

Article

The Relationship between Self-Efficacy and Recognizing and Practicing Healthy Relationship and Consensual Behaviors

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Abstract: Sexual assault and relationship violence are a public health issue on college campuses. In order to prevent gender-based violence, it is important to understand the multiple protective factors that could be utilized in university prevention programming. Self-efficacy has not been thoroughly explored as a factor that could influence whether people recognize healthy romantic and sex relationship behaviors. The purpose of this study was to examine whether self-efficacy has a significant relationship with recognizing consent and healthy relationships and whether it impacts a person's likelihood to practice active consent. The results of this study demonstrated that self-efficacy has a significant relationship with a person's confidence in their ability to recognize consent behaviors, practice consent behaviors, and recognize when they are in a healthy relationship. Future research should further explore how self-efficacy can be a protective factor in preventing sex and relationship violence.

Keywords: self-efficacy; campus relationship violence; recognizing consent; healthy relationship behaviors; active consent



Citation: Baldwin-White, A. The Relationship between Self-Efficacy and Recognizing and Practicing Healthy Relationship and Consensual Behaviors. *Sexes* **2024**, *5*, 187–197. <https://doi.org/10.3390/sexes5030014>

Academic Editors: Cecilia M. Benoit and David L. Rowland

Received: 13 March 2024

Revised: 3 July 2024

Accepted: 9 July 2024

Published: 15 July 2024



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1. Introduction

Previous studies have reported that 20 to 25% of women and 6–8% of men attending college report experiencing a sexual assault while attending university [1]. Furthermore, college-aged men have a relatively high likelihood of committing sexual assault, with recent studies demonstrating a perpetration rate between 23% [2] and 45% [3]. Sexual assault has a unique and profound impact on survivors, including physical and mental health concerns [4].

For college students, this detracts from the quality of their college experience [5]. Survivors may have difficulty resuming their regular daily activities, perform poorly academically [6], and may not be able to carry a full course load [6]. They are more likely to drop classes, have lower institutional commitment rates, and have higher stress levels [7]. The higher likelihood of not finishing college also means potential reduction in lifetime income earnings [8]. College students who experience sexual assault are also at an increased risk for developing an eating disorder or posttraumatic stress disorder [9], anxiety [10], and depression [10], and they are more likely to have suicidal ideation [11] or attempt suicide [11].

The Centers for Disease Control and Prevention estimates that the per-victim lifetime cost of rape is USD 122,461 (2022) [12]. When this per-victim cost is multiplied by the estimated 25 million reported adult victims of rape in the US, we find that rape will cost the economy approximately USD 3.1 trillion dollars over the lifetimes of those 25 million victims. This cost may become even more of a burden for survivors who drop out of school [8]. This potential loss of psychological health and income potential means a need to understand factors that encourage healthy romantic and sexual relationships.

1.1. Self-Efficacy

Self-efficacy is the belief in what someone is capable of doing with available resources [13]. Self-efficacy requires flexible and adaptive skills that can be executed under certain situational demands [13]. Studies have demonstrated that self-efficacy is a strong predictor of task performance [14]. Self-efficacy in sexual situations may require a person to synthesize cognitive, motivational, and self-regulatory skills [13] to negotiate consent and safely and confidently navigate situations where they do not want to have sex.

Self-efficacy can also be important in giving students confidence in sexual communication [15]. In addition, self-efficacy has been linked to positive behavioral intent and actual behaviors in preventing sexual assault [16]. It has also been linked to positive outcomes in sexual and romantic relationships; high self-efficacy is linked to comfort in sexual situations, more confidence in believing one can handle necessary responsibilities of a relationship, and greater relationship satisfaction [17]. Despite the noted importance of self-efficacy, these studies do not examine how self-efficacy specifically affects a person's ability to recognize problematic factors in romantic and/or sexual relationships. Self-efficacy may be vital in determining whether someone has the confidence to recognize problematic relationships. Individuals are motivated to engage in tasks when they believe they can accomplish the goal [18]. If college students believe they can navigate relationships in a healthy way, they may be more likely to make decisions that are in line with maintaining consensual and healthy romantic relationships. Even if the self-efficacy is a result of relationship violence, the resulting increase in self-efficacy could have a positive impact on future relationships. Therefore, expanding the scope of research around self-efficacy can inform the expansion of gender-based violence prevention programming to help students harness their self-efficacy to maintain healthy and consensual relationships.

