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Teaching sexual consent to young people in education settings: a narrative systematic review

Olivia Burton, Patrick Rawstorne^a, Lucy Watchirs-Smith^b, Sally Nathan^a and Allison Carter^{b,c,d}

^aSchool of Population Health, Faculty of Medicine & Health, UNSW, Sydney, Australia; ^bThe Kirby Institute for Infection and Immunity in Society, UNSW, Sydney, Australia; ^cAustralian Human Rights Institute, UNSW, Sydney, Australia; ^dFaculty of Health Sciences, Simon Fraser University, Burnaby, Canada

ABSTRACT

The recent outpouring of testimonies about teenage sexual assault has reinvigorated calls for improved education on sexual consent. Better understanding of the approach, content and delivery of these programmes is key to informing best practice. In this paper, we systematically searched for peer-reviewed articles on programmes in education settings for young people aged 15–29 that purport to teach sexual consent, with 18 meeting the inclusion criteria. Nearly all reviewed programmes were implemented in the USA ($n = 16$) in university settings ($n = 15$), with short-term duration (1–2-hour sessions), with varied facilitators and interactive teaching strategies. Thematic analysis identified four main approaches to sexual consent education, some of which were interwoven within programmes: risky behaviour, sex-positive, life skills, and socioculturally adapted. In line with existing research into best practice sex and relationship education, we recommend that consent education programmes take a sex-positive and whole-school approach, are interactive and inclusive, and facilitate critical analysis of how experiences of consensual and non-consensual sexual activity are connected to socio-structural forces within socio-cultural contexts. Future research should evaluate a larger number of programmes and ensure consistent measurement of programme outcomes, whilst taking account of complex social systems and their shifting influence on consent.

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Sexual consent; young people; sex education; sexual assault prevention; sex positive

Introduction

Sexual violence – including sexual harassment, coercion, and assault (WHO World Health Organization 2002) – continues to be globally prevalent, with serious long-term physical, mental, and sexual and reproductive health consequences, in addition to social, economic and family impacts (Ellsberg et al. 2008; Black et al. 2011). Sexual violence is gendered and predominantly perpetrated by men, with young women most at risk of being victims, particularly in low- and lower-middle-income countries and regions (Black et al. 2011; Felson and Cundiff 2014). Nearly one in three women worldwide has been a victim of

CONTACT Allison Carter  acarter@kirby.unsw.edu.au

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physical and/or sexual violence in their lifetime (Garcia-Moreno et al. 2013; World Health Organisation 2021), with 1 in 10 girls under the age of 20 experiencing forced sex or forced sexual acts (UNICEF 2020).

There is a significant lack of comprehensive data on the prevalence and impact of sexual violence on: gender, sex and sexuality minorities, people with disabilities, women from culturally and linguistically diverse backgrounds and Indigenous women, however evidence also indicates that these groups are over-represented as victims (McCalman et al. 2014; AIHW 2018; Tanis, Odom, and Simmons 2014; Ray, Tyler, and Simons 2018). Rates of sexual violence are also suggested to be drastically under-reported globally and occurrences of sexual activity under pressure, manipulation or substantial intoxication are not accurately captured (Barter et al. 2009; Powell 2008; Carter et al. 2021). Studies to date have also not examined the myriad of other forms of non-consensual sex besides rape (Black et al. 2011; WHO 2021).

Education settings such as high schools and universities have a vital role to play in teaching young people about sexual consent, as part of a comprehensive response to addressing sexual violence (Janssens et al. 2020). This is reflected in policy, such as US legislation requiring colleges to implement sexual assault prevention programmes (Miller 2002). Some researchers have argued that education has the dual task of not only reducing non-consensual sexual experiences but also enabling sexual enthusiasm and pleasure, with content that reflects wider influences of cultural and social structures (Brady and Lowe 2020; Coy et al. 2016; Bay-Cheng 2016). However, there is no universally agreed definition of 'sexual consent,' with ongoing debates about what it might mean to different people and in different contexts (Muehlenhard et al. 2016; Marcantonio, Jozkowski, and Wen-Juo 2018). While research suggests that people often seek/express consent non-verbally (Hickman and Muehlehard 1999; Burkett and Hamilton 2012; Jozkowski et al. 2014), most models of sexual consent today emphasise that agreement to participate in a specific sexual activity should be verbal, voluntary, affirmative and enthusiastic (Friedman and Valenti 2008; Sundaram and Saunston 2016). This model of affirmative consent, while considered the 'gold standard,' contrasts with the real life practices of young people, with actual consent (such as communication, understandings and social norms) varying widely (Hirsch and Mellins 2019).

