

Feelings of Wantedness and Consent During Nonconsensual Sex: Implications for Posttraumatic Cognitions

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Social–cognitive models of traumatic stress have urged researchers to investigate the complex changes in victims' systems of belief following trauma. Among victims of rape, posttraumatic cognitions related to self-blame, safety, trust, intimacy, control, power, and esteem are common negative outcomes; yet there is great variability in the degree to which rape victims exhibit these reactions, and this remains unexplained. Two possible factors that may be relevant to the development of these posttraumatic cognitions are the extent to which the nonconsensual sexual act was internally perceived as nonconsensual by the victim and the extent to which it was internally perceived as unwanted by the victim. Although felt consent and perceived wanting are often conflated and rated dichotomously, there is evidence that they are distinct and may be experienced on a continuum. This study sought to examine the relationships among felt consent, wantedness, and posttraumatic cognitions in a sample of 189 undergraduate female victims of rape. Results demonstrated that perceived consent and perceived wantedness had unique and opposite relationships with posttraumatic cognitions: Greater felt consent was a risk factor for characterological and behavioral self-blame and maladaptive self-beliefs, but greater feelings of wanting to have sex constituted a protective factor for characterological self-blame, maladaptive self-beliefs, and maladaptive world-beliefs. A suppression effect was also identified, which provided evidence that perceived consent and wantedness work in tandem in the cognitive processing of rape. Clinical and research implications are discussed, with an emphasis on the importance of understanding and honoring victims' perceptions.

Keywords: trauma, sexual victimization, cognitive processing, women, undergraduates

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Rape (nonconsensual sex obtained through intoxication, physical threat, or force) is highly prevalent and frequently results in substantial psychological distress for victims. Although prevalence rates are difficult to determine because of reporting and measurement challenges, studies indicate that as many as 18% of women report experiencing a rape in their lifetime (Black et al., 2011). Some findings suggest that, compared with women in the general population, college women report even higher rates of rape and attempted rape, with lifetime prevalence rates of 20%–25% (Fisher, Cullen, & Turner, 2000).

Cognitive Processing of Rape

With the goal of developing effective treatments for victims of trauma, including rape, current social–cognitive models of trauma recovery (e.g., Brewin, Gregory, Lipton, & Burgess, 2010; Ehlers & Clark, 2000; Resick & Schnicke, 1996) have emphasized the critical importance of changes in trauma survivors' cognitions and belief systems as an integral component of recovery following traumatic experiences such as rape. Indeed, the American Psychiatric Association (2013) has identified maladaptive cognitions—sometimes called *posttraumatic cognitions*—as important negative outcomes of trauma by including them in the diagnostic criteria for posttraumatic stress disorder and acute stress disorder. There is evidence that rape victims frequently report negative beliefs related to trust, intimacy, esteem, safety, self-blame, loss of control and power, and perceived vulnerability to harm as a consequence of their rape experience (Koss, Figueredo, & Prince, 2002; Resick & Schnicke, 1996; Wright, Collinsworth, & Fitzgerald, 2010).

Inherent to social–cognitive models is the assumption that how information about a rape is perceived and encoded is related to the development of maladaptive beliefs. Women's perceptions about the extent to which they wanted or desired sex prior to the nonconsensual sexual encounter and the degree to which they internally had consensual feelings (even though they did not agree to have sex) may be two particularly important perceptions that influence their cognitive processing of their rape experiences.

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Perceptions of Consent and Wantedness

There is generally an assumption that if a woman has had a sexual experience that meets legal or research definitions of rape, then that sexual experience must have been unambivalently unwanted and nonconsensual. Peterson and Muehlenhard (2007) criticized this model, arguing that (a) wanting and consenting to sex are distinct, such that sex can be nonconsensual but wanted to some degree or consensual but unwanted to some degree; (b) wanting versus not wanting sex is a matter of degree rather than a dichotomy; and (c) sexual consent involves both an external expression of willingness and an internal feeling of willingness, the latter of which may be matter of degree rather than a dichotomy.

In their attempt to highlight the distinction between wantedness and consent, Peterson and Muehlenhard (2007) defined *to want* as “to desire, wish for, feel inclined toward, regard [having sex] or aspects of it as positively valenced” and *to consent* as “to be willing or agree to” (p. 73). Their results provided evidence that there is a distinction between wantedness and consent, illustrating that both consensual and nonconsensual sex can be wanted and unwanted. In their sample of female undergraduates, 19% of rape victims indicated that, prior to the nonconsensual sexual encounter, they experienced some feelings of wanting to have sex even though they did not agree to sex, and 50% of women referencing a consensual sexual experience rated the sexual act as unwanted to some degree. In other studies, 50%–55% of women indicated that they had previously consented to unwanted sex, further highlighting the distinction between wanting and consenting to sex (e.g., O’Sullivan & Allgeier, 1998). Notably, legal definitions of rape are based on the absence of consent or the use of force, not on the victims’ feelings of the sex act’s wantedness; thus, if a woman has strong feelings of wanting sex but says no, it is still rape.