1.2. Healthy Relationships

College students generally tend to have less experience in romantic relationships, compared to other adults [19]. Therefore, college students are at a higher risk of perpetrating intimate partner violence [20] and remain in toxic relationships [21]. On average, 27% of college students report experiencing physical intimate partner violence within the prior year within the context of a heterosexual relationship [22]. Although there are no consistent definitions of unhealthy relationships, the current literature has defined a healthy relationship as a romantic relationship characterized by strong communication, effective negotiation skills, self-expression, respect, trust, and honesty [23]. Unhealthy relationship behaviors are highly prevalent in young people's romantic relationships and are associated with a myriad of poor health and psychosocial outcomes [23].

Cognitive limitations around assessing the risks and rewards of actions can lead young adults to make risky relationship decisions [24]. College students actively develop skills needed for healthy relationships, including emotion regulation, communication skills, problem solving, and conflict management [25].

It is also possible that social norms distort perceptions in such ways that young men and women sometimes do not recognize problematic relationship behaviors because they see them as culturally acceptable [26–28]. If approval/endorsement of problematic beliefs around romantic relationships—such as “token resistance” (i.e., the belief that when a person says no, they really mean yes)—is associated with consent behaviors, it follows that the endorsement of healthy beliefs around romantic relationships may be a factor in protecting against sexual assault.

The Centers for Disease Control and Prevention have recommended a focus on building relationship skills to prevent unhealthy relationship behavior [20]. Examining the role of self-efficacy in a person's likelihood of perpetrating harmful relationship behaviors may present another variable that could contribute to successful outcomes in prevention programming. However, even intellectual knowledge of the identifying factors of an unhealthy relationship may not necessarily lead to behavioral change; in addition to knowing the characteristics of an unhealthy relationship, students must also be confident that they can

recognize those characteristics in their own relationships. This is where self-efficacy may play an important role.

Previous studies have looked at the relationship between self-efficacy and healthy relationship behaviors, such as problem solving and conflict resolution [29]. They have also examined the relationship between self-efficacy and relationship satisfaction [30]. Individuals with greater beliefs in their competence in relationships should expect to be successful in relationships [29]. Despite the theoretical support that thoughts about a behavior can change a behavior, (*The Theory of Planned Behavior*; [31]) studies have not explored how self-efficacy affects perspectives and beliefs that influence behavior. Also, confidence in someone's ability to participate in healthy behaviors may not necessarily mean they can recognize those healthy relationship behaviors in others. Self-efficacy, in addition to its role in behavior, may also play a role in the person's thoughts that influence how they see their romantic relationships.

1.3. Consent

Sexual assault prevention on college campuses emphasizes the need to wait for consent before proceeding with any sexual activity. Even though there is no single definition of consent [28], it is important that college students understand what it means to participate in fully consensual sex and take steps to ensure they have received it. Consent is a voluntary agreement to participate in sexual activity that cannot be given under duress (Rape, Abuse, Incest National Network, n.d), for example, if someone says yes because they fear for their physical safety. A person cannot give consent if they have been subjected to actions or behaviors that elicit emotional, psychological, physical, reputational, or financial pressure, as well as threat, intimidation, or fear [32]. Consent can also be revoked at any time [33], and it cannot be given if the person is incapacitated [34]. If an individual gives consent to one sexual activity, it cannot be presumed that they consent to all sexual activities [35].

Consent can only be achieved if individuals know how to communicate prior to and during sexual activity. Sexual communication is complex, and situational factors (e.g., intoxication or coercion) may prevent someone from expressing their willingness or unwillingness to participate in sexual activity [33] and may affect a person's confidence in their ability to negotiate consent [36]. Explicit consent communication in romantic relationships is related to positive sexual and relational health outcomes [36]. Emerging adults, in particular, may not possess this self-efficacy. Older adolescents are more likely to find talking about consent awkward and uncomfortable [36].

