



Rethinking Sexual Consent Myths: Development and Validation of the Sexual Consent Myths Scale (Sex-M)

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Abstract

A sexual consent myth refers to culturally embedded, stereotypical, or misleading beliefs that distort, oversimplify, or misrepresent what constitutes valid consent. Although this construct has gained some recognition, it continues to be unclearly defined and under-researched. This is likely due to the scarcity of a validated measure of sexual consent myths. Thus, the primary purpose of the current study was to create a standardized tool to assess myths about sexual consent and evaluate its initial psychometric properties across three independent samples in Türkiye. In Study 1, which aimed to provide preliminary evidence for construct validity, an exploratory factor analysis revealed a robust two-factor structure: sexual consent behaviors (Factor 1) and safe relationships (Factor 2). We also found that men and people with stronger beliefs in sexual myths tended to perceive sexual violence as less severe. In Study 2, confirmatory factor analysis validated that a two-factor solution was acceptable. In Study 3, moderated mediation analysis indicated that sexual consent myths were associated with sexual violence victimization through sexual assertiveness for both genders. Taken together, the findings suggest that the Sex-M is a useful tool for exploring a range of research questions concerning sexual consent myths.

Keywords Sexual consent · Sexual consent myths · Scale development · Perceptions of sexual violence · Sexual assertiveness · Sexual violence · Gender · Sex-M

Sexual consent is a deeply contested and multifaceted construct that eludes a singular, universally accepted definition across both academic and lay contexts. As Muehlenhard et al. (2016) comprehensively outline, consent may be conceptualized as (1) an internal psychological state of willingness, (2) an explicit verbal agreement, or (3) behavior interpreted by others as indicative of willingness. These differing understandings raise questions about what counts as valid consent and how it can be reliably assessed in research and practice. Fenner's (2017) review further highlights the definitional inconsistency in the literature, noting that many

studies either do not define the term or rely on presumed, common-sense interpretations that often reflect normative assumptions rather than empirical clarity. Similarly, Beres (2014) problematizes treating consent as a legal or policy threshold rather than a relational, communicative process embedded in social and cultural contexts. She argues that although young adults engage in nuanced negotiations of sexual willingness, their understandings of “consent” may remain abstract, detached, or instrumentalized, especially in the context of prevention campaigns. This body of work underscores that sexual consent is not a fixed or monolithic concept but rather a dynamic, context-sensitive phenomenon shaped by cultural scripts, gender norms, and interpersonal dynamics. Against this backdrop, the present study aims to develop and validate a new measure of sexual consent myths (Sex-M) and to examine its psychometric properties across three independent samples.

Building on these observations, it becomes evident that the concept of sexual consent is far from universally defined or consistently understood. As highlighted by Muehlenhard et al. (2016), the term itself encompasses a spectrum of meanings, ranging from an internal state of willingness

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to explicit verbal agreement, and even to inferred behavior interpreted by others as consent. Fenner (2017) further emphasizes that such definitional ambiguity persists not only in everyday discourse but also in empirical research, where many studies rely on implicit, assumed, or culturally shaped notions of consent. This lack of conceptual clarity poses significant challenges for both scientific validity and educational practice. Moreover, Beres (2014) argues that the focus on consent in prevention campaigns may oversimplify its communicative and relational dimensions, reducing it to a procedural or minimal legal requirement. Supporting these concerns, a recent systematic review by Anyadike-Danes et al. (2024) synthesized existing research on university students' understandings of consent and found that, despite growing educational efforts, students often hold fragmented, inconsistent, or culturally mediated interpretations, particularly regarding the revocability of consent, nonverbal communication, and contextual nuance. These findings suggest that consent education may fall short unless it addresses the deeper social scripts through which young people interpret sexual interactions.

In response to these conceptual tensions, we link scholarly debates with practical frameworks. As Muehlenhard et al. (2016) underscore, consent is a dynamic, context-dependent, and multidimensional concept. The FRIES model (Planned Parenthood, 2024) operationalizes this complexity by emphasizing that consent must be *freely given*, *reversible*, *informed*, *enthusiastic*, and *specific*. For example, the principles of “reversible” and “specific” directly mirror Muehlenhard et al.'s (2016) insistence that consent is situational and revocable, whereas “enthusiastic” parallels their emphasis on distinguishing willing from reluctant agreement. In this sense, FRIES does not simplify away the complexity but translates it into actionable educational principles that align with academic literature. To this end, the current study adopts the FRIES model as a comprehensive and actionable foundation for evaluating consent-related beliefs and identifying persistent myths that deviate from best practices in sexual health education.

Sexual Consent Myths

In the context of sexual violence research, the definition of a “myth” has evolved beyond simply denoting factually inaccurate beliefs. Contemporary rape myth literature emphasizes that myths can also include stereotypical, oversimplified, and socially entrenched beliefs that function to excuse perpetrators, blame victims, or minimize the severity of sexual assault (Gerger et al., 2007; Suarez & Gadalla, 2010). These myths may not always be patently false, but

their stereotypical nature contributes to harmful societal narratives that distort perceptions of consent and assault. In line with this, our operationalization of sexual consent myths aligns with this literature, defining them as culturally embedded, stereotypical, or misleading beliefs that distort, oversimplify, or misrepresent what constitutes valid consent. These myths can contribute to misunderstandings and harmful behaviors by promoting incorrect ideas about when and how consent is given and received. Adams-Curtis and Forbes (2004) suggest that individuals with a higher acceptance of sexual consent myths are more likely to have limited sexual knowledge and adhere to traditional gender beliefs that justify sexual aggression and violence.

Examples of sexual consent myths include implied consent (i.e., consent is automatically given based on someone's clothing, behavior, or past sexual history; Beres, 2007), nonverbal consent (i.e., silence, lack of resistance, or nonverbal cues alone are sufficient to indicate consent; Rittenhour & Sauder, 2024), relationship entitlement (i.e., being in a relationship, including marriage, automatically implies ongoing consent to sexual activities; Humphreys, 2007), intoxication (i.e., being drunk or high can still give valid consent; Muehlenhard et al., 2016), and persistent pressure (i.e., if someone eventually agrees to sex after being pressured, their consent is genuine; Pugh & Becker, 2018).

Although affirmative consent frameworks emphasize the importance of clear and verbal communication, research also acknowledges that many people routinely rely on nonverbal cues during consensual sexual interactions (Jozkowski & Peterson, 2013). Such cues—when situated in mutual understanding and ongoing communication—may not inherently signal a lack of consent. However, the reliance on ambiguous or stereotyped nonverbal behaviors (e.g., “not saying no,” “making eye contact,” or “moaning”) has been shown to contribute to miscommunication and the justification of coercive practices (Bedera, 2021). In this study, we focus on myths that promote the uncritical acceptance of nonverbal behaviors as stand-alone indicators of consent, particularly when they override the need for active, mutual agreement.

Research Context: Sociocultural Dynamics in Türkiye

This study was conducted in Türkiye, a country characterized by a complex intersection of collectivist cultural values, evolving gender norms, and rapidly changing public discourses around sexuality and consent. Even though Türkiye is officially a secular republic, traditional and patriarchal norms surrounding gender and sexuality continue to shape social expectations, interpersonal relationships, and public attitudes, particularly among young adults

navigating romantic and sexual interactions. Empirical research demonstrates that Turkish university students frequently receive conflicting messages about sexuality from family, peers, and community, leading to behaviors such as "token resistance" and engagement in unwanted sex, which privatizes the culturally mediated interpretations of consent (Boratav & Çaydar, 2012). More recently, Özbay et al. (2023) characterize young adults as "secular but conservative," reflecting a tension between personal freedoms and moral norms within intimate relationships, highlighting how local sociocultural scripts may complicate the implementation of affirmative consent frameworks. Compared to individualistic societies where individual autonomy and verbal assertiveness are more prominently emphasized in discussions of sexual consent, the Turkish context presents unique challenges.

Unlike Western contexts that promote explicit, autonomy-based consent, Türkiye's taboo on open sexual dialogue means consent is often expressed implicitly or nonverbally. In addition, comprehensive sexuality education, including affirmative consent content, is not yet systematically integrated into national curricula, limiting young adults' exposure to explicit consent norms. Legally, non-consensual sex is defined as a crime in the Turkish Penal Code (2004) (Articles 102–105), but societal awareness remains low, and stigma, combined with institutional inertia, often suppresses reporting (UN Women, 2021). Such a gap between formal legal frameworks and lived realities further reinforces myths about consent. Therefore, for this study, we situate our scale development within Türkiye's specific sociocultural, legal, and educational context, where prevailing gender norms, implicit sexual communication, and limited sexuality education contribute to the persistence of culturally embedded sexual consent myths, necessitating a contextually relevant and psychometrically valid measurement tool.