Several studies have demonstrated that wanting or not wanting sex is more accurately conceptualized as a continuous rather than a dichotomous variable. In one study, as many as 80% of college students acknowledged feeling ambivalent about engaging in sexual activity on at least one occasion (O’Sullivan & Gaines, 1998). A woman may simultaneously want to avoid sex because of possible negative consequences (e.g., sexually transmitted infections, unwanted pregnancy, social embarrassment) and want to have sex because of possible positive consequences (e.g., pleasure, preservation of a relationship). In addition, desire for sex may change over the course of an encounter. A woman may initially perceive that sex is wanted, and later it may become unwanted for any number of reasons, including her interaction with the other person. These competing goals and changing feelings may produce ambivalence about whether the sex is wanted, irrespective of the consent given. Peterson and Muehlenhard (2007) asked 74 female rape victims to recall how they felt prior to their nonconsensual sexual experience and rate how much they wanted to have sexual intercourse on scale from -3 (*strongly unwanted*) to 3 (*strongly wanted*). The women used the entire seven-point scale, suggesting that, for many women, wanting is not all-or-none. To be clear, it is not the case that the women in this study wanted to be raped; rather, they had some feelings of wanting to have sex without ultimately expressing consent, and the perpetrators proceeded to have sex with them through the use of intoxication, force, or threats of force. Interestingly, women in the study who recalled a stronger desire to have sex were less likely to label their noncon-

sensual sex as *rape*, even though their experience would have met most legal definitions of rape. This demonstrates that women’s perceptions of their desire for sex do, in fact, influence how they cognitively process the experience.

Consent can be composed of both an internal feeling and an external expression of willingness (Hickman & Muehlenhard, 1999; Peterson & Muehlenhard, 2007). It is important to note that a perpetrator cannot be held responsible for knowing a woman’s internal feelings in the absence of behavioral indicators; thus, it is likely external expressions of consent or nonconsent that would determine the legality of any sexual act. By definition, rape involves an absence of externally communicated consent. Nevertheless, internal feelings of consent may not always align with external expressions and may be even more important to a woman’s conceptualization of her rape experience than are her external expressions of consent. Thus, in the case of a rape, it is possible that a woman could clearly refuse sex but internally feel ambivalent about her willingness to engage in the act. Or she might have feelings of willingness during the beginning of a sexual encounter but later change her mind and withdraw her agreement. If sex occurred in these situations, the situations would clearly qualify as rape, because the woman did not express consent; yet the situations may have a different meaning and different psychological consequences for the woman than they would have if she had internally felt more certain about her unwillingness. One study specifically examined victims’ perceptions of consent relative to a behaviorally defined rape experience (Peterson & Muehlenhard, 2007). Women who reported an experience meeting most legal definitions of rape—meaning that the women explicitly communicated nonconsent to the perpetrator or were too intoxicated to offer consent—were asked to rate the statement “I felt that I consented or agreed to this experience” on a continuous scale from 1 (*not at all true*) to 7 (*very much true*). A slight majority of rape victims (54%) rated the statement as a 1, indicating that the rape was not at all consensual; however, the remaining 46% of victims rated their feelings of consent from 2 to 7 on the scale, indicating that they did not internally perceive the rape as entirely or unambiguously nonconsensual even though there was no external expression of consent (Peterson & Muehlenhard, 2007, p. 81). In addition, ratings on this felt consent scale were associated with women’s labels for their nonconsensual sex, such that women who rated the nonconsensual act as more consensual were less likely to label their nonconsensual experience as rape, suggesting that perceptions of consent influenced how the women thought about their rape experience.