The person initiating sexual activity must look for positive indications of wanting to participate and exercise common sense [33]. Ultimately, it is the responsibility of the person initiating sexual activity to make sure the other person is an enthusiastic participant. Boosting a student's self-efficacy to ask a partner for sexual consent will result in higher rates of sexual consent communication in practice [36]. However, like healthy relationships, research has focused on behaviors rather than the thoughts and perceptions that precede consensual behavior. In addition, research has focused on confidence in a person's own behavior rather than confidence in perceiving it in others. Although consent is the most essential factor in preventing sexual assault [37], research has not explored the factors that influence a person's ability and skill to communicate their honest sexual wants and their ability to interpret a person's both verbal and nonverbal indicators of consent or resistance.

1.4. Current Study

As noted in the literature review, there is little completed research on understanding the role of self-efficacy in promoting consensual and healthy relationship behaviors. This study is a preliminary exploration of the role of self-efficacy in using consensual behaviors and recognizing consent in others and recognizing when one is in a healthy romantic relationship. This study seeks to begin to understand the importance of self-efficacy in maintaining healthy relationships. This current exploratory study sought to examine the relationship between self-efficacy and behaviors that serve to prevent problematic

behaviors among emerging adults. Specifically, the researcher wanted to answer the following questions:

What is the nature of the relationship between self-efficacy, participating in fully consensual sexual behaviors, and recognizing toxic relationship and sex behaviors?

Is there an interaction effect between self-efficacy, participating in sexual assault prevention education, ease discussing sexual assault, dependent variables, positive consent behaviors, the ability to recognize fully consensual sexual activity, and the ability to recognize a healthy relationship?

2. Method

College students aged 18–25 were recruited via email to participate in a mixed methods study that sought to understand the norms of college students' relationships, how they negotiate sexual activity with their peers, and their perceptions of sexual assault and sexual violence. This study focused on students who were in the same developmental age group of emerging adults. Therefore, older students were excluded. In addition, different environmental and social factors are likely to impact the experiences of graduate students because they may be older, have families, be employed, etc. Therefore, those same environmental and social factors that impact the experiences of undergraduates on a traditional campus would not affect graduate students. There was no exclusion on the basis of race, gender, or sexual orientation in this study. All participants (N = 392) were recruited from the same Southeastern public university in the United States. All participants completed an initial survey, focus group, and final survey; this analysis will focus on the initial survey data. Qualitative information was primarily used to inform the development of a prevention strategy not directly linked to the importance of self-efficacy. Informed consent was given by each participant prior to completing the survey and participating in the focus group. As an incentive, each individual who participated in this study was given a USD 5 gift card for completing the initial survey. This study was approved by the university's Institutional Review Board.

3. Measures

3.1. Demographics

Students completed a demographics questionnaire (see Table 1) where they were asked to identify their sex (e.g., male or female), gender identity (e.g., cisgender or transgender), and gender expression (e.g., female, male, non-binary /gender fluid, or queer). Students were also asked to identify their ethnicity, race, and sexual orientation. Instead of asking them to identify their class year, the researcher asked how many years they had attended the university. Students were also asked if they belonged to a Greek organization or other student organizations.

Table 1. Demographics.

		N	%
Gender	Female	181	46.2
	Male	167	42.6
	Transgender Female	0	0
	Transgender Male	1	0.3
	Gender Non-binary /Non-conforming	5	1.3
Race/Ethnicity	White/Caucasian	234	59.7
	Black/African American	29	7.4
	Hispanic/Latino	0	0
	Asian	71	18.1
	American Indian/Alaska Native	2	0.5
	Mixed Race	19	14.8

Table 1. Cont.

	N	%
Sexual Orientation		
Exclusively Hetero/Straight	254	64.8
Predominantly Hetero/Straight	57	14.5
Slightly Hetero/Straight	7	1.8
Equally Hetero/Straight and Gay/Lesbian	19	14.8
Slightly Gay/Lesbian	1	0.3
Predominantly Gay/Lesbian	3	0.8
Exclusively Gay/Lesbian	12	3.1
Asexual	2	0.5
Years at the University		
1	96	24.5
2	96	24.5
3	89	22.7
4	66	16.8
5+	9	2.3

N = 355.

