adolescent Health*, 61(5), 586-592

Beech, A., & Ford, H. (2006). The relationship between risk, offending, treatment outcome, and sexual recidivism in a sample of child sex offenders completing residential treatment for their offense. *Psychology, Crime & Law*, 12 (6), 685-701

Berkowitz, A., D. (2001). Guide to Consent in Intimate Relationships. *Campus Safety & Student Development*, 3(4), 49-64. ISSN 1526-9493

Boroughs, D., S. (2004). Women who sexually abuse children. *Child and Youth Services Review*, 26(5), 481-487

Brown, A., L., Testa, M., & Messman-Moore, T., L. (2009). The psychological consequences of sexual victimization resulting from force, incapacitation or verbal coercion. *Violence Against Women*, 15(8), 898-919

Burton, D., L., Duty, K., J., & Leibowitz, G., S. (2011). Differences between sexually victimized and sexually nonvictimized male adolescent sex offenders: Developmental antecedents and behavioral comparisons. *Journal of Child Sexual Abuse*, 20 (1), 77-93

Burton, O., Rawstorne, P., Watchirs-Smith, L., Nathan, S., & Carter, A. (2023). Teaching sexual consent to young people in educational settings: a narrative systematic review. *Sex Education,* 23(1), 18-34

Campus Advocacy, Resources & Education (n.d.). What is consent? https://care.ucr.edu/education/what-is-consent

Castro, A., Moreno, J., D., Maté, B., Ibáñez-Vidal, J., & Barrada, J., R. (2021). Profiling child sexual abuse in a sample of college students: A study of characteristics of victims, abusers, and episodes of abuse. *International Journal of Environmental Research and Public Health*, 18(9), 4610

Cohan, C., L., & Kleinplatz, P., J. (2005). The universality and diversity of women's sexual consent. Journal of Sex Research, 42(4), 301–312

Coker, A., L., Smith, P., H., McKeown, R., E. & King, M., R. (2000). The long-term physical and mental health consequences of physical and psychological intimate partner violence. *American Journal of Preventive Medicine*, 19(4), 230-238

Crown Prosecution Service. (n.d.). What is consent? Available at https://www.cps.gov.uk/sites/default/files/documents/publications/what_is_consent_v2.pdf

deFur, K., & deFur, K. (2016). Enthusiastic consent: What it is and how to do it. Unequal Partners: *Teaching Power, Consent, and Healthy Relationships*, 141-147

Dublin Rape Crisis Centre. (n.d.). #100 consent. If you're not 100%, then it's not consent. Available at https://www.drcc.ie/assets/files/pdf/100consent-handout-p1.pdf

Fisher, B., S., & Cullen, F., T. (2000). Measuring the sexual victimization of women: Evolution, current controversies, and future research. *Criminal Justice*, 4, 317-390

Friedman, J. & Valenti, J. (2008). *Yes means yes! Visions of Female Sexual Power and a World Without Rape*. Berkeley, CA: Seal Press

Foster, J. (2018). From 'no means no' to 'yes means yes': exploring the implications of 'affirmative consent'. *Gender and Education*, 30(8), 971–983

Gerberg, R., & Dunn, L. (2014). Comments to: White House takes force to protect students from sexual assault. Defining consent to effectively address sexual violence. *Scholar Harvard Edu*. https://scholar.harvard.edu/files/rorygerberg/files/WH_task_force_comments_2014april.pdf

Gilbert, J. (2018). Challenging consent in sexuality education. *Sex Education*, 18(3), 268-279

Glowacz, F., & Born, M. (2013). Do Adolescent Child Abusers, Peer Abusers, and Non-Sex Offenders Have Different Personality Profiles? *European Child and Adolescent Psychiatry*, 22(2), 117-125

Griffin, M., J., & Read, J., P. (2012). Prospective effects of method of coercion in sexual victimization in the first year of college. Journal of interpersonal violence, 27 (12), 2503-2524

Hall, D., S. (1998). Consent to sexual behavior in a student population. *Electronic Journal of Human Sexuality*, 1

Hanson, R., K, & Slater, S. (1988). Sexual victimization in the history of sexual abusers: A review. *Annals of Sexuality Research*, 1(4), 485-499

Hardesty, M., Young, S., R., McKinnon, A., M., Merriwether, A., Mattson, R., E., & Massey, S., G. (2022). Indiscreet: How typical college student sexual behavior disrupts affirmative consent's demand for clear communication. *Sexuality Research and Social Policy*, 19, 1114-1129. https://doi.org/10.1007/s13178-021-00611-9