A flood of testimonies about teenage sexual assault, most recently in Australia (Malone 2021; Fernando 2021) and the UK (Criddle 2021), has reinvigorated calls to better educate young people about consent in sex education. However, to our knowledge, no systematic review has examined the approach, content and delivery of education programmes that teach sexual consent. Previous reviews of related research have focused on sexual violence prevention programmes on college campuses (Newlands and O'Donohue 2016), relationship skills education for adolescents (Janssens et al. 2020), and best practice in sex and relationships education (Pound et al. 2017). Given that no reviews exist that focus on education programmes that teach sexual consent, our aim was to contribute to an understanding of this type of education. The primary objective of this study was to systematically review sexual consent education programmes for young people aged 15 to 29 years in the peer-reviewed literature, and to analyse programmes in relation to Pound et al. (2017)'s best practice guidelines for sex and relationship education. These include several criteria covering curriculum model (e.g., age appropriate), content (e.g., sex positive), and delivery (e.g., safe environment). Evaluating the impact of studies was

beyond the scope of this review due to the heterogeneity of included programmes, although we narratively synthesised their design approach, measurement types and limitations to inform the direction of future research.

Material and methods

Design

A systematic review of studies examining sexual consent education programmes among young people was undertaken in 2020. An initial protocol was developed for this review using the Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA) guidelines (Moher et al. 2009). These guidelines were used to inform all parts of this review (Moher et al. 2009).

Information sources and search strategy

We conducted an initial limited search of selected databases to identify key relevant journal articles, noting key words contained in the records. A second, full search was then undertaken across the following 10 databases: MEDLINE, EMBASE, Web of Science, CINAHL, PubMed, PsycINFO, Scopus, ProQuest databases (ERIC & Education databases) and Taylor & Francis. We used Medical Subject Heading (MeSH) terms, or key words where MeSH terms were unavailable, of the following generic formula: 'sexual consent' and 'education' and 'young people' (Figure 1). We then searched for additional articles through a review of references cited by included sources. Librarians at UNSW Sydney were consulted to ensure the search strategy was optimised. The search was conducted in May 2020 and included articles published between January 2000 and May 2020.

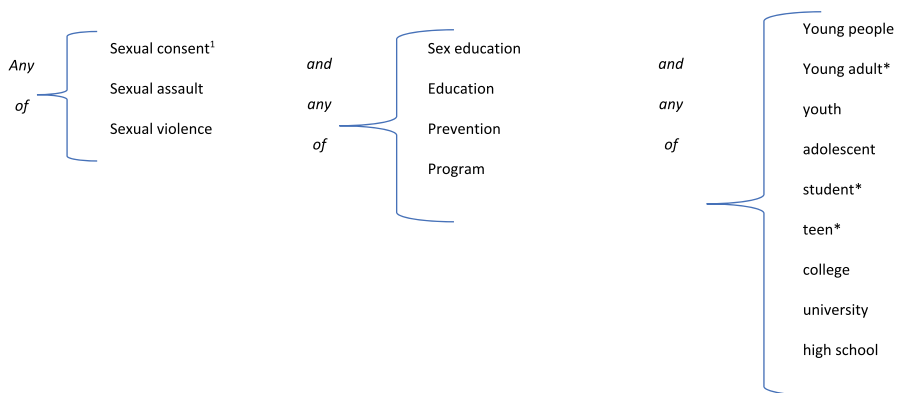


Figure 1. Search terms used to identify studies on sexual consent education programmes for young people. ¹ In the case of ProQuest and Taylor & Francis, only one term ('sexual consent') was used to identify studies due to the volume of results.

Table 1. Eligibility criteria for included studies on sexual consent education programmes for young people.

	Inclusion criteria	Exclusion criteria
Population	Age: 15–29 years old. Sub-groups within this age-group are eligible. If programmes include a small selection of older or younger students this is included, if the majority are within this range.	Programmes in which population is not within this age range or are not students in an education setting.
Programmes	Any programme (formal or informal) in an education setting (high school, university/college) that is teaching students about sexual consent. This can be part of other programmes, campaigns or classes on sexual violence, assault or rape prevention or sex and relationship education.	Sexual consent is not a topic.
Country	Any country or region in the world.	
Method	Qualitative or quantitative studies of all types.	Content and delivery are not thoroughly described.
Publication type	Peer-reviewed reports of primary research.	Research that has not been completed or is within a book.
Date	January 2000 – May 2020.	Published before January 2000.
Language	English language.	Any programme or study which has not been translated or is not in English language.