Much of the existing research on sexual consent has been conducted with Western, educated, industrialized, rich, democratic (WEIRD) populations, raising questions about the generalizability of findings across diverse sociocultural contexts (Henrich et al., 2010). Studying Türkiye, where collectivist values, patriarchal norms, and limited sexuality education shape sexual scripts, provides a valuable opportunity to extend this literature into a non-WEIRD setting. At the same time, the sexual consent myths assessed in the current study, such as the belief that clothing, dating behaviors, or marital status imply consent, are not unique to Türkiye but have also been documented in WEIRD contexts (e.g., Bedera, 2021; Jozkowski & Peterson, 2013). Thus, the developed Sex-M scale is both culturally grounded and broadly applicable, offering a psychometrically sound tool for cross-cultural research on sexual consent beliefs.

Why Research Sexual Consent Myths

Negative, stereotypical, or misleading beliefs about sexual consent pose a risk as individuals in relationships tend to rationalize harmful behaviors (e.g., subtle coercion, blaming the victim) to maintain internal consistency and sustain the relationship (Arriaga et al., 2016). The endorsement of rape myths and acceptance of sexual aggression are associated with negative attitudes toward a range of sexual behaviors (e.g., Deming et al., 2013; Klement et al., 2017). Discussing sex with a potential partner is often seen as taboo (Beres, 2007). In traditional heteronormative sexual scripts, "silence is consent" (Featherstone et al., 2024), and consent is often perceived as something women communicate to men, either through passive acceptance or active refusal (Edwards et al., 2024). Only penetrative sexual behaviors (oral, vaginal, or anal) were believed to require more explicit consent compared to other sexual behaviors (Humphreys, 2004).

Humphreys (2004) showed that university students tend to avoid direct discussions about sexual consent due to fears of awkwardness and disrupting the mood of the sexual experience; and that penetrative sexual behaviors (oral, vaginal, or anal) necessitated more explicit consent compared to less intimate actions like kissing and petting, indicating a hierarchy in the level of consent required for different behaviors. Moreover, another finding of Humphreys (2007) demonstrated that the longer a couple has been in a relationship, the less they felt the need to explicitly seek consent before engaging in sexual activity.

The incidence of sexual violence in college settings remains notably high. For instance, the most recent comprehensive study by the Association of American Universities (Cantor et al., 2020), conducted across 33 higher education institutions in the United States with a sample of over 180,000 students, reported that the prevalence of nonconsensual sexual contact ranged from 13% to 33% depending on the campus, with disproportionately high rates among undergraduate women and gender-diverse students. Similarly, limited but growing research also confirms the high prevalence of sexual violence in Türkiye (e.g., Schuster et al., 2016; Toplu-Demirtaş & Fincham, 2022). However, college students' understanding of sexual consent remains fragmented (Muehlenhard et al., 2016), and the endorsement of sexual consent myths may further normalize or excuse non-consensual behaviors, thereby increasing the risk of sexual assault.

Moreover, sexual assault in college settings has profound and multifaceted consequences for survivors, impacting their psychological, academic, and social well-being. Survivors of sexual assault often experience severe mental health issues such as depression, anxiety, and post-traumatic stress disorder (Campbell et al., 2009) and face

difficulties such as declining grades, increased absenteeism, and higher dropout rates (Jordan et al., 2014; Mengo & Black, 2016). They encounter social isolation as they withdraw from social interactions to avoid potential stigmatization (Sabina & Ho, 2014). This isolation can be exacerbated by a pervasive culture of victim-blaming, where survivors may be unfairly held responsible for their assault, further deterring them from seeking support (Brown & Testa, 2008). The trauma from sexual assault can strain social relationships as survivors navigate trust issues and emotional distress (Smith & Freyd, 2013). In addition, the presence of sexual assault on campus can erode the overall sense of safety, leading to a climate of fear and mistrust among students (Fisher et al., 2000).

Sexual assertiveness can be an antidote for challenging or refusing myths regarding sexual consent and protecting oneself from sexual violence victimization. For instance, Darden et al. (2019) found that women with higher levels of sexual assertiveness exhibited lower sexual compliance, meaning they did not engage in sexual activity or give consent for it. Kelley et al.'s (2016) findings showed that sexual assertiveness is a salient component for reducing sexual revictimization among college women who had a previous victimization history. Another finding by Moyano et al. (2023) indicated that 70.2% of women had experienced sexual victimization, whereas 20.8% of men admitted to committing sexual violence. Compared to non-aggressors, sexual perpetrators downplayed the importance of obtaining consent, reported lower perceived control over requesting consent, and held less favorable attitudes toward seeking consent. In contrast, sexual victims, unlike non-victims, recognized the importance of explicit sexual consent but maintained certain beliefs, attitudes, and behaviors that were inconsistent with actively obtaining consent, increasing their vulnerability.

Instruments Used to Measure Sexual Consent

Anyadike-Danes et al.'s (2024) recent systematic review examined the measurement of sexual consent and concluded that the measures aimed at limiting aspects of sexual consent, like participants' attitudes towards, beliefs on, and behaviors with respect to how sexual consent should be and is negotiated. For example, Humphreys and Brousseau's (2010) Sexual Consent Scale, which was first developed by Humphreys and Herold (2007) and revised later due to the lack of internal consistency and a theoretical ground to guide it, assesses perceived behavioral control, positive attitude toward establishing consent, sexual consent norms, indirect consent behaviors, and awareness of consent. Following a similar trend, Jozkowski and Peterson (2014) developed the Perception of Consent to Sex Scale, which measures

behavioral mechanisms for consenting to sex that load onto five factors: nonverbal signs of interest, passive behaviors, initiator behavior, verbal cues, and removal behaviors. Willis et al. (2021) developed a new experience sampling method measure of sexual consent by adapting items from previously validated cross-sectional consent scales to capture within-person variability across multiple time points. However, although these instruments assess attitudes and behaviors surrounding consent, they do not include items that directly capture individuals' underlying beliefs about what constitutes valid consent, leaving a conceptual gap that the current scale aims to address.

Why Develop the Sexual Consent Myths Scale (Sex-M)

Currently, rape myth acceptance theory and the corresponding scale (Burt, 1980) are the only available framework and tool used to draw hypotheses and conclusions on myths about sexual consent. Rape myths are suggested to be descriptive or prescriptive beliefs about rape, encompassing its causes, context, consequences, perpetrators, victims, and their interactions, which function to dismiss, minimize, or rationalize sexual violence perpetrated by men against women (Bohner et al., 2009). However, rape does not represent the everyday experiences of men and women, necessitating an expansion of the "rape myths" concept to challenge normative scripts and better represent other forms of sexual violence that are likely to occur as a result of holding "sexual consent myths" (Fenner, 2017). Persson and Dhir (2022) argued that diverse expressions of sexual non-consent are "so-called grey areas of sexual violence" that need to be examined by disentangling the binary of "consent" or "rape." Hence, relying on rape myths to deduce myths about sexual consent seems to be an invalid and unreliable conceptualization and measurement in sexual consent literature.

Although rape myths are central to understanding cultural attitudes that sustain sexual violence, they do not fully capture the nuanced and everyday misunderstandings of consent itself. To address this gap, we introduce the concept of sexual consent myths, which we define as culturally embedded beliefs that distort, oversimplify, or misrepresent what constitutes valid consent. For example, whereas a rape myth might suggest that "a woman owes sex to her partner," a consent myth might suggest that behaviors such as visiting someone's house, wearing revealing clothing, or smiling automatically imply consent. Thus, although the two constructs are related, they are conceptually distinct: rape myths focus on justifying sexual assault (Suarez & Gadalla, 2010), whereas consent myths focus on inaccurate or stereotypical assumptions about what counts as agreement in sexual encounters (Jozkowski et al., 2014). Relying solely on rape

myth frameworks risks overlooking these unique, consent-specific misconceptions, which are especially important in the development of measures like the Sex-M scale.

Developing a standardized scale to measure sexual consent myths is thus crucial for several reasons. Firstly, a reliable and valid instrument would facilitate consistent and accurate assessment across different studies, enhancing the comparability and generalizability of research findings. This consistency is vital for identifying the nuances of sexual consent myths within various populations, which can inform targeted interventions and educational programs (Humphreys & Herold, 2007). Secondly, understanding these myths is essential for addressing the broader cultural and cognitive conditions that normalize coercion and hinder affirmative consent, thereby undermining the effectiveness of prevention strategies. Prior research shows that endorsement of rape myths and related consent misconceptions is strongly associated with greater tolerance for sexual aggression and reduced likelihood of engaging in affirmative consent practices (Bohner et al., 2009; Hockett et al., 2016; Jozkowski & Peterson, 2013). By explicitly targeting sexual consent myths, the scale can provide valuable insights into the nature of these myths. Furthermore, the scale can contribute to a better understanding of the factors influencing sexual consent myths and their impact on individuals' attitudes, intentions, and behaviors (Ajzen, 2012, 2020). Lastly, such a tool would support the development of evidence-based policies and practices within educational institutions, contributing to a safer and more respectful campus environment.