Perceptions of Wantedness and Consent in Relation to Posttraumatic Cognitions

The variability among rape victims’ perceptions of wantedness and consent may be relevant to the development of maladaptive cognitions following the rape. Common maladaptive cognitions that have been identified after exposure to trauma, including rape, include self-blame and negative thoughts about the self and world related to safety, trust, intimacy, control, and esteem (e.g., Cason, Resick, & Weaver, 2002; Foa, Ehlers, Clark, Tolin, & Orsillo, 1999; Janoff-Bulman, 1992). Self-blame has been studied extensively as an outcome of sexual victimization, and many theorists have distinguished between behavioral and characterological self-

blame to help explain the complexity of posttraumatic cognitions (e.g., Janoff-Bulman, 1992). Behavioral self-blame includes attributes of blame aimed at specific behaviors by the victim prior to, during, or after the assault (e.g., “I should have fought harder”). In contrast, characterological self-blame is directed toward inherent, unchangeable personality characteristics of the victim (e.g., “I am passive”). Other posttraumatic cognitions related to safety, trust, intimacy, control, and esteem may consist of exaggerated, negative beliefs about one’s ability to protect oneself, the extent to which one is in control of what happens in one’s life, one’s own worth, and the trustworthiness of others. Examples of these types of beliefs include statements such as “I am inadequate,” “I have to be on guard all the time,” “The world is a dangerous place,” and “I can’t rely on other people” (Foa et al., 1999).

To our knowledge, the role of perceived wantedness and consent in the cognitive processing of rape has yet to be studied; however, the extent to which a woman perceives a rape as nonconsensual and unwanted is likely related to the thoughts she may develop about herself and about the world. For example, a woman who perceives that she had feelings of wanting to have sex before a rape—as opposed to feeling that sex was completely unwanted—may have a greater sense that the world is logical and predictable (an adaptive belief about the world), but she may simultaneously feel that she cannot trust her own judgment or personal control (a maladaptive belief about herself). Similarly, if a woman perceives that she felt some degree of willingness or consent to have sex during a rape experience—even though she expressed nonconsent—this might lead her to view the world as less dangerous (an adaptive belief about the world) but could lead her to view herself as weak or inadequate (a maladaptive belief about herself). Because the potential impact of perceived wantedness and consent on cognitive processing has yet to be examined, these relationships are largely speculative at this time.

The Present Research

This study attempted to evaluate the extent to which rape victims’ posttraumatic cognitions (behavioral and characterological self-blame, negative beliefs about the world, and negative beliefs about the self) are associated with perceptions of consent and wantedness related to a single rape event. Specifically, our hypotheses were the following:

1. More perceived wantedness and more felt consent will each be related to greater behavioral (1a) and characterological (1b) self-blame and more negative global beliefs about the self (1c).
2. Less perceived wantedness and less felt consent will each be related to more negative global beliefs about the world.

We examined the associations between wantedness and consent and each type of posttraumatic cognition individually. We also used multivariate analyses to examine the combined and relative effects of felt consent and perceived wantedness on posttraumatic cognitions.

Method

Participants

A list of e-mail addresses for all undergraduate students at a Midwestern urban state university was obtained from the registrar, and no more than two e-mails were sent to each address inviting all women over the age of 18 to complete an online questionnaire about past sexual experiences. The e-mail was sent to all undergraduate students and specified that only women were invited to participate. The initial invitation e-mail was sent to all enrolled students ($N = 9,126$). On the basis of university enrollment reports for the time period, approximately 5,338 women were targeted in this invitation. Out of the 838 women who consented to complete the survey (15.7% of those invited), 314 (37.5% of completers) endorsed a rape experience (oral, anal, or vaginal sex obtained through incapacitation, physical threats, or force) occurring since age 14. Of those 314 eligible women, 125 failed to respond to a minimum of 85% of items on relevant measures, leaving 189 women included in the analyses.

The 189 participants ranged in age from 18 to 64 years, with a mean age of 26.5 ($SD = 8.1$). Women were asked to identify their race and were able to check more than one racial category: 83.6% checked White; 13.2% checked African American or Black; 1.1% checked Asian or Asian American; 1.1% checked American Indian, Native American, or Alaskan Native; 0.5% checked Native Hawaiian or Pacific Islander; and 4.2% checked other. Only 2.1% of participants identified their ethnicity as Hispanic or Latina. Compared with the entire population of undergraduate students at the university, which was 72% White and had a mean age of 25, women of color were slightly underrepresented in this sample.