Inclusion criteria

Table 1 details the inclusion criteria, for identifying peer-reviewed studies that focused on programmes that incorporated sexual consent education for ‘young people’ aged 15 to 29 in education settings (i.e., high schools, universities, community colleges). We acknowledge that this age range contains several developmental stages including young adulthood; we decided to be inclusive and to emphasise findings specific to different age groups where possible. We restricted our review to English-language studies published between January 2000 and May 2020 due to our interest in developments over the past two decades than historical practices. To ensure our search was comprehensive, programmes on sexual violence prevention or sex and relationship education were included if sexual consent was a main subject. Also, there was no restriction on country or research design. Articles were excluded if they did not include sufficient information on sexual consent topics (such as consent communication or developing partner boundaries), focused on a different age group, were not conducted within an education setting, were published as a book, dissertation, or conference proceeding, were not published in English, and were not primary research studies (the limitations of which we summarise in the Discussion).

Study selection

Figure 2 provides a PRISMA flowchart that documents the steps taken to identify, select and include studies in this review. All citations were imported into EndNote. The first author (OB) removed duplicate studies and screened the titles, excluding studies that clearly did not match the inclusion criteria (Moher et al. 2009). Two authors (OB and LWS) independently screened the abstracts first and then full text reports against the inclusion criteria. We disagreed on the eligibility of 5 articles at the abstract phase and agreed to keep all 5 to full text. There were no disagreements on eligibility at the full-text stage. Neither of the review authors were blinded to the authors or institutions.