Theoretical Foundation of the Sex-M

The development of the current instrument was informed by Ajzen's (2012, 2020) theory of planned behavior (TPB). According to the TPB, behaviors are preceded by intentions and attitudes, both of which are grounded in beliefs. The TPB has been used to predict and explain any kind of human behavior (Ajzen, 2012), including sexual behaviors, through the connection between attitudes and intentions (e.g., Humphreys & Brousseau, 2010). Intentions are the proximal determinants of behavior that are guided by three factors: attitude toward the behavior (overall evaluation of performing a specific behavior like "positive" or "negative"), subjective norms based on normative beliefs (perceived social pressure to engage in or refrain from a specific behavior), and perceived behavioral control (the extent to which individuals feel capable of performing a behavior). The TPB postulates that only a positive attitude, built upon a supportive belief, can lead a person to show a concrete intention to perform the behavior. Further, this intention is likely to occur only when perceived control over the behavior is

strong enough. Hence, perceived behavioral control serves as a mediator between attitudes and intentions.

In the context of sexual consent, TPB provides a valuable framework for understanding how attitudes, subjective norms, and perceived behavioral control shape an individual's willingness to seek or communicate consent. Research has applied TPB to behaviors such as contraceptive use (Tumwizere et al., 2024), sexual risk-taking (Rivis et al., 2009), and sexual assertiveness (Humphreys & Brousseau, 2010), highlighting its relevance in predicting consent-seeking and compliance behaviors. Notably, gender norms and societal expectations influence these dynamics, as men often experience social pressure to initiate sexual activity, whereas women may feel expected to comply rather than explicitly express consent (Murray et al., 2023). In addition, individuals who perceive low behavioral control over discussing consent may be more likely to rely on passive acquiescence rather than active negotiation, reinforcing problematic norms around consent communication (Kelley et al., 2016).

Recent work has also emphasized that individuals may not necessarily lack awareness of affirmative consent, but rather experience social or emotional discomfort in enacting it. For example, Bedera (2021) found that although many college men acknowledged that verbal consent was ideal, they often avoided explicitly seeking it. Instead, they sexualized ambiguous nonverbal cues such as eye contact or moaning, interpreting them as indicators of consent. This behavior suggests that perceived behavioral control in TPB must also account for internalized social scripts and fears of disrupting the flow of sexual encounters—factors that may inhibit the performance of consent-seeking behaviors even when individuals understand them cognitively.

Beyond individual attitudes, TPB also emphasizes the role of social norms, suggesting that interventions challenging rape myths and promoting affirmative consent can reshape beliefs and increase perceived control over consent-seeking behaviors (Deming et al., 2013; Klement et al., 2017). Furthermore, cultural factors play a significant role, as subjective norms around sexuality and consent vary across individualistic and collectivist societies (Ajzen, 2020). In collectivist cultures, perceived social pressure may exert an even stronger influence on consent behaviors, necessitating culturally adapted interventions based on TPB to improve global sexual consent communication and education (Bohner et al., 2009). In this regard, Bedera's (2021) findings underscore the importance of addressing both normative and emotional barriers to consent communication, suggesting that increased awareness alone may not be sufficient without targeted efforts to shift social scripts and reduce discomfort associated with affirmative consent practices.

Item Generation

To develop the Sex-M scale, after defining the construct (sexual consent myths), a comprehensive literature review was conducted to identify existing scales. In this phase, previously developed scales that measure related constructs (such as sexual consent, perceptions of sexual consent, etc.) were the focus of the search, as there have been no scales that directly focus on sexual consent myths. Furthermore, some items were created after reviewing scales in the consent literature, such as the internal and external consent scale (Jozkowski et al., 2014), sexual consent scale-revised (Humphreys & Brousseau, 2010), and perceptions of the consent to sex scale (Jozkowski & Peterson, 2014).

The cultural and linguistic context was also taken into consideration during the development of the scale. The literature review revealed no academic studies on sexual consent in Türkiye; however, a relevant initiative led by the Association for Struggle Against Sexual Violence was identified. As part of their 2018 project on promoting safe relationships among youth, the organization published a guidebook for psychological counselors addressing sexual dating violence in high schools. Notably, although the term *consent* in English sufficiently conveys the concept in sexual contexts, the Turkish equivalent does not carry the same implication, necessitating the use of the explicit phrase *sexual consent* in local discourse.

To ground our item development in the local context, we drew on findings from the Association for Struggle Against Sexual Violence (ASASV, 2018) report, which documented widely held beliefs in Türkiye that normalize or misinterpret sexual consent (e.g., that certain clothing, prior sexual experience, or visiting someone's house implies consent). These cultural narratives closely align with what we conceptualize as sexual consent myths. Building on this evidence, the current study adapted these themes into scale items to ensure that the measure captured contextually relevant and culturally embedded myths. The ASASV conducted prevention workshops with over 5,500 high school students over time and reported a wide range of misconceptions about sexual consent—for example, that “sexting implies consent,” “if a person did not say no, then it means yes,” “visiting someone's room is equivalent to consent,” or “prior sexual history removes the need to ask again.” Other myths reflected rape-supportive scripts, such as the idea that “women say no but really mean yes,” or that “consent is only necessary for penetrative sex.” Importantly, the report also noted misconceptions about the dynamics of consent itself, including beliefs that consent, once given, cannot be withdrawn, or that asking for consent might “ruin the mood.” We integrated these culturally embedded misconceptions into our item pool,

alongside items adapted from existing scales, to ensure that the initial version of the Sex-M scale captured both globally recognized and locally salient sexual consent myths.

Finally, the development of the Sex-M was theoretically informed by Ajzen's (2012, 2020) TPB. We drew on the TPB framework to identify belief patterns that may interfere with the formation of positive attitudes, supportive normative beliefs, and perceived behavioral control regarding consent. The scale's items were therefore designed not only to reflect well-documented myths but also to map onto the TPB constructs. For instance, items such as “Some behaviors, such as going to a person's house or dating a person, mean giving consent” and “Some clothes mean consent” reflect problematic attitudes that conflate context or appearance with sexual willingness. The item “Some behaviors, such as playing with hair, smiling, or drinking together, are consent” captures beliefs influenced by subjective norms, especially those shaped by stereotypical gender scripts and media portrayals of flirtation and desire. The item “Sexual acts in marital relationships do not require consent” reflects normative beliefs grounded in sociocultural expectations, particularly regarding traditional gender roles and legal-marital assumptions. Lastly, the belief that “The partner's past sexual experiences imply consent” touches on both attitudinal distortions and a diminished sense of behavioral control, as individuals may rely on heuristics rather than active communication. These items, therefore, do not merely assess endorsement of myths but also serve as indicators of potential disruptions in the TPB model's cognitive and motivational processes related to ethical sexual behavior.

The Present Study

This study aimed to develop a measurement tool to deepen the current understanding of myths related to sexual consent, explore theoretical predictions concerning gender, sexual violence, and sexual assertiveness, and offer preliminary validation for the new measure through a series of three studies across three independent samples in Türkiye. In Study 1, the aim was to offer preliminary evidence for the content and construct validity of the Sex-M. We also investigated the correlations among gender, sexual consent myths, and perceptions of sexual violence to offer some evidence of concurrent validity. In Study 2, the aim was to cross-validate the factor structure of the Sex-M to provide further evidence for the construct validity of the Sex-M. The aim of Study 3 was to provide further evidence for the concurrent validity of the Sex-M. We investigated whether sexual assertiveness would mediate the association between sexual consent myths and sexual violence victimization through sexual assertiveness.

Study 1

The purpose of Study 1 was to provide preliminary evidence for the content and construct validity, as well as the internal consistency and reliability, of the scale. Furthermore, once a factor structure and reliabilities were established, the associations between gender, the sub-factors of sexual consent myths, an index of sexual consent myths, and perceptions of sexual consent were explored. The following hypotheses regarding the associations were formulated.

Hypothesis 1 Men will endorse more sexual consent myths than women.

Hypothesis 2 Greater endorsement of sexual consent myths will be associated with a lower tendency to perceive sexually violent behavior as abusive.

Method

Participants

A total of 233 participants (68.7% women, 29.2% men, 2.1% non-binary) aged 18–40 ($M=24.78$; $SD=6.06$) from Türkiye constituted the first sample. The majority defined themselves as heterosexual ($n=201$, 86.3%), 23 (9.8%) as bisexual, three as lesbian, two as pansexual, and one as gay. Three participants chose not to disclose their sexual orientation. Most participants had an ongoing ($n=113$, 48.5%) or previous ($n=81$, 34.8%) romantic relationship at the time of data collection. Participants reported the following educational backgrounds: 3.0% high school graduates, 53.2% ($n=123$) undergraduate students, 34.8% ($n=81$) university graduates, 7.7% graduate students, and 1.3% postgraduates.