3.2. Self-Efficacy

Participants completed the validated New General Self-Efficacy Scale (Chen, Gully and Eden, 2001; $\alpha = 0.90$). This is an eight-item scale assessing a person's confidence in their ability to complete tasks. Students answered questions like "I am confident that I can perform effectively on many different tasks" and "Even when things are tough, I can perform quite well" on a 6-point scale from strongly disagree to strongly agree.

3.3. Prevention Behaviors

Questions from the validated Sexual Consent Scale [38]; $\alpha = 0.75$) were used to measure a person's likelihood of engaging in consent behaviors prior to sex that could potentially prevent a sexual assault. Six questions were extrapolated to create this scale. The six questions are, "Typically I communicate sexual consent to my partner using nonverbal signals and body language", "When initiating sexual activity, I believe that one should always assume they do not have sexual consent", "Typically I ask for consent by making a sexual advance and waiting for a reaction, so I know whether or not to continue", "I feel confident that I could ask for consent from a new sexual partner", "Before making sexual advances, I think that one should assume "no" until there is a clear indication to proceed", and "I feel that verbally asking for sexual consent should occur before proceeding with any sexual activity". These questions were asked on a six-point scale from strongly agree to strongly disagree and focused on behaviors/thoughts that occur prior to sexual activity.

3.4. Unhealthy Relationships

Students were also asked original individual questions to assess their ability to recognize healthy and consensual relationships. Students were asked, on a 6-point scale from strongly agree to strongly disagree, "I know when I am in an unhealthy relationship" and "I find it easy to recognize when a partner does not want to participate in sexual activity".

3.5. Other Independent Variables

Students were asked yes or no whether they had previously participated in sexual assault prevention education. They were also asked, on a 6-point scale from strongly agree to strongly disagree, if they had difficulty talking about sexual assault. Both of these questions were developed by the author.

3.6. Analysis

First, a correlation analysis was performed to examine the relationship between all identified variables. Based on those results, a regression analysis was performed to examine

whether the independent variables (consent behaviors, participating in sexual assault prevention, difficulty talking about sexual assault) predicted outcomes on all dependent variables. Lastly, an interaction effect was used to examine if self-efficacy and difficulty talking about sexual assault interacted to affect prevention behaviors.

4. Results

Overall, the results demonstrated that self-efficacy had a relationship with behaviors associated with preventing non-consensual sexual activity and maintaining healthy relationships. A correlation analysis using all interested variables (see Table 2) demonstrated that self-efficacy had a significant positive relationship with perpetration prevention behaviors ($r(276) = 0.121, p < 0.05$), including the ability to recognize when a partner does not want to participate in sexual activity ($r(338) = 0.313, p > 0.01$), know when they are in an unhealthy relationship ($r(339) = 0.330, p < 0.01$), and recognize fully consensual sexual activity ($r(338) = 0.283, p < 0.01$). As a person's self-efficacy increases, their ability to use behaviors that prevent perpetration, recognize an unhealthy relationship, and recognize fully consensual sexual activity increase. Self-efficacy had a significant negative relationship with difficulty talking about sexual assault ($r(340) = -0.222, p < 0.01$); as a person's self-efficacy increased, their difficulty talking about sexual assault decreased. Finding it difficult to talk about sexual assault also had a significant negative correlation with finding it easy to recognize when a partner does not want to have sex ($r(338) = -0.179, p < 0.01$); as a person's difficulty talking about sexual assault increases, their ability to recognize when a partner does not want to participate in sexual activity decreases. Difficulty talking about sexual assault also had a significant negative correlation with knowing that they are in an unhealthy relationship at the time ($r(339) = -0.150, p < 0.01$) and recognizing fully consensual sexual activity ($r(338) = -0.170, p < 0.01$).

Table 2. Correlation Analysis.