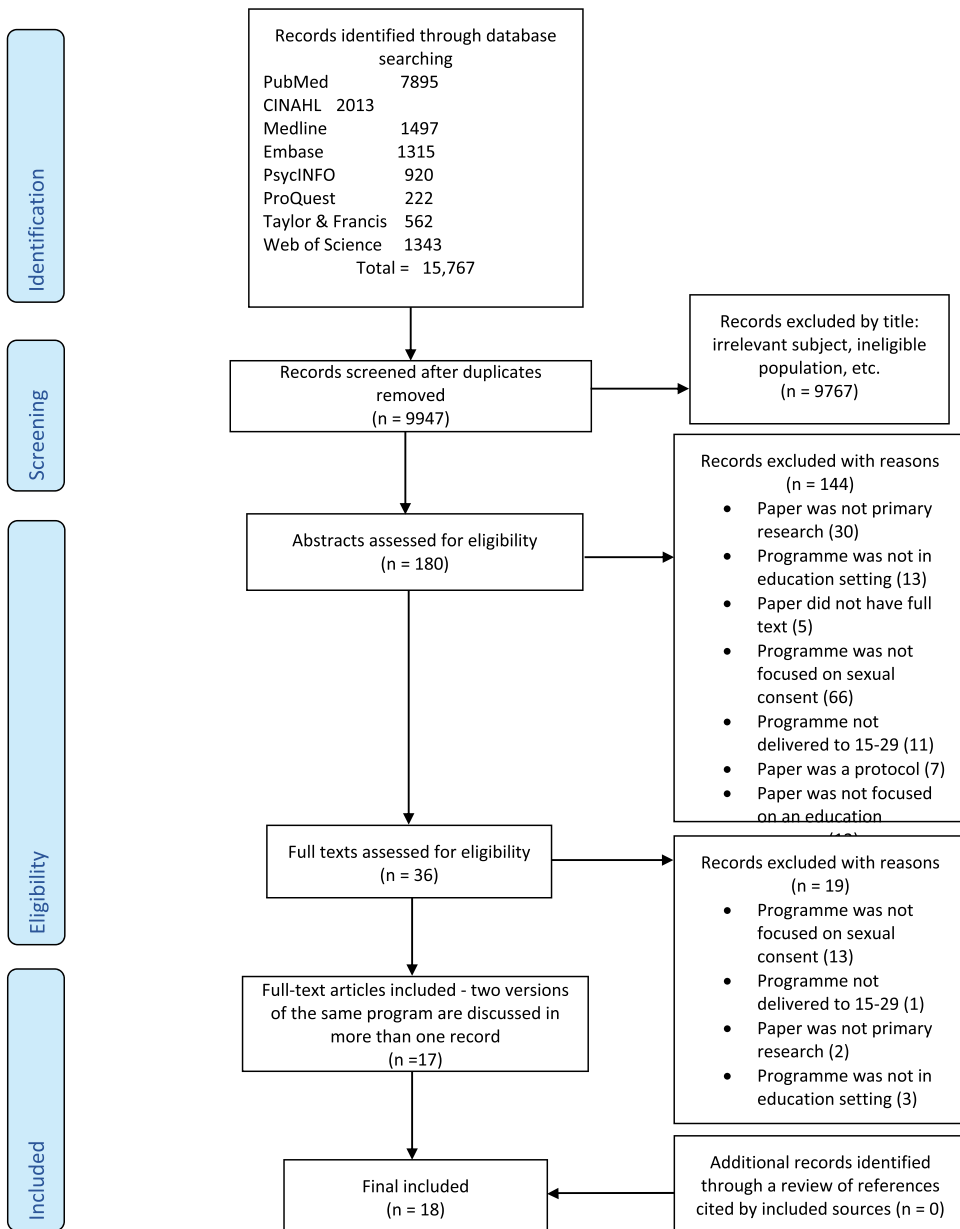


Figure 2. PRISMA flow diagram showing records identified, screened, and included.

Data extraction and synthesis

The first author (OB) extracted the relevant data from each article's programme into an extraction form. This extraction form was tailored to the review question and informed by research into best practice in sex and relationship education by Pound et al. (2017). It was developed by the first author (OB), applied to a subset of articles and then revised after consultation with co-authors (AC, PR). A narrative synthesis was then undertaken to

summarise and synthesise the findings across the included studies (Popay et al. 2006). A thematic analysis framework (Terry et al. 2017) was deemed the most appropriate method to group together and analyse patterns in relation to approaches in content and implementation type. This was achieved by repeated close readings of the articles and the entire extracted data set to identifying common features and potential themes. Identified themes from this process are detailed in the results section. Quality assessment was not carried out as we did not evaluate the impact of included studies.

Results

Included studies

From 9947 unique records identified from the electronic database search, 180 abstracts were identified as potentially eligible, with 36 full texts assessed. In the end, a total of 18 studies met the inclusion criteria. Supplementary Table 1 (online) provides an overview of included programmes and their characteristics. Studies were assigned numbers in the table and are referenced as such below, for brevity.

Setting and target audiences

Of the 18 included programmes, nearly all took place in the USA ($n = 16$) and in university or college settings ($n = 15$), mostly targeting students in their first year (approximately 18 years old). Just three programmes were implemented in high schools with students aged 14–17 years old (studies numbered 1, 14, 16 in Supplementary Table). In terms of target populations, two programmes included university and high school staff as recipients of the educational intervention in addition to students (10, 16), whilst the remainder focused solely on students. Of the programmes for students, two targeted men (7, 8) and one tailored content to students of 'Asian and Pacific Islander descent' (1). All other programmes did not have specific target groups relating to gender, sexuality or race and ethnicity, though studies that described sample participant demographics noted a majority (over half) were white, heterosexual, and female. The inclusion of sexuality and gender non-conforming participants was limited, with less than one third of studies reporting this information; for example, one study noted that 0.1% of participants identified as transgender and 0.5% identified as queer (Baldwin-White and Moses 2019). This was reflected in content, with only two studies including content for lesbian, gay, bisexual, transgender and related communities (10, 11). Overall, three quarters of the studies ($n = 13$) had been published in the last 10 years and they varied considerably in terms of sample size, from small ($n = 17$ –61) and medium ($n = 106$ –519) to large-scale programmes ($n = 992$ –11,500).