Measures

Sexual victimization. Sexual assault history was assessed using the Sexual Experiences Survey–Short Form Victimization (SES-SFV; Koss et al., 2007). This is a revision of the Sexual Experiences Survey (SES; Koss & Gidycz, 1985), and is the most widely used measure of adult sexual victimization. The SES-SFV includes seven items, with five subquestions per item, assessing nonconsensual completed and attempted sexual contact, oral sex, anal sex, and vaginal penetration obtained through verbal coercion, incapacitation, physical threat, or force. For this study, the format of the scale was modified to assess number of times a woman had been victimized since age 14 and number of times she had been victimized in the last 2 years (rather than in the prior 12 months as in the published version). The items assessing acts that were consistent with the study’s definition of rape (oral, anal, and vaginal sex by incapacitation, physical threat, or force) were presented first. Then participants were asked follow-up questions about their most recent rape experience (recognizing that many women would have experienced multiple victimizations), including when the most recent event happened and the type of event that occurred most recently. In addition, participants were asked to identify the type of relationship they had with the perpetrator from a set of options used by Littleton, Axsom, and Grills-Taquechel (2009), which included romantic (dating casually, steady date, romantic partner) and nonromantic (stranger, just met, acquaintance, friend, relative) options. Wantedness, consent, and posttraumatic

matic cognition measures followed this section and requested that participants reference the most recent victimization experience when providing their responses. Although reliability and validity for the SES-SFV have yet to be examined, prior forms of the SES have shown evidence of test–retest reliability, with coefficients of .93 to .95 (Cecil & Matson, 2006; Koss & Gidycz, 1985; Krahé, Reimer, Scheinberger-Olwig, & Fritsche, 1999). The previous version of the SES demonstrated adequate convergent and construct validity as well (Cecil & Matson, 2006; Testa, Vanzile-Tamsen, Livingston, & Koss, 2004).

Perceived wantedness. The degree to which sexual intercourse was wanted or desired during the most recent rape experience was assessed using a single global item from the Sexual Wanting Questionnaire (Peterson & Muehlenhard, 2007). The item asks participants to think about how they felt “immediately before” the nonconsensual sexual experience and then asks,

Overall, how much did you want or not want to engage in the sexual activity in this situation (taking into account the sexual act itself, the possible consequences of engaging in the sexual act, and the possible consequences of not engaging in the sexual act)?

Responses were rated from -3 (*strongly unwanted*) to 0 (*no opinion*) to 3 (*strongly wanted*).

Perceived consent. A participant’s perception of the extent to which the rape felt nonconsensual was assessed using the following item from Peterson and Muehlenhard (2007): “I felt that I consented or agreed to this experience.” Participants rated their agreement on a seven-point scale from 1 (*not at all true*) to 7 (*very much true*).

Support for the validity of the perceived wantedness and perceived consent items comes from findings by Peterson and Muehlenhard (2007) showing that, as expected, perceived wantedness and felt consent ratings were higher among a group of women who were rating a consensual sexual experience than among a group of women who were rating a rape experience. However, also expected in that study, some women rated their consensual sex as feeling unwanted or nonconsensual to some degree, and some women rated their rape experience as feeling wanted or consensual to some degree, suggesting that expressed consent is not identical to internal feelings of wantedness or consent. Open-ended responses about women’s reasons for wanting and not wanting the sex and their feelings of consent were also compared with their ratings on these items and provided evidence of convergent validity.

Posttraumatic Cognitions

Negative global beliefs about the self and the world. The Posttraumatic Cognitions Inventory (PTCI) was used to assess global beliefs about the self (negative beliefs–self) and world (negative beliefs–world; Foa et al., 1999). The 36-item PTCI is used widely in posttraumatic stress research and contains three subscales: negative cognitions about self, negative cognitions about the world, and self-blame. The self-blame subscale was not used for this study because self-blame was measured with a separate scale (see next section). Participants were asked to rate from 1 (*totally disagree*) to 7 (*totally agree*) how much they agreed or disagreed with each statement. Example items are “I have no future,” “I am inadequate,” and “The world is a dangerous place.”

Total subscale scores were based on the mean ratings of items in the subscale. Internal consistency for the PTCI subscales has been found to be high (α 's = .86–.97) in past studies, and the PTCI has demonstrated good test–retest reliability, discriminate validity, and convergent validity (Foa et al., 1999). Similarly, internal consistency reliabilities for the PTCI for this study were excellent (α 's = .94 [negative beliefs–self] and .91 [negative beliefs–world]).

Self-blame. As an alternative to the PTCI self-blame scale, the Sexual Victimization Attributions Measure (SVAM; Breitenbecher, 2006) was used to assess self-blame for the most recent rape experience, because it assesses for both characterological and behavioral self-blame. The SVAM contains 55 statements that measure five attributions of blame, including self-blame (characterological self-blame and behavioral self-blame) and external blame (perpetrator blame, situational blame, and societal blame). Only the behavioral and characterological self-blame subscales were used in the analyses reported here. Responses are rated on a five-point Likert-type scale from 1 (*not at all true*) to 5 (*completely true*), and the subscale scores are based on the sums of items in the subscales. Participants were asked to indicate the extent to which they perceived that each item explained why the most recent rape experience occurred. Examples items are “I’m weak” and “I flirted with and/or teased him.” In the past, the SVAM has demonstrated good internal consistency reliability for each of the factors, with alphas ranging from .71 to .93 (Breitenbecher, 2006). In the current study, characterological self-blame (α = .88) and behavioral self-blame (α = .73) demonstrated adequate internal consistency reliability.