	Education	Self-Efficacy	Prevention Behaviors	Recognize No Participation	Unhealthy Relationship	Difficulty Talking	Consent
Education	1	0.113 *	0.148 *	0.128 *	0.075	-0.143 **	0.109 *
Self-Efficacy	0.113 *	1	0.121 *	0.313 **	0.330 **	-0.222 **	0.283
Prevention Behaviors	0.148 *	0.121 *	1	0.225 **	0.134 *	-0.114	0.215 **
Recognize no Participation	0.128 *	0.313 **	0.225 **	1	0.277 **	-0.179 **	0.445 **
Unhealthy Relationship	0.075	0.330 **	0.134 *	0.277 **	1	-0.150 **	0.339 **
Difficulty Talking	-0.143 **	-0.222 **	-0.114	-0.179 **	-0.150 **	1	-0.170 **
Consent	0.109 *	0.283 **	0.215 **	0.445 **	0.339 **	-0.17	1

* $p < 0.05$. ** $p < 0.01$.

The researchers also wanted to know the impact of participating in sexual assault prevention programming. They found that participating in sexual assault prevention programming had a significant positive relationship with behaviors that prevent the perpetration of sexual assault ($r(276) = 0.148, p < 0.05$), finding it easy to recognize when a partner does not want to have sex ($r(338) = 0.128, p < 0.05$), and recognizing fully consensual sexual activity ($r(338) = 0.109, p < 0.05$). Those who participated in sexual assault prevention programming were more likely to participate in all three behaviors. Participating in sexual assault prevention education had a significant negative relationship with finding it difficult to talk about sexual assault ($r(340) = -0.143, p < 0.01$); those who participated in sexual assault prevention education found it easier to talk about sexual assault. Participating in prevention programming also had a significant relationship with self-efficacy ($r(341) = 0.113, p < 0.05$); those who participated in sexual assault prevention education were more likely to have high levels of self-efficacy. Participating in sexual assault prevention education did not have a significant relationship with whether a person knew they were in an unhealthy relationship.

A regression analysis was completed to examine whether self-efficacy was a predictor of prevention behaviors. The results demonstrated that self-efficacy was a significant predictor of practicing prevention behaviors ($b = 0.155$, $t(279) = 2.619$, $p = 0.009$). Self-efficacy explained a significant proportion of variance in scores on the prevention behaviors scale, $R^2 = 0.024$, $F(1, 277) = 6.861$, $p = 0.009$. Self-efficacy was a significant predictor of whether someone finds it easy to recognize when a partner does not want to participate in sexual activity ($b = 0.113$, $t(337) = 6.033$, $p < 0.001$). Self-efficacy explained a significant proportion of variance in recognizing that a partner does not want to have sex $R^2 = 0.31$, $F(1, 336) = 36.39$, $p < 0.001$. Self-efficacy was also a significant predictor of someone knowing when they are in an unhealthy relationship ($b = 0.330$, $t(338) = 6.424$, $p < 0.001$). Self-efficacy explained a significant proportion in variance in someone knowing they are in an unhealthy relationship $R^2 = 0.33$, $F(1, 337) = 40.726$, $p < 0.001$. Self-efficacy was a significant predictor of whether someone can recognize consensual sexual activity ($b = 0.283$, $t(337) = 5.415$, $p < 0.001$). Self-efficacy explained a significant proportion in variance of recognizing consensual sexual activity ($R^2 = 0.28$, $F(1, 336) = 29.326$, $p < 0.001$). Whether someone participates in prevention programming or has difficulty talking about sexual assault were not significant predictors of prevention behaviors. The researcher sought to examine the interaction effects of self-efficacy and difficulty talking about sexual assault on prevention behaviors. The results demonstrated a significant interaction effect between self-efficacy (See Figure 1) and ease in talking about sexual assault $\Delta R^2 = 0.018$, $\Delta F(1, 275) = 4.262$, $p < 0.01$, $\beta = 0.463$, $t(278) = 2.255$, $p < 0.05$.