Programme types, content, and delivery

Four types of sexual consent education programmes were identified: i) workshops (1–9, 13–16), which were implemented in-person as either compulsory and integrated into the formal curriculum during a health class (1, 6, 14, 16), outside of the curriculum on campus (2–5, 7, 8, 13, 15) or offered as part of an optional credit course (9); ii) poster campaigns

(11, 17–18), which contained bright provocative statements (11, 18), images of individuals and couples from diverse identities and backgrounds (11), and questions and answers submitted by fellow students (17); iii) an experiential video game called *Campus Craft* (12), in which players engaged in real-life scenarios in a virtual university setting and completed interactive activities such as discussions with other players about consensual sex, quizzes, and solving mysteries; and a whole-school initiative called *Consent Week* (10), involving cross-collaboration and cross-curriculum teaching within multiple types of educational sessions in formal (curriculum embedded) and informal formats, such as workshops, posters, and events on campus over one week (each year) involving the entire community.

The content and delivery of programmes (detailing teaching strategies, duration and facilitators) varied considerably. Briefly, topics ranged from safe and respectful relationships (1, 14) and sexual communication (10, 11, 17, 18), to risk reduction (2–5, 7, 8, 16), sexual health and wellbeing (12), and positive sexuality such as pleasure (13), in addition to definitions of consent (which we outline in the next section). For programmes involving workshops, the majority used a mix of interactive teaching strategies such as storytelling, role play, group discussion, video/film, and lecture-style presentations. One workshop programme used a theatre-production as part of content delivery (5). Critical thinking within peer group learning was a significant component of over half of these programmes, including analysis of real-life scenarios to decide if the sexual experiences were consensual or not. One programme involving posters also included a website and social media pages as content delivery.

Seven workshops covered multiple sessions, either over several days to one week (10, 14–16) or over several weeks to months (1, 9, 13). The poster campaigns were also long term, varying from six weeks (17) to several months (11, 18). However, most workshops were short-term, one-off, 1–2-hour sessions (2–8, 12). They also had varied facilitators, including trained peers (5, 7, 8), trained teachers (1, 4, 5, 13), trained professional and volunteer educators from outside the education setting (14, 15, 16) or a combination of sexual health educators and student peers (3). *Consent Week* likewise involved a mix of facilitators, including local community groups and organisations, student peers, teachers, staff, and external educators, whereas *Campus Craft* and poster-based campaigns had none. Only one programme mentioned the sex of the instructors, noting separated boys and girls with same-sex instructors (16).

Of the 18 included programmes, only four noted inclusion of target groups/focus group consultation (11, 12, 17, 18).

Approaches to sexual consent education

Thematic analysis identified four main approaches to sexual consent education, some of which were interwoven within the same programme: i) risky behaviour, ii) sex-positive, iii) life skills, and iv) socio-culturally adapted.

Risky behaviour approach

Nearly half of included programmes were categorised as having a risk-reduction (or risky behaviour) approach, focusing on the risks and potential negative impacts of sexual activity, and emphasising personal responsibility (2, 5–8, 14–16). Even if programmes

had a different overall approach, the majority included risky behaviour topics. The impact of alcohol and other substances' on sexual consent was particularly emphasised in over half of the included programmes, framing the duty of the individual to ensure alcohol did not impact sexual activity (2–4, 6–9, 12, 15, 16), as opposed to understanding how individual freedom to choose might be constrained by cultural norms and expectations (Muehlenhard et al. 2016). Reducing risk of sexual assault through bystander intervention was also taught as a topic in nearly half of the programmes, which gives the impression that sexual assault is something that is frequently witnessed and potentially intervened on (or not) by others (1, 2, 5, 7, 8, 10).

Sex-positive approach

One third of programmes took a sex-positive approach, outlining sexual consent within the context of healthy and respectful relationships, including pleasure (4, 11, 12, 13, 17, 18). Sex-positive messaging was aligned with this in some of these programmes, such as positive-focused communication in giving and receiving consent (*'Being asked what I like or want to do sexually is hot!'*) (11). One programme, *Consent is Sexy*, broke down sexual consent communication further, instructing readers with examples on how to gain consent such as, *'Is this OK with you?'* (11). Topics and definitions within programmes also fall under the sex-positive approach, such as over half of the programmes defining consent as affirmative i.e., 'yes means yes', (3–5, 7–9, 11, 13, 15, 18), shifting away from the 'no means no' model of consent. Two of these programmes identified further elements of this definition such as: consent must be continual and is revocable; gained for each activity; and asked for by the person escalating the sexual activity (3, 4).

