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# Trauma-informed Consent Education: Understanding the Grey Area of Consent Through the Experiences of Youth Trauma Survivors

Jessica Wright

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Article abstract

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*Special Section:*

*Mis/classification: Identity-based Inequities in the Canadian and Global Post-secondary Context*

# Trauma-informed Consent Education: Understanding the Grey Area of Consent Through the Experiences of Youth Trauma Survivors

by Jessica Wright

**Abstract:** Sexual consent education has emerged in recent years as the most popular method of preventing gender-based violence. Yet, the concept of consent used in much contemporary programming problematically oversimplifies sexual exploration and the power dynamics it is imbued with by asserting that consent is as simple as “Yes” or “No.” The messiness of sexual negotiation or the ‘grey areas’ of consent that youth may experience are left unaddressed. By examining the experiences of youth trauma survivors through a trauma-informed lens, the limits to binary consent education become clear. I draw on empirical data from nine open-ended interviews with Canadian youth trauma survivors to demonstrate how a trauma-informed lens may be implemented in consent education. I argue that educators should include understandings of consent which falls outside the Yes/No binary in order to adequately address youth survivors’ vulnerability to sexual (re)victimization. I examine how three of the psychosocial impacts of trauma, dissociation, hypersexuality, and struggles with acquiescence, refuse the binaristic model of consent and should be considered for trauma-informed consent education. While education alone cannot end rape culture, addressing the grey area of consent in consent education may help reduce preventable harm for survivors, as well as youth more broadly.

**Keywords:** sexual consent, gender-based violence prevention, consent education, trauma-informed, sexuality education, youth, higher education, sexual violence

**Résumé:** Ces dernières années, l'éducation au consentement sexuel s'est révélée être la méthode la plus populaire pour prévenir la violence fondée sur le sexe. Pourtant, le concept de consentement utilisé dans la plupart des programmes d'aujourd'hui simplifie exagérément l'exploration sexuelle et les dynamiques de pouvoir qui s'y rattachent en laissant entendre que le consentement se résume à un simple « oui » ou « non ». La complexité de la négociation sexuelle ou les « zones grises » que les jeunes peuvent rencontrer en ce qui concerne le consentement ne sont pas abordées. Si l'on se penche sur les expériences des jeunes ayant survécu à un traumatisme en adoptant une approche tenant compte des traumatismes, les limites de l'éducation au consentement binaire deviennent évidentes. Je m'appuie sur des données empiriques recueillies lors de neuf entrevues sans orientation précise avec de jeunes Canadiens ayant survécu à un traumatisme pour démontrer comment une approche tenant compte des traumatismes peut être intégrée à l'éducation au consentement. J'estime que les éducateurs devraient intégrer la compréhension du consentement qui ne se limite pas au simple « oui » ou « non » afin d'aborder de manière adéquate la vulnérabilité des jeunes survivants à la (re)victimisation sexuelle. J'étudie comment trois des effets psychosociaux du traumatisme, à savoir la dissociation, l'hypersexualité et les difficultés liées à l'acquiescement, s'opposent au modèle binaire du consentement et devraient faire partie de l'éducation au consentement tenant compte des traumatismes. Bien que l'éducation ne puisse à elle seule mettre fin à la culture du viol, intégrer la question des zones grises liées au consentement à l'éducation à celui-ci peut contribuer à réduire des préjudices évitables pour les survivants, ainsi que pour les jeunes, de manière plus générale.

**Mots clés:** consentement sexuel, prévention de la violence fondée sur le genre, éducation au consentement, approche tenant compte des traumatismes, éducation sexuelle, jeunes, enseignement supérieur, violence sexuelle

**Jessica Wright** (she/they) is an Assistant Professor at MacEwan University, located in Edmonton on Treaty 6 territory. She teaches Sociology and Gender Studies. Her primary area of research is gender-based violence, sexual health and consent education, and issues impacting 2SLGBTQIA+ communities. Their current work examines the power of queer and trans joy for disrupting the systems of inequity that lead to gender-based violence. As a community-engaged researcher, Jessica works with regional, provincial, and national organizations to advocate for gender justice and research ways to address gendered violence that are trauma-informed and community responsive.

Sexual consent education has emerged in recent years as the most popular method of preventing gender-based violence (GBV), particularly at post-secondary institutions around the globe (Marine and Lewis 2020; Kulbaga and Spencer 2019). These educational initiatives are supposed to reduce incidences of sexual trauma by teaching youth to express a clear “Yes” when they desire to participate in a sexual act, or a clear “No” when they want to avoid it. However, the concept of consent used in much contemporary programming problematically oversimplifies sexual exploration and the power dynamics it is imbued with by asserting that consent is as simple as a “Yes” or “No” verbal response (“Consent is Simple” 2016; Brady and Lowe 2020). Underlying the idea that consent is simple is the assumption that students can embody what I term a “normative consenting subject,” one who is always rational and transparently self-aware about their desires and will (also see Sake-topoulou 2019). Not everyone can easily fit their experiences into that of the normative consenting subject at the heart of so much consent education (Wright 2021a). Moreover, by not attending to the less simple aspects of consent, youth may blame themselves for sexual harm perpetrated within the ‘grey zone’ of consent. Consent education may inadvertently reinforce victim-blaming logic.