Data Collection Procedure

Before data collection, ethical permission was granted from the Human Subjects Ethics Committee of MEF University in Türkiye. In the Fall of 2021, participants were recruited online via social media platforms (e.g., Twitter, Instagram), where announcements with a brief study description and a direct link to the online survey (Google Forms) were posted. These announcements were disseminated through the researchers' accounts and informed potential participants that the research focused on beliefs regarding romantic and sexual relationships and that participation would involve completing a brief online questionnaire. Although the survey links were initially distributed through the researchers' accounts, participants were encouraged to

share the announcement further, thereby extending recruitment beyond the researchers' immediate social networks. Participants were briefed on the purpose and inclusion criteria (volunteering and being over 18) of the study before the survey and assured of the anonymity and confidentiality of their responses. Participants needed approximately 10 minutes to complete the survey and received no incentives upon their completion. The survey, including the informed consent form, demographic questions, and all scales, was administered in Turkish.

Measures

Demographics

To gather data on participants' demographics, we created a demographic information form that included questions about gender (man, woman, and non-binary), age, sexual orientation (gay, lesbian, bisexual, want to identify, not to disclose), educational status (high school graduate, undergraduate student, university graduate, graduate student, postgraduate) and experiences of intimate partner relationships (current or previous).

Perceptions of Sexual Violence

To measure perceptions of sexual violence, we used the 15-item and a single-factor Perceptions of Dating Violence Scale developed by Toplu-Demirtaş et al. (2022). In the scale, participants first read a provided vignette:

Pınar and Hakan are students who met at college. They have been dating for almost a year and have begun to talk about marriage after college. They had been invited to a party by one of their mutual friends. They went together, drank, and enjoyed the party, and afterward decided to stay the night at Hakan's house as usual. When they arrived home, Hakan wanted to have sex with Pınar. She refused, saying she was tired, dizzy, and somewhat drunk. Hakan insisted on having sex; again, Pınar said no. Hakan threw Pınar on the bed and started to kiss her, and the more she resisted, the more he insisted. He held her down and forced her to have sex with him, although she continued to ask him to stop.

After reading the scenario, participants rated their agreement with the 15 items on a 6-point Likert-type scale, ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Sample items from the scale include: "Hakan did not mean to hurt Pınar" (reverse scored), "It was acceptable for Hakan to behave as he did in order to discipline Pınar's actions," and

“Pinar should be held responsible for Hakan’s behavior.” Higher scores on the scale indicate greater minimization, justification, or endorsement of violent behavior, and thus lower recognition of the behavior as abusive. In the current study, Cronbach’s alpha was .72.

Sexual Consent Myths

We developed a new scale to measure sexual consent myths. We followed DeVellis’s (1991) nine-step process to develop the scale. The first step was defining the construct that the scale intended to measure: sexual consent myths which refers to culturally embedded, stereotypical, or misleading beliefs that distort, oversimplify, or misrepresent what constitutes valid consent. The next step was item generation, and a pool of potential items was generated that reflected sexual consent myths through reviewing the literature to cover all aspects of the construct. In this process, we particularly considered the FRIES model (Planned Parenthood, 2024), which operationalizes consent by emphasizing that it must be “*freely given, reversible, informed, enthusiastic, and specific*” in the global context, as well as the report of the ASASV (2018) to capture the nuances of the local context. The third step involved reviewing the items by experts (one from measurement and evaluation and one from sexual violence research) to assess their relevance and clarity, and to eliminate any items that were irrelevant or unclear. In the fourth step, the 40 items were reviewed to ensure that they fully captured the construct of interest through cognitive interviews (Collins, 2003) and expert opinions (one couple counselor and one sex therapist). A six-point response option was selected (1) to encourage participants to make a definite rather than a neutral response to items that might be perceived as sensitive and (2) to increase the likelihood of getting diverse responses across the items (DeVellis, 1991).

In the pilot testing phase, a small sample of voluntary university students enrolled in a psychology course ($N=20$) was asked to evaluate the scale items and instructions for clarity and readability. This pilot group was separate from the primary study samples, and their feedback was used to identify and resolve any issues with the clarity and readability of the items and the administration process before proceeding to full data collection. Then, a larger dataset was collected, and statistical techniques were used to analyze the items and identify any issues with their performance to refine the scale further by eliminating poorly performing items. Next, the remaining items were combined to create the final scale, and the validity (construct and criterion-related) of the scale was evaluated to ensure that it accurately measures the construct of interest. Finally, the internal consistency reliability of the scale was assessed.

Data Analysis

Before proceeding, we checked the assumptions required for exploratory factor analysis (EFA). The sample size was adequate for conducting an EFA, given the 40-item scale and 229 participants. This exceeds the commonly recommended 5:1 participant-to-item ratio (Gorsuch, 1983). We performed the EFA using principal axis factoring as the extraction method (Fabrigar et al., 1999). Kaiser’s criterion (eigenvalue > 1), Catell’s scree test, and the percentage of variance accounted for were used to determine the number of factors to retain (Conway & Huffcutt, 2003). Items were considered cross-loaded when the primary and alternative factor loadings differed by less than .20, per Hinkin’s (1998) criteria. At least three items per factor were expected (Russell, 2002). Oblique rotation (Preacher & MacCallum, 2003) was applied to simplify the factor structure and enhance interpretability. The factor-loading cutoff was set at .40 (Tabachnick & Fidell, 2007). After the EFA, Cronbach’s alphas were computed to assess internal consistency reliability.

To gather some evidence for the concurrent validity of the Sex-M, we calculated the correlations using Pearson’s r among sexual consent myths and their sub-factors, perceptions of sexual violence, and gender. For the gender variable, women were coded as 1 and men as 2. Because only 2.1% of the sample identified as nonbinary, this subgroup was excluded from the correlational analyses due to insufficient statistical representation. IBM SPSS Statistics 26.0 was used for EFA in addition to descriptive and correlational analysis.

Results and Discussion

Exploratory Factor Analysis

We conducted a series of analyses to establish a proper factor structure from an initial pool of 40 items. The Kaiser–Meyer–Olkin value (.86) was above the recommended minimum (.60). Bartlett’s Test of Sphericity was significant $\chi^2(45)=1184.82, p < .001$.

The first attempt resulted in the deletion of 15 items (16, 13, 10, 9, 36, 29, 28, 11, 17, 23, 30, 31, 39, 8, and 19) as they did not load over .40 on their relevant factors. In the second attempt, we further deleted four items (40, 1, 2, and 4) due to poor loadings and four items (two items [items 37 and 38] and two items [items 7 and 6] due to the unmet requirement of the criterion: at least three items per factor criteria). The third attempt revealed seven items (32, 3, 24, 5, 12, 34, and 15) that cross-loaded onto more than one factor and were therefore removed from further analysis.

As illustrated in Table 1, after three attempts, the EFA yielded a two-factor solution: Factor 1 = sexual consent

Table 1 Factor Loadings, Means, and Standard Deviations of the Scale Items and Percentages of the Variances and Alphas (Study 1)

Items	Factors	
	1	2
Some behaviors, such as going to a person's house/or dating a person, mean giving consent.	.960	.094
Some clothes (sheer tops, miniskirts, high heels, fishnet stockings) mean consent.	.726	.042
Sexual acts in marital relationships do not require consent.	.638	-.062
The partner's past sexual experiences (such as having previously experienced a specific sexual act with another person or persons) imply consent.	.593	-.026
Some behaviors, such as playing with hair, drinking together, smiling, and giggling, are consent.	.566	-.119
Consent empowers relationships.	-.119	-.869
Giving and receiving consent is a sign of safe and healthy relationships.	.034	-.825
Consent is a convenient way to prevent the violation of boundaries in relationships.	.013	-.663
The way to establish sexual/romantic relationships based on mutual trust is through getting consent.	.199	-.584
Consent is recognizing one's own and partner's boundaries.	.204	-.508
Variance explained (%)	50.988	13.213
Reliability Coefficient (α)	.806	.862

Note. Major loadings for each item are bolded

behaviors (5 items, eigenvalue=5.10; 50.98% of the variance) and Factor 2=safe relationships (5 items, eigenvalue=1.32; 13.21% of the variance). For the first and second factors, factor loadings ranged between .96 and .56 and -.50 and -.88, respectively. The correlation between the factors was -.60 ($p < .001$).