Life skills approach

Nearly a quarter of programmes had an overall life skills approach focusing on developing practical and emotional skills, such as how to set personal boundaries (i.e., personal values and desires around sexual experiences), develop communication skills and decision-making, and acquire wider sexual and overall health skills (1, 3, 14, 15). Mutuality, empowerment and development of personal boundaries were topics taught within several other programmes, which emphasised both a sex-positive approach of having sex more equal and enjoyable for the individuals involved, and a life skills approach of developing personal values and boundaries (1, 3, 13, 16).

Socio-culturally adapted approach

One-third of the programmes took a socio-culturally adapted approach in line with context (parties, casual hook-ups), sexual behaviour (physical and emotional coercion, pornography), and gender (roles in society) (1, 4, 9, 10, 12, 16). Only one programme adapted content about consent for lesbian, gay, bisexual, trans and related communities (10), and another was the only programme to adapt content to be culturally sensitive and relevant to a specific group (Hawai'i's Asian and Pacific Islanders) (1). Other programmes included content about the wide range of socio-structural forces within socio-cultural contexts that could influence individuals' negotiation of consent, such as cultural norms structuring alcohol and drug-use at social gatherings; gendered sexual attitudes and

expectations (13); community-specific rape myths (7, 8); gender and sexual stereotypes, such as women being sexually submissive and toxic masculinity (17); and social and moral understandings of consent (14).

Summary of outcome measurements

The included studies had a mix of evaluation designs (cross sectional, prospective cohort, experimental, case control and mixed method). Most measured outcomes from participants using online questionnaires. Measurements included: knowledge and understanding of affirmative consent (3, 4, 6, 10, 11, 15, 17, 18), knowledge of what healthy relationships should look like (2, 14), attitudes and perception of sexual violence (such as rape myth acceptance) (1, 7, 8, 16), experiences of sexual violence (variously defined) (2, 3, 9, 14, 15, 18), behaviour intent and understanding of bystander efficacy (1, 2, 6, 10), intent to rape (7, 8, 11, 16), confidence in topics learnt (3, 10, 11, 12, 13) such as sexual self-concept (13), personal confidence in assertiveness and communication (15), and satisfaction and participation rates (5, 7, 10, 12, 13). Few studies looked at behavioural outcomes from the programmes, although some measured experiences of sexual violence and behavioural intention. This may be due to the difficulty and sensitivity of measuring young people's behavioural outcomes from learning about sexual consent. The main limitation of these evaluations was that they did not measure long-term impacts.

Discussion

This review highlights that while there were many studies on teaching sexual consent to young people in education settings, the majority took place in US colleges. Few programmes focused on young men or diverse communities (e.g., sexuality, ethnicity, disability, class), and few consulted the students themselves, or took account of larger social systems shaping understandings and experiences of sex and consent. This lack of diversity with programmes is concerning since research indicates higher rates of violence against socially excluded/marginalised communities, usually by men. It should be acknowledged that it is important for all genders to be included in education and wider social, political, and cultural shifts about consent. Women cannot be held solely responsible for changing the social constructs of society that contributes to sexual violence (Bay-Cheng 2019). Programmes must better prioritise social justice issues by including discussion of sexism, racism, homophobia, transphobia and ableism and their impact on sexual health inequities (Bay-Cheng 2016). Moreover, students' input in consent education is critical in ensuring that the topics and method of delivery meet their needs and are relevant to them.

Our finding that most included programmes were conducted in US colleges may reflect the legislative requirement for such colleges to have sexual assault prevention programmes (Miller 2002). On the other hand, the lack of included programmes that took place in high schools (under 18 years old) may be due to the ethical challenges of undertaking sexual health research with adolescents (Flicker and Guta 2008). These can range from parental consent requirements, to assent from minors, capacity to respond disclosures sexual violence or other reportable issues, and societal beliefs that children are too young to learn and talk about sex, even though many are sexually active by the age of

16–17. There are also key differences to consider between what is possible and desirable in a high school setting compared to a college setting, such as age-appropriate curriculum, youth-friendly processes and consent procedures, and scaffolding into more complex issues with each year.