Healthy Relationships and Consent: Key Messages for Young People. (2019, May 17). In Children and families. ISBN: 9781787816503. Available at

https://www.gov.scot/publications/key-messages-young-people-healthy-relationships-consent-resource-professionals-working-young-people/pages/4/

Hendriks, J., & Bijleveld, C., C. (2004). Juvenile sex offenders: Contrasting child abusers with peer abusers. *Criminal Behavior and Mental Health*, 14(4), 238-250

Herkov, M., J., Gynther, M., D., Thomas, S., & Myers, W., C. (1996). MMPI differences among institutionalized adolescent rapists, sodomists, and sexual abusers. *Journal of Personality* Assessment, 66 (1), 81-90

Hickman, S., E. & Muehlenhard, C., L. (1999). "Through the semi-mystical appearance of a condom": How young women and men communicate sexual consent in heterosexual situations. *Journal of Sex Research*, 36, 258–272. doi:10.1080/00224499909551996

Himelein, M., J. (1995). Risk factors for dating sexual victimization. A longitudinal study of college women. *Psychology of Women Quarterly*, 19 (1), 31-48

Hirsch, J., S., Khan, S., R., Wamboldt, A., & Mellins, C., A. (2019). Social dimensions of sexual consent among cisgender heterosexual college students: Insights from ethnographic research. *Journal of Adolescent Health*, 64(1), 26-35. https://doi.org/10.1016/j.jadohealth.2018.06.011

Hope, M. (2018). *Sexual education. The Girls' Guide. Over 100 honest answers to (almost all) questions about puberty, adolescence and relationships*. Bucharest: Publishing House All (In Romanian)

Humphreys, T., & Herold, E. (2003). Should Universities and Colleges Enforce Sexual Behavior? Student perceptions of Antioch College's consent policy. *Journal of Psychology & Human Sexuality*, 15(1), 35-51

Humphreys, T. (2007). Perceptions of sexual consent: The impact of relationship history and gender. *Journal of Sex Research*, 44(4), 307-315. two: 10.1080/00224490701586706

Im, J., Dimond, J., Berton, M., Lee, U., Mustelier, K., Ackerman, M., S., & Gilbert, E. (2021, May). Yes: Affirmative Consent as a Theoretical Framework for Understanding and Imagining Social Platforms. *In Proceedings of the 2021 CHI Conference on Human Factors in Computing Systems*, 1-18

International Center for Missing and Exploited Children (2019). Talk to your children about consent. Conversation Tips for Parents. Available at https://www.icmec.org/wp-content/uploads/2019/11/Teaching-Consent-Parent-discussion-guide-2018-FINAL.pdf

International technical guideline on sexuality education: An evidence-based approach (PDF). Paris: UNESCO. 2018. p. 56. ISBN 978-92-3-100259-5

International Planned Parenthood Federation. (n.d.). Teaching Consent and Healthy Boundaries – An Educator's Guide. Available at https://www.ifpa.ie/sites/default/files/documents/Reports/teaching_about_consent_healthy_boundaries_a_guide_for_educators.pdf

Johnson, S., & Tucker, J. (2019). Sexual consent education: an exploration of best practice. *Journal of School Health*, 89(10), 630-636

Jones, L., M. & Finkelhor, D. (2011). Age-differentiated effects of online caregiving on children. *Child Abuse & Neglect*, 35(11), 935-944

Jouriles, E., N., Nguyen, J., Krauss, A., Stokes, S., L., & McDonald, R. (2022). Prevalence of sexual victimization among female and male college students: A methodological note with data. *Journal of interpersonal violence*, 37 (11-12), NP8767-NP8792

Jozkowski, K., N., Manning, J., & Hunt, M. (2018). Sexual consent in and out of the bedroom: Disjunctive views of heterosexual college students. *Women's Studies in Communication*, 41(2), 117-139. https://doi.org./10.1080/07491409.2018.1470121

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. *Journal of Sex Research*, 51, 904–916. doi:10.1080/00224499.2013.792326

Jozkowski, K., N., Sanders, S., Peterson, Z., D., Dennis, B., & Reece, M. (2014). Consent to sexual activity: Development and psychometric evaluation of dual measures of consent. *Archives of Sexual Behavior*, 43, 437–450. doi:10.1007/s10508-013-0225-7

Jozkowski, K., N. (2013). The influence of consent on college students' perceptions of the quality of intercourse at the last event. *International Journal of Sexual Health*, 25, 260–272. doi:10.1080/19317611.2013.799626