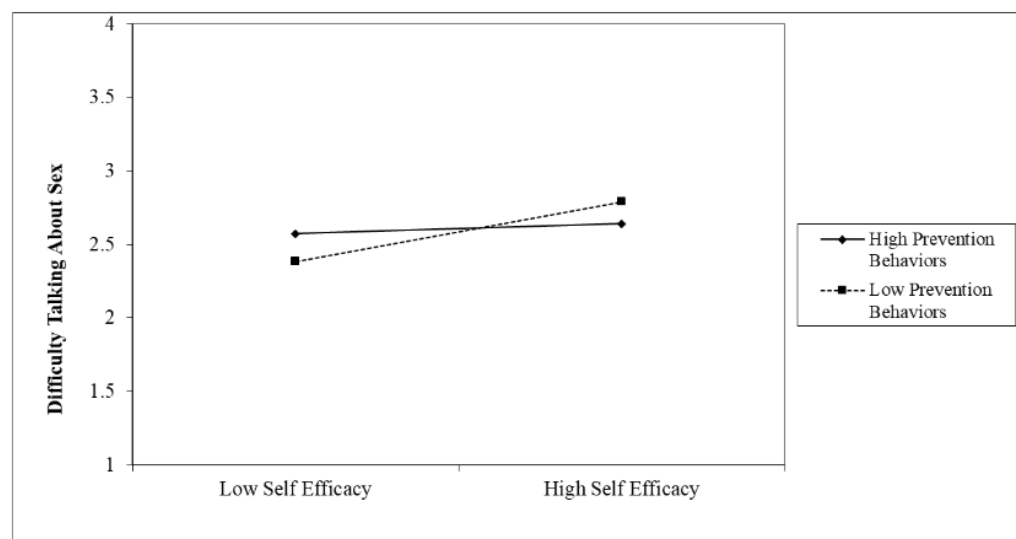


Figure 1. Interaction Effect Self-Efficacy and Difficulty Talking About Sexual Assault on Prevention Behaviors.

5. Discussion

Initiating and responding to consensual or resistant activity may be more than just knowing the skills needed to recognize those cues; a person may also need to be confident that they are perceiving what their partner does or does not want and be confident that they perceive healthy relationship behaviors. That confidence may translate into more prosocial behaviors. To prevent sexual assault, it is important to determine the factors that contribute to a person's perceptions of their ability to recognize healthy relationship behaviors. This exploratory study sought to understand the relationship between self-efficacy and recognizing consensual and healthy relationship behaviors. Because self-efficacy is confidence in decision making and knowing a goal can be accomplished [13], it may serve a role in ensuring that people are confidently and accurately perceiving their partner's verbal and nonverbal cues.

Self-efficacy plays a role in a person's ability to recognize consensual sex and healthy relationships; the more self-efficacy someone has, the more confident they are that they can recognize problematic sexual and relationship behaviors. Prior work has established that how someone perceives their own decision making can affect their behavior prior to sexual activity [39]. A person's perception of their own ability to interpret the needs of their partner had a significant relationship with their actual behavior. This relationship between self-efficacy and recognizing healthy sexual and romantic relationships could function this way. A person with confidence in their ability to face challenges may be more likely to seek and have accurate information about healthy intimate and romantic relationship behaviors. They also may be more likely, because of their high self-efficacy, to act on those behaviors. Self-efficacy had a significant negative relationship with difficulty talking about sexual assault. Those with high self-efficacy may have less difficulty talking about sexual assault because they believe they have the knowledge and understanding to do so.

Difficulty talking about sexual assault also had a significant relationship with participating in prevention behaviors associated with recognizing consent, resistance, and healthy relationships. The more difficult a person found discussing sexual assault, the less likely they could recognize when a partner does or does not want to have sex and when they themselves are in a healthy relationship. They were also less likely to exercise consensual behaviors that prevent sexual assault. Therefore, being able to talk about sexual assault openly and honestly leads to more positive relationship behaviors. This aligns with expectations; those who discuss sexual assault and unhealthy relationships may be more likely to gain the information needed to establish and maintain sexual and romantic relationships.