Procedure

The online questionnaire was accessed through a link in the invitation e-mail and took approximately 15–30 min to complete. All women completed measures of sexual victimization history; only women who identified a past experience of rape (nonconsensual oral, vaginal, or anal sex obtained through intoxication, physical threat, or force) or sexual assault (nonconsensual sexual contact obtained through intoxication, threat, or force or any sexual act obtained through verbal coercion) completed the conceptualization and schemata measures. Data related to experiences of sexual assault are not reported here. The online survey (administered through SurveyMonkey [<https://surveymonkey.com>]) was programmed to skip items as appropriate on the basis of participants’ responses. As compensation for completing the study, participants were given the option of being entered in a raffle to win one of four \$50 online gift certificates. Participation in the study was anonymous (identifying information from the raffle could not be connected to the questionnaire responses); however, participants had the option of forgoing anonymity to provide contact information for possible participation in a future paid study.

Results

Data Preparation and Descriptive Statistics

The most recent rape experiences for the 189 participants who had ever experienced rape included incapacitated vaginal sex (n = 67; 34.9%), forced vaginal sex (n = 52; 27.5%), incapacitated oral sex (n = 17; 9.6%), forced oral sex (n = 20; 10.6%), vaginal sex

after a physical threat ($n = 12$; 6.3%), incapacitated anal sex ($n = 9$; 4.8%), forced anal sex ($n = 8$; 4.2%), oral sex after a physical threat ($n = 2$; 1.6%), and unreported ($n = 2$; 1.1% [i.e., endorsement of multiple victimization experiences and failure to respond to the item requesting indication of which type of rape experience was most recent]). The majority (40.7%) of these most recent incidents occurred more than 5 years prior to the women's participation, 28.0% occurred 2–5 years prior to their participation, and 29.7% occurred in the prior 2-year period (1.6% did not indicate recency of rape). The women reported that 97.9% of perpetrators were male, and when asked about their relationship with the perpetrators, their responses were as follows: recently met acquaintances or friends (44.4%), romantic partners or dates (29.0%), relatives (6.3%), strangers (2.1%), "other" (17.5%), and missing (0.5%).

To calculate total subscale scores for self-blame (SVAM) and negative global beliefs (PTCI), missing values were replaced using mean imputation, with each participant's mean score for the subscale used as long as she had completed at least 85% of the items for the subscale. Normality of the distributions for the subscales was evaluated using the Kolmogorov–Smirnov test, and natural log transformations were performed on the negative beliefs–self, negative beliefs–world, and characterological self-blame variables because of problems with skewness or kurtosis. After transformation, the distribution for the negative beliefs–self variable remained nonnormal but improved. The distribution for negative beliefs–world was also nonnormal but was not improved with the natural log transformation, so the original nontransformed variable was retained in further analyses. The characterological self-blame variable was normally distributed after transformation. Descriptive statistics as well as skewness and kurtosis for the nontransformed variables are reported in Table 1.

Participants ranged in their reported perceptions of felt consent and wantedness of sex related to their identified rape experience. Most women (53.4%) indicated that it was *not at all true* that they felt like they consented to the event, but the remaining 45.5% varied along the continuous seven-point scale, with 5.3% of women reporting that it was *very much true* that they had feelings of agreement (1.1% did not provide a rating of perceived consent). Similarly, although most women (62.4%) reported that the event was *strongly unwanted*, 20.6% reported that sex was *moderately or slightly unwanted*, 9.0% reported that sex was *slightly to strongly wanted*, 6.5% indicated they had *no opinion*, and 1.6% did not provide a rating of perceived wantedness. Means, ranges, and standard deviations of wanted-

ness, felt consent, and posttraumatic cognition measures are presented in Table 1.

Tests of Hypotheses

To evaluate the relationships among consent, wantedness, and posttraumatic cognitions, bivariate correlations were conducted, and these are presented in Table 2. Multivariate analyses were then used to determine the combined and relative effects of consent and wantedness on posttraumatic cognitions.