We refer to the 10-item scale as the Sex-M. Each factor was reflected in five items. We labeled the first factor *sexual consent behaviors* (a sample item, "Sexual acts do not require sexual consent in marital relationships") and the second factor *safe relationships* (a sample item, "Sexual consent is a sign of safe and healthy relationships"). The former gauges the sexual consent behavior myths, whereas the latter gauges the role of sexual consent in relationships. The internal consistencies were calculated as .80 for the first and .86 for the second factor. Before conducting the correlation analysis, the items of the second factor were reverse-coded. Consequently, higher scores on the Sex-M indicate stronger endorsement of sexual consent myths.

Correlation Analysis

As shown in Table 2, all correlations were significant at $p < .01$. Gender was positively correlated with sexual consent myths, sexual consent behaviors, and safe relationships.

Table 2 Intercorrelations, Means, Standard Deviations, and Cronbach Alphas Among Study Variables (Study 1)

Variables	1	2	3	4	5
1. Sexual consent myths	–	.909*	.858*	.596*	.390*
2. Sexual consent behaviors		–	.566*	.602*	.342*
3. Safe relationships			–	.436*	.350*
4. Perceptions of sexual violence				–	.293*
5. Gender					–
<i>M</i>	57.179	28.244	28.935	18.266	–
<i>SD</i>	4.967	3.098	2.506	6.988	–
α	.884	.806	.862	.718	–

Note. * $p < .01$, two-tailed. $N=229$. For gender, woman is coded as 1 and men as 2

Men believed in sexual consent myths more than women did. The subfactors were positively associated with each other ($r = .56$, $p < .01$). Finally, the associations between the subfactors and the whole scale and perceptions of sexual violence were all positive.

In Study 1, the EFA yielded a clear two-factor structure consisting of sexual consent behaviors and safe relationships, each represented by five items. While the first factor reflects misconceptions about the necessity of consent within sexual interactions, the second factor captures beliefs that downplay the role of consent in establishing safe and healthy relationships. The internal consistency estimates for both factors were satisfactory, indicating that the items within each dimension coherently represent the intended constructs. Additionally, the significant correlation between the two factors suggests that although they represent distinct aspects of sexual consent myths, they are meaningfully related and likely reflect complementary components of a broader belief system surrounding consent in intimate relationships. The correlation analyses further provided preliminary construct validity evidence. Consistent with prior research on gender differences in sexual violence-related beliefs, men reported stronger endorsement of sexual consent myths than women. Moreover, the positive associations between the subscales, the overall scale, and perceptions of sexual violence indicate that greater endorsement of consent-related myths is linked to more problematic perceptions surrounding sexual violence.

Study 2

The purpose of Study 2 was to cross-validate the factor structure of the Sex-M to provide further evidence for the construct validity of the Sex-M. We also explored the associations between gender, the sub-factors of sexual consent myths, and an index of sexual consent myths and

hypothesized that men will endorse more sexual consent myths than women (Hypothesis 1).

Method

Participants

A total of 289 participants were recruited from Türkiye. Two individuals failed to respond honestly to the check items; thus, the final sample included 287 people (men=45 [15.7%], women=231 [80.5%], and non-binary=11 [3.8%]). Participants ranged in age from 18 to 40 years, with a mean age of 24.52 ($SD=10.42$). Regarding educational status, 9.8% ($n=28$) of participants had completed high school or less; 47.7% ($n=137$) were undergraduate students; 17.8% ($n=51$) and 11.8% ($n=34$) held bachelor's and master's degrees, respectively. The rest ($n=37$, 12.9%) had a doctoral degree. Of the participants, 109 (38%) were students, and 100 (34.8%) were full-time employees. In addition, 37 individuals (12.9%) reported being both students and part-time employees, and 15 participants (5.2%) stated they were unemployed. Furthermore, 11 (3.8%) had part-time jobs, and eight (2.8%) were self-employed. The rest (2.4%) identified as other.

Measures

We collected data via a demographic information form, which included questions about gender, age, educational and employment status, and the Sex-M in Study 2.

Sexual Consent Myths

To measure sexual consent myths, the developed Sex-M was used. It involves two factors represented by five items each: Sexual consent behaviors (e.g., "Some behaviors, such as going to a person's house/dating a person, mean giving consent," and safe relationships (e.g., "Consent empowers relationships"). Participants indicate their agreement with the items through a 6-point Likert-type scale ranging from 1 (*strongly disagree*) to 6 (*agree strongly*). The score one can obtain ranges between 10 and 60. Higher scores reflect higher endorsement of sexual consent myths. The internal consistencies were calculated as .83 for the first and .92 for the second factor.

Procedure

Ethical approval for this study was obtained from the Human Subjects Ethics Committee of the authors' university in Turkey. Data was collected online using a Google Survey link

shared on social media platforms (e.g., Twitter, Instagram) through the researchers' accounts in the spring of 2022. We explained that the study examined beliefs about romantic and sexual relationships, and participation involved completing a brief online questionnaire. Although the survey link was initially posted on the researchers' accounts, participants were encouraged to circulate it further, thereby extending recruitment beyond their direct social networks. To be eligible for the study, participants must be volunteers and older than 18 years old. The confidentiality and anonymity of participants' responses were ensured through informed consent, and they were free to withdraw from the study at any time. Participants completed the survey in Turkish, which included the informed consent form, demographics, and all scales. The survey took approximately 10 minutes to complete, and participants received no incentives upon completion.

Data Analysis

We conducted a confirmatory factor analysis (CFA) to test whether the two-factor structure of the Sex-M would be maintained in an independent sample. First, the sample size was checked considering Hoelter's Critical N (Hoelter, 1983). According to Hoelter's Critical N , the minimum sample size required at $p = .01$ was 117, and our sample exceeded this threshold.

We followed Brown's (2006) suggestions for the fit indices. Brown proposes using chi-square (χ^2) and SRMR as absolute fit indices, RMSEA as a parsimony fit index, and CFI and TLI as comparative fit indices to evaluate the model fit. However, χ^2 is highly dependent on sample size; thus, we preferred to adjust χ^2 by degrees of freedom (df).

In the current study, the accepted thresholds for the model fit were as follows. For RMSEA (RMSEA < .05, close fit; .05 < RMSEA < .10, mediocre fit; RMSEA > .10, poor fit) and SRMR (SRMR < .08 or less), Browne and Cudeck's (1993) recommendations were preferred. For χ^2/df ratio, CFI, and TLI, we opted for Schumacker and Lomax (1996): $\chi^2/df < 5$, CFI $\geq .90$, and TLI $\geq .90$. Other than fit indices, the interpretability, strength, and statistical significance of parameter significance were interpreted for the acceptability of the model (Brown, 2006). For parameter estimates, their standard errors, and significance tests for individual parameters, bootstrapping with 10,000 iterations was performed (Cheung & Lau, 2008). For CFA, AMOS 22 was utilized.

To provide evidence for the concurrent validity of the Sex-M, Pearson correlation coefficients were computed among sexual consent myths and their sub-factors and gender. Gender was coded as a binary variable (men=1, women=2). Participants identifying as nonbinary ($n=11$)

were excluded from the correlational analyses due to insufficient subgroup size for reliable estimation. Descriptive statistics and correlational analyses were conducted using IBM SPSS Statistics 26.0.

Results

Confirmatory Factor Analysis

The model demonstrated acceptable fit following two error-covariance modifications. Specifically, we added a correlated error term between items 1 and 2 within Factor 1, and a second correlated error term between items 6 and 10 within Factor 2. The normed chi-square (χ^2/df ratio) was 4.03. The RMSEA and SRMR were .09 (90% CI [.086, .123]) and .060, respectively. The other fit indexes, CFI and TLI, had values of .94 and .92, respectively. Figure 1 presents constructs, related items, standardized regression weights, and squared multiple correlations. Standardized factor loadings ranged between .53 and .85 for sexual consent myths and .78 and .92 for safe relationships. The correlation between the factors was .53. The internal consistencies were calculated as .82 for the first and .91 for the second factor ($N=287$).

Correlation Analysis

Gender was significantly and negatively associated with sexual consent myths and all its subdimensions (see Table 3). In addition, sexual consent behaviors were moderately and positively correlated with safe relationship practices, $r = .46$, $p < .01$. Our hypothesis was supported.

Taken together, these findings provide preliminary support for the structural validity and internal consistency of the Sex-M. The confirmatory factor analysis supported the proposed two-factor structure, and the observed correlations with gender and sexual consent behaviors were consistent with theoretical expectations, providing initial evidence for the concurrent validity of the scale. Overall, the results suggest that the Sex-M captures meaningful variation in sexual consent myths and safe relationship beliefs within the sample.