It is unsurprising that nearly half the included programmes adopted a risk-focused approach, considering the historical framing of sex and relationship education (Pound et al. 2017). Particularly in the USA, there is an on-going challenge for schools and colleges to implement comprehensive/holistic sexuality education at a young age over conservative abstinence-only education (Goldman and Collier-Harris 2012). Some risky behaviour topics, however, are relevant, such as the risks of intoxication that were highlighted in most included programmes. Data from the USA and the UK highlight that at least half of all cases of sexual assault involved alcohol consumed by either the victim, perpetrator, or both (Abbey et al. 2004; Herbenick et al. 2018). Other risk factors noted in included programmes, such as the influence of power and emotional intimidation by partners, highlight the broad spectrum of social determinants of consent that go beyond the legal definitions of sexual assault (Kaplan 2018). It is important for young people to be made aware of these and other potential social/sexual risks. However, researchers have long-argued for encouraging personal autonomy and empowerment among young people by identifying individual and contextual factors that may put them at risk, without bestowing sole responsibility onto the individual to prevent any ensuing violence (Abbey et al. 2004).

Bay-Cheng (2016) proposes that school-based sexuality education should engage young people in critical analysis of social structures that surround their sexual well-being rather than focusing on ‘better’ behaviour, ‘it is not sex that poses a threat to young people, it is social injustice’ (p.344). Even though many included programmes did uphold ideals of personal responsibility, it is encouraging that one third also took a socio-culturally adapted approach, weaving in aspects such as gender roles and harmful stereotypes. These factors have a major influence on how young people understand and negotiate sexual consent (Jozkowski and Peterson 2013; Oswald and Russell 2006). This is in line with research that suggests that sexual assault interventions should target gender stereotypical sexual scripts and encourage media literacy to ensure understandings of television and other media content that show this (Rita et al. 2017). To support the development of healthy sexual agency, instead of teaching personal responsibility, future programmes must encourage young people to question social norms, input real-life understandings and critically analyse topics to ‘support (them) in their journey along the bumpy road to developing their gendered and sexual selves’ (Cense 2019, 262).

As important as understanding elements of risk are in relation to sexual consent, it is crucial for young people to develop an understanding of sexual identities, desires and expectations of intimate relationships (LaFrance, Loe, and Brown 2012; Owen et al. 2010). Pleasure, over concern for risk, is a dominant predictor of sexual decision making among young people (Oswald 2010); as such, they deserve to understand both ‘consenting’ and ‘wanting,’ which are not the same thing (Peterson and Muehlenhard 2007). This approach, included in one third of programmes, is in line with research into best practice sex and relationship education; that young people want a sex positive approach (Pound et al. 2017). We therefore argue, as others have (Peterson and Muehlenhard 2007; Brady and

Lowe 2020; Coy et al. 2016), that sexual consent education programmes must commit to the dual task of not only reducing non-consensual sexual experiences but enabling sexual enthusiasm, with a focus on personal values, pleasure and wanting.

In line with adapting programmes to be socio-culturally relevant and sex positive, various programmes highlighted the importance of defining sexual consent as verbally affirmative ('yes means yes') rather than assumed, and tailoring content about sexual consent to students' real life, including topics that are traditionally viewed (by adults) as taboo for young people (such as party culture and casual relationships) to help them understand sexual consent complications in real life. Affirmative consent has strong support from both educators and politicians and has been adopted by many universities and governments in recent years, in theory removing the ambiguity and culture of sexual compliance (Cooney 2018). In reality, however, research has indicated that this definition of sexual consent is not (yet) reflective of many young people's practices of sexual negotiation, where non-verbal cues are often relied upon instead (Beres 2010).

Once more, this highlights the importance of young people's involvement in programme content and developing young people's sexual agency and understanding of sexual consent in social contexts (Hirsch and Mellins 2019). Consent communication is highly contextual depending on a wide range of factors such as gender, type of relationship and type of sexual activity (Willis et al. 2019). This is a complex issue highlighting the complicated spectrum of consent between law and real-life practices, which must be addressed in teaching young people not only about consent definitions but also real-life context to ensure relevancy. A crucial topic missing from included programmes was that of 'sexting' (sharing of sexually explicit images), which is important for future programmes considering the prevalence of non-consensual sexting is reported to be around 12% in young people (Madigan et al. 2018). Clearly, the shifting nature of consent in contemporary society requires a dynamic and responsive approach in the years to come.

Best practice in sex and relationships education highlights that programmes should employ interactive and participatory activities for students such as discussion and debate (Pound et al. 2017). Other research into sexual assault prevention has shown that a scaffolded approach to education delivery is effective, including the use of presentations, interactive activities and problem-solving group work (Cantor et al. 2015). These approaches were present in many of the included programmes. We also identified in this the need for interdisciplinary, longer, and creative programmes. Sexuality education and sexual assault prevention should be taught alongside other topics, allowing young people to understand consent, relationships, sexuality and society as intersectional (Cameron-Lewis and Allen 2013).