Hypothesis 1. As shown in Table 2, consistent with Hypothesis 1, initial bivariate correlations indicated that perceived wantedness was significantly positively correlated with behavioral self-blame. In addition, confirming the hypothesis, perceived consent was significantly positively associated with behavioral and characterological self-blame. Contrary to the expected relationships, perceived wantedness was not associated with characterological self-blame, and perceived wantedness was significantly negatively associated with negative beliefs–self. Further, perceived consent was not associated with negative beliefs–self.

Hypothesis 1a. Using linear regression analyses, perceived wantedness and perceived consent were entered simultaneously as independent predictors to determine their relative effects on behavioral self-blame. The overall model was significant in predicting behavioral self-blame, $F(2, 181) = 14.67, p < .001, R^2 = .14$, with no evidence of problems with multicollinearity (tolerance = .74, variance inflation factor = 1.36). Feelings of consent were significantly associated with behavioral self-blame ($\beta = .40, p < .001$), but perceived wantedness did not significantly contribute to predicting behavioral self-blame when controlling for feelings of consent ($\beta = -.05, p = .56$).

Hypothesis 1b. Using linear regression analyses, perceived wantedness and perceived consent were entered simultaneously as independent predictors to determine their relative effects on characterological self-blame. The overall model was significant in predicting characterological self-blame, $F(2, 181) = 7.73, p < .001, R^2 = .08$. Both wantedness and consent were significant independent predictors of characterological self-blame; however, the relationships were in opposite directions. Higher ratings of felt consent predicted greater characterological self-blame ($\beta = .33, p < .001$), whereas more perceived wantedness predicted less characterological self-blame ($\beta = -.20, p = .02$). Notably, wantedness was not significantly related to characterological self-blame in bivariate correlations, but it was in the multivariate analysis, suggesting a suppression effect.

To further examine this change, an analysis of suppression was conducted (Thompson & Levine, 1997). The participants were divided into those who reported no consent (1 on the scale) and those who reported some felt consent (≥ 2). For participants who indicated a complete absence of felt consent, there was no relationship between wantedness and characterological self-blame, $r(98) = .03, p = .79$. Among participant who perceived at least partial felt consent, wantedness was negatively associated with characterological self-blame, $r(86) = -.26, p = .02$. Thus, the significant negative correlation between perceived wantedness and characterological self-blame was suppressed by the many women who reported no felt consent.

Hypothesis 1c. Using linear regression analyses, perceived wantedness and perceived consent were entered simultaneously as

Table 1
Descriptive Statistics for Variables of Interest

Variable	<i>M</i> (<i>SD</i>)	Range	Skew	Kurt
Perceived consent	2.4 (1.8)	1–7	1.1	0.2
Perceived wantedness	1.9 (1.5)	1–7	1.8	2.4
Character self-blame ^a	23.6 (10.1)	12–60	0.9	0.3
Behavioral self-blame	26.9 (8.8)	10–46	0.1	-0.8
Negative beliefs–self ^a	2.1 (1.1)	1–7	1.5	2.4
Negative beliefs–world	4.3 (1.6)	1–7	-0.5	-0.6

Note. Reported values are untransformed. Skew = skewness; Kurt = kurtosis; Character = characterological.

^a Transformed for the analyses using a natural log transformation

Table 2
Bivariate Correlations Among Variables of Interest

Variable	1	2	3	4	5	6
1. Perceived wantedness	—					
2. Felt consent	.51**	—				
3. Character self-blame	-.04	.23**	—			
4. Behavioral self-blame	.16*	.37**	.55**	—		
5. Negative beliefs–self	-.17*	.04	.64**	.31**	—	
6. Negative beliefs–world	-.26**	-.19*	.30**	.04	.51**	—

Note. Character = characterological.

* $p < .05$. ** $p < .01$.

independent predictors to determine their relative effects on negative beliefs–self. The overall model was significant in predicting negative beliefs–self, $F(2, 181) = 5.49, p < .01, R^2 = .06$. Again, the regression coefficients for perceived wantedness and consent were both significant but in the opposite directions in the model. More perceived consent predicted more negative beliefs about the self ($\beta = .17, p = .04$), whereas more perceived wantedness predicted fewer negative beliefs about the self ($\beta = -.28, p < .001$).

A similar follow-up analysis of suppression was conducted with negative beliefs–self. Because both relationships became much stronger in the multivariate model as compared with the bivariate correlations, it appeared that mutual suppression had occurred. For participants who reported a complete absence of felt consent, there was no relationship between perceived wantedness and negative beliefs–self, $r(98) = -.10, p = .34$. Among participant who perceived at least partial consent, perceived wantedness was negatively associated with negative beliefs–self, $r(86) = -.35, p < .001$.