Jozkowski, K., N. (2011). Measuring internal and external conceptualizations of sexual consent: A mixed methods exploration of sexual consent (Doctoral dissertation). Retrieved from *ProQuest Dissertations and Theses database* (UMI no. 3466353)

Kennedy, A., C., Bybee, D., Kulkarni, S., J., & Archer, G. (2012). Sexual victimization and family violence among urban African American adolescent females: Do violence cluster profiles predict partner violence victimization and exposure to the sex trade? *Violence Against Women*, 18(11), 1319-1338

Koss, M., P., & Dinero, T., E. (1989). Discriminant analysis of risk factors for sexual victimization among a national sample of college women. Journal of Counseling and Clinical Psychology, 57(2), 242

Lang, J. (2022). *Consent. The new rules of sex education*. Bucharest: Publishing House All (In Romanian)

Långström, N., Enebrink, P., Laurén, EM, Lindblom, J., Werkö, S., & Hanson, R., K. (2013). Preventing Child Sexual Abuse Recidivism: Systematic Review of Medical and *Psychological Interventions*. Bmj, 347

McGrath, R., J, Cumming, G., F., Burchard, B., L., Zeoli, S., & Ellerby, L. (2010). Current practices and emerging trends in the management of sex abusers. *The Safer Society 2009 North American Survey*

McKenna, J., L., Roemer, L., & Orsillo, S.M. (2021). Predictors of communication of sexual consent among cisgender sexual minority and nonbinary young adults during a penetrative sexual encounter with a new partner. *Sexuality and Culture*, 25, 1490–1508. https://doi.org/10.1007/s12119-021-09831-y

McMains, J. (2022). Promoting a culture of consent in social dance communities. *Journal of Dance Education*, 22(4), 256-264

Mitchell, K., J, Finkelhor, D., & Wolak, J. (2011). Online "Predators" and Their Victims: Myths, Realities, and Implications for Prevention and Treatment. *American Psychologist*, 66(2), 111-128

Monaghan and Cavan Children and Young People's Services Committees. (n.d.). A guide to healthy relationships for young people. Available at https://www.cypsc.ie/_fileupload/Documents/Resources/Cavan%20Monaghan/Shine%20teen.pdf

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. *Journal of Sex Research*, 53, 457–487. doi:10.1080/00224499.2016.1146651

National Sexual Violence Resource Center. (2015). What is healthy sexuality and consent? Available at https://www.nsvrc.org/sites/default/files/2015-01/saam_2015_what-is-healthy-sexuality-and-consent.pdf

Organization for Security and Co-operation in Europe. (2014). Domestic violence in the Republic of Moldova. Judicial practice and national and European normative acts. https://www.osce.org/files/f/documents/7/0/121520.pdf

Pam, B. (2015). Iowa man found not guilty of sexually abusing wife with Alzheimer's. *The New York Times*. Retrieved 23 April 2015

Perilloux, C., Duntley, J., D., & Buss, D., M. (2014). Attribution of blame in sexual victimization. *Personality and Individual Differences*, 63, 81-86

Pinchevsky, G., M., Magnuson, A., B., Augustyn, M., B., & Rennison, C., M. (2020). Sexual victimization and sexual harassment among college students: A comparative analysis. *Journal of family violence*, 35 (6), 603-618

Pineau, L. (1989). Date rape: a feminist analysis. *Law and Philosophy*, 8 (217): 217–243. doi:10.1007/BF00160012

Planned Parenthood. (n.d.). Talking about consent and healthy relationships at every age. Available at https://www.plannedparenthood.org/uploads/filer_public/6e/a4/6ea4bb87-e61e-4b99-a35e-8cf2e2c82a51/20171004-lets-talk-relationships-at-any-age-d01.pdf

Quayle, E., & Jones, L., M. (2015). The caregiving process: a review of the literature. *Journal of Child Sexual Abuse*, 24(4), 367-388

Reese-Weber, M., & Smith, D., M. (2011). Outcomes of child sexual abuse as predictors of subsequent sexual victimization. *Journal of Interpersonal Violence*, 26 (9), 1884-1905

Rape and Sexual Abuse Support Center. (2013). Give and get consent. A resource for teaching sexual consent at Key Stages 3 and 4. Available at https://www.rasasc.org.uk/wp/wp-content/uploads/2013/11/Give-n-Get-Consent-A-resource   -for-teaching-sexual-consent-to-key-stages-3-and-4.pdf