Only one programme incorporated the use of a whole-school approach. A whole-school approach advocates that 'sex and relationship education should take place within a school context that promotes and embodies a consistent set of principles and values (e.g., the promotion of respectful interactions) within both formal and informal practices' (Pound et al. 2017, 4). Many studies have demonstrated the effectiveness of whole school approaches in reducing violence as well as improving other sexual health outcomes (Taylor et al. 2013; Foshee et al. 2004; De La Rue et al. 2016; Shackleton et al. 2016). This approach should be more widely utilised in future programmes, as reducing violence requires not just educating students, but changing culture.

Creative elements were also a major theme in many of the programmes. Education scholar Sir Ken Robinson (2006) is a strong advocate for the use of creativity as an educational tool in schools, suggesting that it provides students with the confidence to explore and think independently, nurturing different types of intelligence. With the growing use of technology as a method of intervention in programmes for young people, it is surprising that many programmes did not use social media or apps (Ahazadeh et al. 2015). The introduction of a video game in one programme indicates a potential movement towards the use of technology in sexual consent education (Jozkowski and Ekbia 2015).

Strengths and limitations

Major strengths of this study included the use of systematic methods and the analysis of consent education in the context of sex and relationships best practice. In terms of limitations, it is important to acknowledge that the aim of the review was to assess primary research evidence and, therefore, we did not include grey literature in the review. The relative absence of research on consent education in schools, and in high schools, is likely due to a lack of systematic, scientific and rigorous programme evaluation, since many school-based sex education, including those that focus on consent, may not be included in the databases examined. It may also be because the shift towards teaching sexual consent within the curriculum is relatively new, as programmes have historically tended to focus on rape prevention, such as self-defence and bystander intervention. While we acknowledge that studies on sexual assault prevention contain important information (Senn et al. 2015; Hirsch and Khan 2021), these were outside the scope of this review. Instead, our search focused on studies that taught about consent.

There are likely to be many programmes that have yet to be reported or evaluated in the published literature that we were unable to capture in this review. To encourage as broad a scope as possible, however, the search strategy included a range of relevant key words, which resulted in a total of 9,947 studies. Among included studies, it was difficult to discern aspects of many programmes, such as definitions of sexual consent or curriculum topics, as some studies did not provide enough detail. Further information from authors, such as participant feedback on the implementation or development of curriculum, would be useful for further analysis of programmes.

In addition, since outcomes were not explored because of the heterogeneity of included studies, we were unable to draw conclusions on the effectiveness of different interventions. We did, however, summarise their design approach and measurement types. Programmes mainly measured outcomes based on knowledge and attitudes from self-reported data measured short-term. It will be difficult to assess and compare programmes in the future if outcome measurements are not consistent. Future research should focus on consistent measurement of the efficacy of sexual consent programmes on young people's sexual health and wellbeing in both the short and long-term (Pound et al. 2017), whilst taking account of complex social systems and their shifting influences on consent.

Finally, with most included studies being US-based and written up in English, this review is skewed towards understandings of sexual consent in the Global North. Current research into sexuality education reveals that in some low- and middle-income countries

sexual health education is sometimes integrated into other initiatives, such as gender equality programmes, with mixed results (Keogh et al. 2018; Desrosiers et al. 2020). Further research into sexual consent understandings, behaviour and education in other countries in the Global North and South will provide a stronger global perspective. Sample populations of studies must also be more inclusive if sexual consent education is to benefit everyone.

Conclusions

This systematic review, to our knowledge, is the first to present a critical overview and analysis of peer-reviewed programmes in education settings for young people that focus on sexual consent. The themes emerging from the review reflect the complexities of sexual consent and current issues in global sex and relationships education. While further research in diverse populations is needed, we recommend that future sexual consent education programmes take a sex-positive and whole-school approach, are interactive and inclusive, are interdisciplinary and long-term, and facilitate critical analysis of how experiences of consensual and non-consensual sexual activity are connected to socio-structural forces within socio-cultural contexts. However, it goes without saying that education for young people is not enough, especially since many instances of sexual assault occur between age-disparate partners, with the male perpetrator often being an adult. Governments must therefore invest in progressive programming and policies to address the root causes of sexual violence and promote social justice, sexual agency, and health.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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