Study 3

The purpose of Study 3 was to offer evidence for the concurrent validity of the Sex-M. We investigated whether sexual assertiveness would mediate the association between sexual

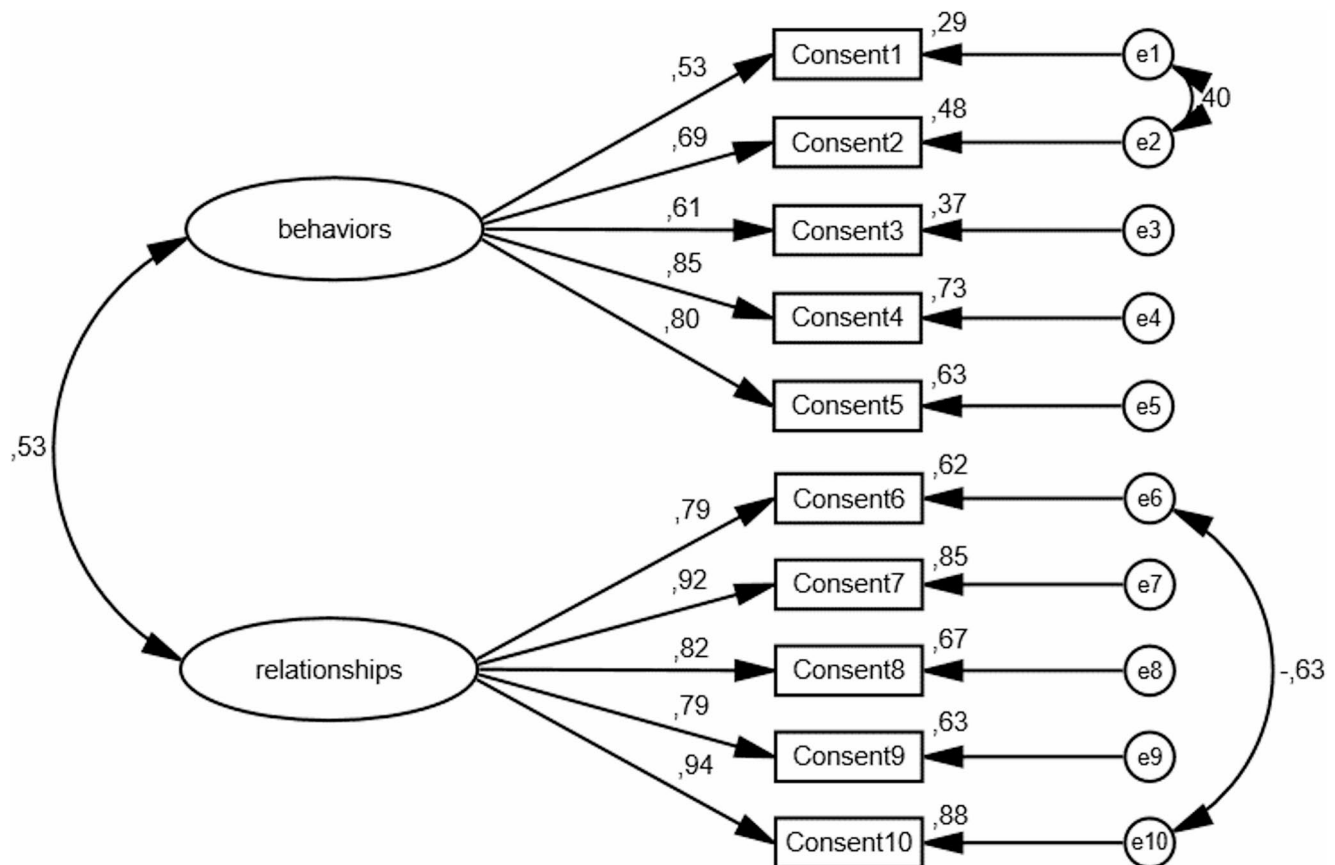


Fig. 1 Estimates of Parameters of Confirmatory Factor Analysis (Study 2)

Table 3 Intercorrelations, Means, Standard Deviations, and Cronbach Alphas Among Study Variables (Study 2)

Variables	1	2	3	4
1. Sexual consent myths	–	.854**	.857**	-.114*
2. Sexual consent behaviors		–	.465**	-.193*
3. Safe relationships			–	-.103*
4. Gender				–
<i>M</i>	56.952	28.260	28.692	–
<i>SD</i>	5.934	3.453	3.482	–
<i>α</i>	.827	.919	.883	–

Note. ** $p < .01$, * $p < .05$, two-tailed. Total N in Study 2 = 287. Participants who identified as nonbinary ($n = 11$) were omitted from the correlation analysis due to insufficient sample size. $n = 276$ in the current analysis. For gender, man is coded as 1 and women as 2

consent myths and sexual violence victimization through sexual assertiveness, with gender as the moderator. In line with the goal, the following hypotheses were set:

Hypothesis 1 There will be a negative association between sexual consent myths and sexual assertiveness.

Hypothesis 2 There will be a negative association between sexual assertiveness and sexual violence victimization.

Hypothesis 3 There will be a positive association between sexual consent myths and sexual violence victimization.

Hypothesis 4 Sexual assertiveness will mediate the association between sexual consent myths and sexual violence victimization through sexual assertiveness both for men and women.

Method

Participants

A total of 202 individuals in Turkey participated in the online survey. We initially excluded three participants, and then 12 more, as they did not meet the age and relationship status criteria. Two participants were further excluded as they did not respond to the check items as intended. Thus, the final sample consisted of 182 people. Among the participants, 42.3% ($n = 77$) were men, 56.6% ($n = 103$) were women, and 1.1% ($n = 2$) identified as nonbinary. Most people identified their gender identity ($n = 180$, 98.4%) as cisgender and their sexual orientation as heterosexual ($n = 176$, 96.7%). Regarding sexual orientation, the remaining participants were identified as gay ($n = 2$), bisexual ($n = 3$), or lesbian ($n = 1$). Participants defined the following relationship statuses: 2.2% married, 1.1% engaged, 6.0% in an open relationship, 43.4% ($n = 79$) in a current dating relationship, and 47.3%

($n = 86$) in a previous dating relationship. The participants' ages ranged from 18 to 30, with a mean of 22.24.

Data Collection Procedure

Before data collection, ethical approval was obtained from the MEF University Human Research Ethics Committee in Türkiye. An online survey (Google Survey) was prepared and announced in the fall of 2022 on social media platforms, including Instagram and Twitter, via the researchers' accounts. This announcement informed potential participants about the need for input on the romantic and sexual relationship experiences of young adults between the ages of 18 and 30. The survey link was initially shared via the researchers' accounts, and participants were invited to distribute it more widely, enabling recruitment to reach individuals beyond the researchers' immediate networks. The consent form assured participants of their voluntary participation and right to withdraw from the research at any time and confirmed that the survey contained no harmful or unsafe items. The survey (delivered in Turkish) took approximately 6–8 minutes.

Data Collection Tools

Sexual Consent Myths

To measure sexual consent myths, the Sex-M developed in Study 1 and cross-validated in Study 2 was used.

Sexual Violence Victimization

To gauge sexual violence victimization, we used the Turkish adaptation (Toplu-Demirtaş & Hatipoğlu-Sümer, 2022) of the Sexual Coercion subscale of the CTS2 (Straus et al., 1996). The subscale includes seven items related to using force and threats to coerce the partner into engaging in oral, anal, or vaginal sex (e.g., "My partner insisted on sex [but did not use physical force] when I did not want to"). Participants rated the frequency of each item over the past 12 months using a 7-point scale ranging from "never" to "more than 20 times," with an additional response option for "not in the past 12 months, but it has happened before." Higher scores indicate higher victimization of sexual violence. In the current study, the alpha was computed as .77.

Sexual Assertiveness

To assess sexual assertiveness, three items (e.g., "I refuse to have sex if I don't want to, even if my partner insists") from the Turkish version (Schuster & Krahé, 2019) of the Refusal subscale of the Sexual Assertiveness Scale (Morokoff et al., 1997) were utilized. Each item was rated on a 5-point scale

from "never, 0% of the time" to "always, 100% of the time." Higher scores reflect more sexual assertiveness. In the current study, the alpha was computed as .66.

Data Analysis

We first conducted descriptive and correlational analyses in SPSS as a prerequisite for the mediation analysis. Then, we conducted a moderated mediation analysis (Model 59) using the PROCESS Macro (Version 4.2) to test the hypothesized model (Hayes, 2018). Moderated mediation analysis allows testing the indirect effect of the independent variable (sexual consent myths) on the dependent variable (sexual violence victimization) through the mediator variable (sexual assertiveness) varies as a function of the moderator (gender). This analytic approach allows the simultaneous estimation of both the mediation and the conditional nature of this effect across gender. The direct and indirect effects were estimated using bootstrapping with 10,000 samples. When employing bootstrapped confidence intervals, as is common in contemporary moderated mediation analyses (e.g., using PROCESS), a sample size around 200 is generally recommended even for detecting even small effects or for more complex models, given that bootstrapping does not assume normality of the sampling distribution (Hayes, 2018). Prior to estimating the moderated mediation model, two participants who identified as nonbinary were excluded because the subgroup was too small for reliable analysis. The final analytic sample therefore consisted of 180 participants. Gender was operationalized as a binary variable, with men coded as 1 and women coded as 2.