Similarly, perceived consent was significantly and positively associated with negative beliefs–self for participants who rated wantedness in the -3 (*strongly unwanted*) to 0 (*no opinion*) range, $r(167) = .16, p = .04$. Perceived consent was not significantly associated for the small number of women who rated wanting sexual intercourse in the 1 (*slightly wanted*) to 3 (*strongly wanted*) range, $r(17) = -.27, p = .29$; however, the effect size suggested a moderate effect in the negative direction such that for those who perceived the act as somewhat wanted, consent was associated with more negative beliefs about the self.

Hypothesis 2. The second hypothesis was confirmed by the initial bivariate correlations; perceived wantedness and perceived consent were both significantly negatively associated with negative beliefs–world. Using linear regression analyses, perceived wantedness and perceived consent were entered simultaneously as independent predictors to determine their relative effects on negative beliefs–world. The overall model was significant in predicting negative beliefs about the world, $F(2, 181) = 7.16, p < .001, R^2 = .07$. Perceived wantedness was significantly and negatively associated with negative beliefs–world ($\beta = -.23, p < .01$), but perceived consent did not significantly contribute to predicting negative beliefs about the world when entered with wantedness ($\beta = -.07, p = .41$).

Discussion

This study sought to examine the role of victims' perceptions of consent and wantedness in the cognitive processing of rape. Con-

sistent with prior studies (i.e., Peterson & Muehlenhard, 2007), among female students who had positively endorsed a behaviorally specific rape experience, there was evidence that many had experienced at least some internal feelings of wanting and consenting to sex before the event despite the fact that they did not provide external expressions of consent. Moreover, feelings of desire and willingness were significantly associated with beliefs about the self, others, and the world.

Although wantedness and felt consent were strongly related to each other ($r = .51$), what was most notable and striking about these results was the distinct and opposing relationships that women's ratings of wanting and consenting had with their self-blame and negative beliefs about themselves in the multivariate models. First, after controlling for the degree that participants wanted to have sexual intercourse, greater feelings of consent were a risk factor for characterological and behavioral self-blame and maladaptive self-beliefs. Second, after controlling for feelings of consent, a greater desire or wantedness for sex was a protective factor for characterological self-blame, maladaptive self-beliefs, and maladaptive world beliefs. These findings seem to confirm that wanting and consenting are truly related but distinct phenomena, with potentially different effects on a victim's recovery. Women who internally feel that they consented more (despite their lack of expressed agreement) may wonder whether they adequately communicated their nonconsent or may wonder if the perpetrator could have somehow perceived their internal ambivalence, so they may end up believing that their behavior (e.g., their lack of clear communication) and/or their character (e.g., their own tendency toward ambivalence) was to blame for the rape. Similarly, they may come to believe that they are inadequate or cannot trust their own judgment. In contrast, if a victim tells herself that she wanted to have sex to some degree (even though she did not consent), then she may believe that neither she nor the world did anything wrong. In this case, she may perceive the rape—to some extent—as “just bad sex.” This is consistent with the finding of Peterson and Muehlenhard (2007) that women who wanted their nonconsensual sex more, despite saying no, were less likely to label the nonconsensual sex as rape than were women who wanted the nonconsensual sex less. It is important to recognize that all women in the present study had experienced a rape according to the study's definition, which means that they had reported having experienced vaginal, oral, or anal sex without their expressed consent when they were intoxicated, physically threatened, or physically forced. Thus, the fact that some women reported internal feelings of wanting or consenting to have sex does not negate the criminal nature of the sexual acts to which they were subjected.

The analysis of the suppression effects further elucidated the nuanced interactions of perceptions of consenting and wanting in predicting posttraumatic cognitions. Among women who unambiguously perceived their rape as nonconsensual, the extent to which they wanted to have sex had no effect on how much they blamed their own character (e.g., blaming their poor judgment or passivity) and no effect on the negative global beliefs they held about themselves (e.g., “I can't rely on myself”). However, for the women who felt internally that they had, at least somewhat, agreed to the sex, the more they perceived the sex as wanted, the less likely they were to blame their character or hold negative beliefs about themselves. A woman's perceptions of wanting and consenting seem to work in tandem to produce posttraumatic cognitions

about the self. Perhaps when a woman has some internal feelings of consent, she relies on how much she wanted or did not want to have sex in her effort to understand what the event means about her identity, power, and control. Thus, if a woman feels that she consented to some degree despite not having wanted sex, she may feel weak and ineffective; if a woman feels that she consented and that she wanted sex to some degree, then she may be able to interpret her behavior as more agentic and the event as somewhat within her control.