Roffee, J., A. (2015). When Yes Actually Means Yes: Confusing Messages and Criminalizing Consent' in *Rape Justice: Beyond the Criminal Law* eds. Powell A., Henry N., & Flynn A., Palgrave, 2015. pp. 72–91. doi:10.1057/9781137476159_5

Schmidt, A., F., Gykiere, K., Vanhoeck, K., Mann, R., E., & Banse, R. (2014). Direct and indirect measures of sexual maturity preferences differentiate subtypes of child sexual abusers. *Sexual abuse*, 26 (2), 107-128

Schuster, I., & Krahé, B. (2019). Predicting sexual victimization among college students in Chile and Turkey: A cross-cultural analysis. *Archives of Sexual Behavior*, 48(8), 2565-2580

Seto, M., C., & Cooper, B. (2009). Online sexual offending: A review of empirical research. *Aggression and Violent Behavior*, 14(5), 390-402

Simkins, L., Ward, W., Bowman, S., & Rinck, C., M. (1989). The multiphasic sexual inventory: diagnosis and prediction of treatment response in child sex abusers. *Annals of Sex Research*, 2 (3), 205-226

Simons, D., A., Wurtele, S., K., & Durham, R., L. (2008). The developmental experiences of child sexual abusers and rapists. *Child Abuse and Neglect*, 32(5), 549-560

Stiernströmer, E., Väfors, F., M., Mellgren, C., & Khoshnood, A. (2022). Demographic characteristics of convicted child sex offenders in southern Sweden, 2013 to 2018: a pilot study. *Forensic Science Research*, 7(3), 393-401

Stitt, B., G, & Lentz, S., A. (1996). Consent and its significance for the sexual victimization of women. *American Journal of Criminal Justice*, 20 (2), 237-257

Sullivan, J., & Beech, A. (2004). A comparative study of demographic data on intrafamilial and extrafamilial child sexual abusers and professional abusers. *Journal of Sexual Assault*, 10(1), 39-50

Testa, M., VanZile-Tamsen, C., & Livingston, J., A. (2007). Prospective prediction of sexual victimization of women by intimate and nonintimate male perpetrators. *Journal of Counseling and Clinical Psychology*, 75(1), 52

The central stone. (n.d.). Healthy relationships and consent. Available at https://centerstone.org/wp-content/uploads/Healthy_Relationships__Consent.pdf

Tiffany L., Wills, M., M., & Jozkowski, K., N. (2022). Effects of typical and heavy alcohol consumption on perceptions and communication of sexual consent. *Journal of Sex & Marital Therapy,* 48(3), 273-284. DOI: 10.1080/0092623X.2021.1986445

Thomas, K., A., Sorenson, S., B., & Joshi, M. (2016). Consent is good, happy, sexy: a banner campaign to promote student consent. *Journal of American College Health*, 64(8):639-650

Turchik, J., A., & Hassija, C., M. (2014). Female sexual victimization among college students: severity of assault, health risk behaviors, and sexual functioning. *Journal of interpersonal violence*, 29 (13), 2439-2457

Valle, L., A., Williams, C., & Forrest, J. (2019). Best practices for sexual consent education. *Journal of Adolescent Health*, 64(2), S48-S56

Ward, L., M. (2016). Sexual consent education: Innovative approaches to a complex and multifaceted topic. Sexual Abuse: *A Journal of Research and Treatment*, 28(4), 275-290

Widom, C., S, Czaja, S., J., & Dutton, M., A. (2008). The long-term consequences of child abuse and neglect on adult mental health: a prospective study. *Journal of Interpersonal Violence*, 23(2), 224-247

Willis M., Murray, K., N., & Jozkowski, K., N. (2021) Sexual consent in committed relationships: a dyadic study. *Journal of Sex & Marital Therapy*, 47:7, 669-686, DOI: 10.1080/0092623X.2021.1937417

Willis, M., & Jozkowski, K., N. (2019). The effect of sexual precedent on the communication of sexual consent. *Archives of Sexual Behavior*, 48, 1723–1734. doi:10.1007/s10508-018-1348-7

Williamson, L., Bayly, M., Poncelet, E., & Lawson, K. (2023). A qualitative exploration of undergraduate student perspectives of sexual consent within a sexual script framework. *The Canadian Journal of Human Sexuality*. https://doi.org/10.3138/cjhs.2021-0069

Zweig, J., M., Sayer, A., Crockett, L., J., & Vicary, J., R. (2002). Adolescent risk factors for sexual victimization: A longitudinal analysis of rural women. *Journal of Adolescent Research*, 17(6), 586-603.