Results

As depicted in Table 4, sexual consent myths correlated negatively with sexual assertiveness ($r = -.21, p < .01$) and positively with sexual violence victimization ($r = .23, p < .01$). The association between sexual assertiveness and sexual

violence victimization was negative ($r = -.23, p < .05$). Gender was negatively linked to sexual consent myths ($r = -.17, p < .05$) and sexual assertiveness ($r = -.32, p < .01$).

The first model, in which sexual consent myths, gender, and sexual consent myths $\times$ gender predicted sexual assertiveness, was significant, $F(3, 176) = 9.23, R^2 = .13, p < .001$. Sexual consent myths was a significant predictor of sexual assertiveness ($B = -.14, 95\% \text{ CI } [-.049, -.6124]$). The first hypothesis was supported. The full model, in which sexual consent myths, sexual assertiveness, gender, sexual consent myths $\times$ gender, and sexual assertiveness $\times$ gender predicted sexual violence victimization, was also significant, $F(5, 174) = 4.11, R^2 = .10, p < .001$. Sexual consent myths ($B = .20, 95\% \text{ CI } [.360, .055]$) and sexual assertiveness ($B = -.30, 95\% \text{ CI } [-.532, -.070]$) were significant predictors of sexual violence victimization. The second and third hypotheses were supported. Lastly, we found mediation to be significant both for men and women. The fourth hypothesis was supported. Please see Table 5 for the direct and indirect effects.

General Discussion

The main objective of the current study was to develop a novel, standardized instrument to assess sexual consent myths and to evaluate its psychometric properties through a series of three independent studies in Türkiye. Study 1 revealed a clear two-factor structure (sexual consent behaviors and safe relationships) and showed that men and individuals with stronger endorsement of sexual myths were more likely to downplay the severity of sexual violence. Study 2 confirmed the robustness of this factor structure through CFA. Finally, Study 3 supported the concurrent validity of the scale by demonstrating that sexual consent myths predicted sexual violence victimization indirectly via lower sexual assertiveness. The final version of the scale is presented in the Appendix.

Discussion of the Results from Study 1

In Study 1, the EFA revealed two robust factors (each comprising five items), accounting for 64.20% of the total variance. The first and second factors were identified as sexual consent behaviors and safe relationships. All the items loaded quite well onto the related factors (above .50). The internal consistency reliability coefficients (.80 for factor 1 and .86 for factor 2) were higher than the proposed minimum of .70 (Nunnally, 1978).

Study 1 also explored the associations between gender, sexual consent myths, and perceptions of sexual violence. Our findings regarding gender suggested that men endorsed

Table 4 Intercorrelations, Means, Standard Deviations, and Cronbach Alphas Among Study Variables (Study 3)

Variables	1	2	3	4
1. Sexual consent myths	—	-.218**	.237**	-.176*
2. Sexual assertiveness		—	-.231**	-.321**
3. Sexual violence victimization			—	.057
4. Gender				—
<i>M</i>	48.104	8.467	2.560	—
<i>SD</i>	4.564	3.009	4.823	—
α	.879	.663	.765	—

Note. ** $p < .01$, * $p < .05$, two-tailed. $n = 180$. For gender, man is coded as 1 and women as 2

Table 5 Summary of the Direct Effects of Moderated Mediation Analysis (Study 3)

Direct and Indirect Effects			95% CI	
	<i>B</i>	<i>SE</i>	Lower	Upper
Outcome Variable=Sexual assertiveness				
Sexual consent myths	−0.144	0.048	−0.049	−6.124
Gender	−3.825	5.528	−14.735	7.085
Sexual consent myths × Gender	0.116	0.114	−0.109	0.340
<i>F</i> (3, 176)=9.235, <i>R</i> ² = .136, <i>p</i> < .001				
Outcome Variable=Sexual violence victimization				
Sexual consent myths	0.207	0.077	0.360	0.055
Sexual assertiveness	−0.301	0.117	−0.532	−0.070
Gender	−5.300	8.417	−21.913	11.313
Sexual consent myths × Gender	0.062	0.176	−0.286	0.410
Sexual assertiveness × Gender	0.456	0.232	−0.002	0.914
<i>F</i> (5, 174)=4.117, <i>R</i> ² = .106, <i>p</i> < .001				
Sexual consent myths → Sexual assertiveness → Sexual violence victimization				
Men	−0.059	0.067	−0.250	−0.007
Women	−0.043	0.034	−0.120	−0.008

Note. Reported confidence intervals (CI) are the bias-corrected 95% confidence intervals of estimates from the bootstrap analysis. $n = 180$. For gender, man is coded as 1 and women as 2

more sexual consent myths than women. Literature on sexual consent myths is insufficient; thus, we drew upon the literature on sexual consent (Jozkowski, 2011; Jozkowski & Peterson, 2013, 2014; Jozkowski et al., 2014) and rape myths acceptance (Iconis, 2008; Suarez & Gadalla, 2010) to elaborate on our findings. For example, Jozkowski (2011) revealed significant gender differences in the expression of sexual consent: Men were more inclined than women to convey consent through nonverbal signals, whereas women were more inclined than men to verbalize consent. Likewise, Jozkowski and Peterson (2013), in their qualitative analysis of sexual consent among college students, found that men widely endorsed the myth that "no means yes." Moreover, meta-analyses, systematic reviews, and literature reviews on rape myth acceptance have consistently shown that men were significantly more likely than women to support rape myths (e.g., Iconis, 2008; Suarez & Gadalla, 2010).

Our second finding showed that individuals who believed more in sexual consent myths were likely to view certain acts of sexual violence as less abusive. This suggests that myths about sexual consent can shape how people perceive abusive behavior in sexual encounters. As a result, they may be less likely to recognize or label certain actions as abusive due to their misinterpretation of sexual consent. Limited literature has highlighted a strong association between myth acceptance and distorted perceptions of sexual consent or perceptions of sexual violence (e.g., Jozkowski & Peterson, 2014; Toplu-Demirtaş et al., 2022). When individuals endorse these myths, they are more likely to misinterpret situations involving sexual assault, distort the concept of consent, blame the victim, and downplay the consequences.

Discussion of the Results from Study 2

In Study 2, the proposed two-factor solution of the Sex-M was cross-validated in a distinct sample through CFA, demonstrating an acceptable fit. All the items loaded well on the relevant construct, with factor loadings exceeding .50. As in the first study, the two factors were sufficiently associated and showed high internal consistency.

The final version of the Sex-M primarily focuses on items related to the "specific" component of affirmative consent, which reflect beliefs that minimize the specific nature of consent, such as the idea that nonverbal cues like flirting or clothing imply consent. The original 40-item version included items addressing all the elements of affirmative consent, such as freely given, reversible, informed, enthusiastic, and specific (Planned Parenthood, 2024). However, many of the items reflecting the former four elements were not retained after factor analysis because they did not load strongly on any factor. One possible reason may be that myths related to specificity are more widely recognized and endorsed, creating sufficient variability for these items to form stable factors. In contrast, items about voluntariness, reversibility, informedness, and enthusiasm showed low endorsement and limited response variation. Importantly, one retained item ("Smiling, dating, or dressing provocatively means someone is giving sexual consent") directly relates to Bedera's (2021) work, which highlights how nonverbal behaviors (such as moaning, making eye contact, and touching) are often misinterpreted as consent.

The findings of the current study may be more thoroughly interpreted through the lens of the gatekeeping model of sexual consent, which aligns with traditional heterosexual

sexual scripts. Within this framework, women are expected to serve as passive regulators of sexual activity, granting or withholding access, whereas men are positioned as active initiators (Jozkowski & Peterson, 2013; Rittenhour & Sauder, 2024). This model supports a view of consent as something that can be implied, assumed, or inferred through contextual cues rather than explicitly communicated. Several myths endorsed by participants in this study reflect this passive conceptualization of consent. For instance, the belief that “going to a person’s house or dating someone means giving consent,” or that “playing with hair, drinking together, smiling, and giggling” are reliable indicators of consent, exemplifying the interpretation of mundane or ambiguous behaviors as sexual invitations. Similarly, the item suggesting that “some clothing, such as sheer tops or miniskirts, means consent” reflects how societal norms sexualize women’s appearance and misattribute intent.