These findings have implications for sexual victimization research, treatment, and prevention and even for women's sexual health. Because of the distinctions between wanting and consenting as they relate to cognitive outcomes, it is recommended that researchers become increasingly intentional in their use of language and increasingly careful to avoid interchanging the terms *consented* and *wanted* when asking about sexual victimization. Researchers also may want to distinguish between expressed and felt consent. Gathering data about a victim's perceptions of wanting and consenting could provide valuable information about her interpretations of the nonconsensual sex and the meanings she has construed from her cognitive processing of the potentially traumatic event.

Applied clinically, the present research is also a call to refrain from making assumptions about a rape victim's perceptions of a traumatic event and a caution against encouraging victims to make specific interpretations of their sexual victimization. Instead of approaching clients with specific goals to change their interpretations, psychotherapeutic effectiveness may be enhanced by honoring each individual's experience and perception of victimization. For example, it may be tempting to try to convince a victim that she is not responsible for being raped because she did not want to have sex. This approach would likely fail to relieve her guilt and shame if she were ambivalent about how much she wanted to have sex and may even cause her to blame herself more as perceiving sex as more wanted seems to provide some victims with a buffer against self-blame and negative thoughts about themselves. Distinguishing between wanting and consenting to sex may also be beneficial for sexual assault prevention and promotion of sexual health. Awareness among men that wanting to have sex is entirely separate from consenting to have sex might allow them to better direct their focus to obtaining clear, affirmatively expressed consent rather than trying to interpret ambiguous cues regarding their partners' internal feelings of desire or willingness. Similarly, acknowledging the potential for ambivalent feelings of desire and willingness in both consensual and nonconsensual sex may be validating to women, increase their self-awareness and empowering them to have greater agency with sexual partners.

Limitations

This study has a number of limitations that attenuate the generalizability of its findings. First, the sample included only college women, and the results may not extend to men, older women, or help-seeking populations. Further, our sample was representative of neither the female undergraduates on the campus studied nor of all undergraduate women. For example, the majority of women in the sample were White. Cultural differences may lead minority women to cognitively process a rape experience differently than did the White women in this sample.

Completion rates were another limitation as the majority of invited women chose not to respond, and only 189 of the 314 women who indicated that they had experienced a rape on the SES-SFV completed the follow-up measures. Participants may have been confused by the order or wording of the questions, been uncomfortable with the content of the questions, or experienced survey fatigue. It is possible that those women who responded and completed all of the follow-up measures differed systematically from those who did not respond or finish the survey. Although online research has the benefit of anonymity, perhaps the present research could have been enhanced by in-person interviews. In addition, memories for the events may have affected the quality and accuracy of responding, as many (40.7%) of the participants indicated that the referenced rape had occurred more than 5 years prior to the survey. Indeed, perceptions of wanting and consenting and rape-related negative cognitions likely change substantially for many women in the years following a rape.

In addition, in the design and interpretation of this study, it was assumed that the SES-SFV is a measure of expressed consent and that the follow-up item is a measure of felt consent; however, it is important to note that the SES-SFV does not directly ask about "expressed" consent. Despite this, the SES-SFV does ask about sexual acts that a perpetrator engaged in without a participant's consent. Given that the items describe the perpetrator's strategies for gaining sex in the absence of consent, it was assumed that these strategies would only be necessary if there was some expression of nonconsent. Nevertheless, future research could more clearly delineate between felt and expressed consent.

Finally, the hypotheses and results of this study implicitly assumed an order of events: First women perceive their degrees of wanting and being willing to have sex, and then they develop self-blame and negative cognitions about themselves and the world. Without longitudinal data measuring functioning before and after sexual victimization, it is not possible to establish the order of this process. Moreover, the relationships among wantedness, consent, and posttraumatic cognitions may be explained by another factor entirely, such as perceived severity. Systematic longitudinal research could enhance understanding of the complex and nuanced associations among perceptions of wantedness and consent and cognitive processing of trauma.

Conclusion

This study examined feelings of wanting to have sex and feelings of being willing to have sex in the context of a behaviorally defined rape. These are two aspects of a victim's perception of a rape that are frequently conflated and rarely conceived of as anything but dichotomously constructed. Consistent with the small number of studies that have ventured to distinguish the two perceptions, the rape victims in this study reported variability in their feelings of wanting and consenting to sex during an experience that could legally be defined as rape. Moreover, the degrees to which a victim perceived that sex was unwanted and nonconsensual were differentially associated with the extent of her self-blame and the strength of the negative thoughts she held about herself and the world. These findings may help to explain the varied reactions of women who have been raped and may inform prevention and intervention efforts.

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