College campuses often do not provide the space to talk about sexual assault, and these results imply that this could be detrimental to the goal of reducing sexual violence. Although understanding the cultural influences on perceptions of relationships is beyond the scope of this study, students coming to college and acting upon what they have learned are acceptable cultural norms in relationships (i.e., jealousy is attractive, aggressive behavior shows how much that person loves you, good relationships have a large amount of conflict, and too much attention to a partner shows them you are needy). Therefore, college campuses have the opportunity to use prevention to address those norms to better promote healthy relationships. College campuses that do attempt to properly address sexual assault prevention may be more likely to educate students on how to maintain consensual and healthy relationships and, in turn, empower students to communicate their needs and desires to their partners, therefore reducing instances of sexual assault. These results demonstrate that normalizing conversations about sexual assault can lead to positive, consensual, and healthy behaviors. Further research should examine this relationship, particularly looking at the potential relationship of participating in sexual assault prevention education, ease talking about sexual assault, and violence prevention behaviors.

It may seem intuitive to think that sexual assault prevention programming should lead to positive behavioral change [40]. The results of this study do demonstrate that sexual assault prevention education does play a role in preventing sexual assault, perhaps even outside the specific content or implementation method. However, there are few reviews of sexual assault prevention programming to identify the specific content that leads to the best outcomes. Perhaps the openness created by sexual assault prevention programming gives students the space to discuss the reality of maintaining consensual and healthy relationships. Even if the content is not considered evidence-based, the mere existence of a program that, even if not comprehensive, gives students the opportunity to discuss the content or seek more information can be useful. Participating in sexual assault prevention programming also had a significant relationship with other factors that lead to prosocial behavior, including ease in talking about sexual assault and high levels of self-efficacy. One shortcoming of sexual assault prevention was that it did not have a significant relationship with being able to recognize when someone is in an unhealthy relationship. Despite research demonstrating the connection between healthy relationships and consensual behavior, these results may demonstrate that sexual assault prevention

programming does not address how to recognize unhealthy and toxic relationship behavior. This ignores the likelihood that nonconsensual sexual activity takes place in relationships; and similar norms that impact the use of consent may also impact how individuals behave in romantic relationships [41].

The results of the correlation analysis informed the regression analyses. Self-efficacy was a significant predictor of all prosocial sex and relationship behaviors. These results provide information about a potential path of changing behavior. Previous studies have demonstrated that even though there has been an increase in programming that focuses on skill building, the rate of sexual assault has remained the same [41]. Therefore, traditional sexual assault prevention programming is missing important factors that may change beliefs and perspectives that could positively impact behavior. Self-efficacy may be an important factor that could improve current prevention strategies; it is not enough that students have the skills, but they must also have the confidence to use them. The results demonstrated an interaction effect between self-efficacy and difficulty talking about sexual assault; those with high self-efficacy and minimal difficulty talking about sexual assault were more likely to participate in fully consensual behaviors associated with preventing sexual assault. To provide the best opportunity for students to participate in consensual sexual behavior and healthy relationships, increasing self-efficacy may be the key to improving the effectiveness of sexual assault prevention programming.

Limitations

There are two limitations in this study. First, the measure that was used for questions about consent was a validated measure. However, the questions were not used as originally designed. There were designated subscales, but those subscales did not capture the concept intended by the author, which was a specific focus on fully consensual behaviors prior to sex. Therefore, a set of questions were used that was focused on what is done prior to sexual activity to ensure consent has been given. Second, the self-efficacy scale was not directly related to self-efficacy prior to or during sexual activity. A self-efficacy measure specifically for consent behaviors may provide a better perspective. Future research could work to develop a measure.

6. Conclusions

The results of this study demonstrate that more factors need to be included in creating sexual assault prevention programming, including self-efficacy. Self-efficacy has a significant relationship with participating in healthy romantic relationship and sex behaviors. Students with high self-efficacy are more likely to recognize consent and resistance and are more likely to facilitate consensual relationships. Future research should further explore the role of self-efficacy and preventing sexual assault. However, the preliminary results demonstrate that increasing self-efficacy may need to be a strategy included in sexual assault prevention programs to increase their efficacy and effectiveness. This study also demonstrates the need to further explore other factors that may need to be included in sexual assault prevention, which may increase the likelihood that the prevalence and risk of sexual violence will be reduced through prevention education.

Funding: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by the Institutional Review Board (or Ethics Committee) of The University of Georgia protocol code 00001970 on 20 April 2021 for studies involving humans.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data used for this analysis can be accessed upon request from the author.

Conflicts of Interest: The authors report that there are no competing interests to declare.

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