An important consideration in the development of the Sex-M is the inclusion of the Safe Relationships subscale, which consists of positively worded items emphasizing the importance of consent in fostering healthy, respectful, and empowering relationships (e.g., “Consent empowers relationships”). These items were reverse-coded to reflect the degree to which participants reject or fail to endorse such beliefs, which we interpret as indicative of underlying consent-related myths. This strategy differs from the more traditional approach of directly measuring explicit rape myths (e.g., McMahon & Farmer, 2011; Payne et al., 1999), we argue that the Safe Relationships factor captures a more subtle yet theoretically meaningful dimension of consent myth endorsement.

In Study 2, we also examined how gender relates to sexual consent myths and its sub-factors. The correlation analyses once more showed that men reported higher endorsement of sexual consent myths than women, and thus we supported our hypothesis¹.

Discussion of the Results from Study 3

In Study 3, we set four hypotheses. The hypothesis predicting a negative association between sexual consent myths and sexual assertiveness was supported. Our finding suggests that individuals who internalize sexual consent myths may feel less empowered to assert their sexual boundaries, communicate their desires, or reject unwanted advances. This aligns with previous research indicating that adherence to harmful sexual scripts can contribute to difficulties in negotiating sexual encounters healthily and autonomously. For example, Humphreys and Brousseau (2010) found significant correlations between the subscales of the sexual consent scale and sexual assertiveness.

We found a negative association between sexual assertiveness and sexual dating violence victimization, as proposed in Hypothesis 2, which aligned with the literature: Individuals who were less sexually assertive might be more susceptible to experiencing sexual violence victimization (e.g., Fernández-Fuertes et al., 2020). Sexual assertiveness involves clearly and confidently communicating one’s desires, boundaries, and limits. The absence of sexual assertiveness might result in unclear or unexpressed boundaries, which perpetrators of sexual violence can exploit. A lack of assertiveness may also create power imbalances in relationships, making individuals more vulnerable to coercion or manipulation by their partners.

Findings also supported the hypothesized positive association between sexual consent myths and sexual dating violence victimization. This implies that individuals who endorse these myths might be more vulnerable to potentially harmful and non-consensual behaviors in their dating relationships (Iconis, 2008; Trotter et al., 2021). Sexual consent myths often minimize the importance of explicit consent and place responsibility on victims rather than perpetrators. As a result, individuals who internalize these myths may struggle to recognize coercive or non-consensual experiences as forms of violence, making them less likely to resist or seek help.

Finally, we found that sexual assertiveness mediated the association between sexual consent myths and sexual dating violence victimization, as hypothesized. This finding indicates that sexual assertiveness plays a key mediating role in the relationship between sexual consent myths and sexual dating violence victimization. Specifically, individuals who endorse sexual consent myths tend to have lower sexual assertiveness, which in turn may increase their likelihood of experiencing sexual dating violence victimization. One possible explanation is that endorsing sexual consent myths can undermine an individual’s confidence in asserting their sexual boundaries, clearly communicating their consent, or rejecting unwanted advances. Reduced sexual assertiveness may make individuals more vulnerable to coercion and hinder their ability to resist or challenge non-consensual advances, thereby increasing their risk of victimization. Alternatively, those who endorse consent myths may have misconceptions about what constitutes explicit, affirmative consent and may not fully recognize situations in which their boundaries are violated. This lack of awareness could lead to decreased sexual assertiveness, as they may not feel justified in resisting or reporting coercive behavior.

Limitations and Future Research Directions

This research is not devoid of limitations. These data were collected through convenience sampling for all three studies.

¹ We did not revisit this hypothesis in the present section, as it was already formulated, supported, and discussed in detail in Study 1.

Moreover, women, straight, and cisgender participants overwhelmingly outnumbered the men, nonbinary, LGBi+, and transgender participants. As with all survey-based research, the responses relied on self-report. Predictive validity and temporal stability were not investigated. Finally, correlations do provide information about relationships; they do not determine which variable causes the change in the other or explain why those relationships exist.

The preliminary findings suggest that the Sex-M is a promising, psychometrically sound instrument that fills a significant gap in the literature. Yet, more evidence is needed. We strongly recommend testing measurement invariance across genders and sexual orientations using larger samples. Predictive validity and temporal stability should also be assessed. Gathering evidence for the cross-cultural fit of the instrument, particularly with Western samples, is also a much-needed next step.

The Turkish context provided an important backdrop for the development of the Sex-M and the scale also has strong utility in WEIRD populations. Consent myths, such as assumptions based on ambiguous nonverbal cues or gendered sexual scripts, are not confined to collectivist contexts but have also been widely documented in Western samples (Beres, 2014; Muehlenhard et al., 2016). By developing and validating a tool that captures these myths in a non-WEIRD context, this study contributes to diversifying the literature, simultaneously offering a measure that can facilitate cross-cultural comparisons and inform consent education efforts globally.

Practice Implications

Our findings underscore the importance of psychoeducation in challenging sexual consent myths and fostering assertive sexual communication, both of which are essential for healthy, safe relationships. Prevention efforts should integrate informed sexual consent education with practical boundary-setting skills, as addressing only one aspect may be insufficient. Likewise, interventions should also focus on enhancing assertiveness to empower individuals and prevent victimization.

In Türkiye, a context where patriarchal norms and gendered double standards continue to shape sexual scripts, these beliefs may be especially prevalent. The societal discomfort surrounding open discussions of sexuality and the absence of widespread, affirmative consent education further reinforce these traditional frameworks. Consequently, our results highlight the urgent need for educational interventions that challenge the gatekeeping model. A shift toward consent frameworks that emphasize mutual, active, and verbal negotiation is particularly crucial in settings

where indirect communication and traditional gender role expectations dominate interpersonal interactions.

The Sex-M scale may serve as a practical tool in both research and intervention contexts. In research settings, the scale can be used to assess the prevalence and structure of sexual consent myths across different populations, examine their associations with variables such as gender norms, sexual assertiveness, and victimization experiences, and facilitate cross-cultural comparisons. In prevention and educational contexts, the scale may help practitioners identify specific misconceptions about consent within a target population and evaluate the effectiveness of consent education programs by measuring changes in myth endorsement over time. By providing a standardized way to assess sexual consent myths, the Sex-M can contribute to evidence-based program development and the evaluation of interventions aimed at promoting healthier and more equitable sexual communication.

Conclusion

This study introduced and validated the Sex-M through a multi-study design, offering a theoretically grounded and psychometrically sound tool to assess myths surrounding sexual consent. The findings highlight the scale's reliability, construct validity, and concurrent validity across diverse samples. Future research can build on this foundation to explore how these myths operate across different contexts and contribute to the prevention of sexual violence.

Appendix

The Sexual Consent Myths Scale (Sex-M)

Directions for Participants The set of ten statements below asks about behaviors and beliefs related to sexual consent in romantic and/or sexual relationships. You will be asked to indicate how strongly you agree or disagree with each statement using the scale below, ranging from *strongly disagree* to *strongly agree*.

When thinking about each statement, please keep this definition in mind: sexual consent refers to a person expressing, through their free will and verbal communication, that they want to engage in a specific sexual behavior. For example, "Asking whether a person consents to a sexual behavior" refers to obtaining consent, whereas "a person clearly, explicitly, and enthusiastically saying yes to a sexual behavior" refers to giving consent.

1. Some behaviors, such as going to a person's house/or dating a person, mean giving consent.
2. Some clothes (sheer tops, miniskirts, high heels, fishnet stockings) mean consent.
3. Sexual acts in marital relationships do not require consent.
4. The partner's past sexual experiences (such as having previously experienced a specific sexual act with another person or persons) imply consent.
5. Some behaviors, such as playing with hair, drinking together, smiling, and giggling, are consent.
6. Consent empowers relationships. R
7. Giving and receiving consent is a sign of safe and healthy relationships. R
8. Consent is a convenient way to prevent the violation of boundaries in relationships. R
9. The way to establish sexual/romantic relationships based on mutual trust is through getting consent. R
10. Consent is recognizing one's own and partner's boundaries. R

Scoring Instructions 1 = *strongly disagree* and 6 = *strongly agree*. R refers to reverse-scored item. An overall score is computed as the mean of all ten items. Higher scores indicate greater endorsement of sexual consent myths.

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Data Availability The data that support the findings of this study are available from the corresponding author upon reasonable request.

Declarations

An earlier version of Study 1 was presented as a paper at the 23rd International Counseling and Guidance Congress, İstanbul, Turkey. An earlier version of Study 3 was presented as a paper at the meeting of the MEF EDUCON 2022, İstanbul, Turkey.

Compliance with Ethical Standards The Human Research Ethics Committee of MEF University approved the study, and informed consent was obtained from the participants. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Disclosure Statement The authors report there are no competing interests to declare. Data availability statement: The data that support the findings of this study are available from the corresponding author upon reasonable request.

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