This article examines what consent education might look like if it centered the experiences of youth trauma survivors in its framework, where the subject of consent is recognized as a person transformed by experiences of harm. In Canada, for instance, where my research sample is based, youth trauma survivors are more than twice as likely to be sexually re-victimized than their peers who do not have histories of trauma (Statistics Canada 2017). Furthermore, North American research finds that survivors who are disabled, mad, queer, trans, and/or Black, Indigenous, People of Colour (BIPOC) experience even higher rates of victimization due to the ways in which rape culture is perpetuated by systems of domination such as white supremacy and cis-heteronormativity (Patterson 2016). This suggests how great the need is for a different approach to consent education that centres the experiences of those most likely to face sexual violence.

This article draws from an empirical study I undertook with youth trauma survivors. I conducted nine open-ended interviews that explored participants’ understandings and experiences of consent and consent education.

Participants were 18–22-year-old undergraduate students from a large, urban Canadian university. I draw on the interviews as key data for how consent education can be reimaged with a trauma-informed perspective. This article begins to articulate a consent education model based on the experiences of these and other youth survivors. The framework moves beyond verbal Yes/No consent models to address the complexities of youth sexual relations in the contexts of systemic, intersectional power relations. Consent education that uses a trauma-informed lens and is based in the lived experiences of youth trauma survivors shows up the limits to much consent education in its inability to address the subjectivities of traumatized young people, and the vulnerabilities they face as a result of their experiences of sexualized trauma. A more trauma-informed approach would not only better serve the needs of traumatized youth, it would also make a range of harms against young people more preventable.

I begin with an examination of typical consent models used in most mainstream consent education, which often reject the very existence of grey areas of consent. As I expand upon below, experiences within the grey area are those that are not easily classified as consensual or criminal but can create significant harm. In the second section, I situate my argument within a burgeoning field of scholarship that also troubles a dichotomous concept of consent to argue for an understanding of the grey area of consent. I then turn to the methodology of the larger study from which the qualitative data of this paper is excerpted. Finally, I discuss the findings of the study in relation to my overarching framework. I examine how understanding about three of the psychosocial impacts of trauma, dissociation, hypersexuality, and struggles with acquiescence, could be used to shape trauma-informed consent education.

## **Consent is (Not Always) Simple**

The model of consent considered the most progressive is the affirmative consent model (“yes means yes”), which differs from the older “no means no” model in that it not only emphasizes respect for refusal but also empowers clear, positive expressions of consent (Beres 2014). However, across the different models used, much mainstream consent education reduces consent to something simple that is expressed through a clear “Yes” or “No.” This is symbolized by the viral video produced by the British Police force titled, “Consent is as Simple as Tea” (Brady

and Lowe 2020; Thames Valley Police 2015). The video suggests that, just as you would not pour tea down someone’s throat when they do not want tea, you should not engage in sexual acts with someone without their consent. Like the message in the video suggests, consent is often considered easily discernible (Fischel 2019). As one award-winning, Toronto-based campaign slogan read, “Consent is Simple: If it’s Not Yes, it’s No” (2016). Despite the subjective complexities one may be experiencing during a sexually-charged interaction, one should be able to funnel those feelings into either a concrete “Yes” or “No.” In this way, consent discourse disregards the emotionally charged circumstances of sexual interactions and the way body/mind arousal influences decision-making.

Saketopoulou (2019) explains, “The concept of affirmative consent presumes a subject who is fully transparent to herself and who can anticipate the precise effects of her assent” (133). The unconscious forces at work during an encounter challenge the expectations affirmative consent set upon the subject. Further, the assumption of self-transparency aligns well with the demand of neoliberal sexual citizenship for self-mastery; in a neoliberal context, violence prevention is conceived of as an individual’s ability to act and react to protect themselves from their fellow citizen, who is “primarily self-interested, and thus always already threatening” (Shewan 2018, 4). This individualistic frame for understanding sexual harm prevents sexual violence from being addressed through structural change (Colpitts 2021).

The affirmative consent standard has, however, been promoted as normative due to its utility in legal discussions, as for instance its potential to provide the “least-bad standard available for sexual assault law” (Fischel 2019, 3). Yet, the affirmative consent model needs to be investigated and expanded for sexuality education to account for the nuances in experiences of providing or receiving consent. North American organization Planned Parenthood’s (2019) “F.R.I.E.S.” affirmative consent model (Freely Given, Reversible, Informed, Enthusiastic, Specific), for example, presumes consent can be assured through attention to ongoing consent during an encounter, though what that looks like in practice can be unclear; there are moments in between checking in with a partner where feelings can shift unexpectedly, and moreover, there are moments where one may be unclear about one’s own desire and will.

Promoting consent as something simple and binary means that programming promotes the idea that anything in between the two poles of “Yes” or “No” is dangerous. When consent education was introduced into public schools in Ontario, in 2015, the government’s website read, “There is no grey area when it comes to consent” (Government of Ontario 2019, n.p.; Francis et al. 2016). This is the sentiment that runs throughout the curriculum as well—the idea that consent can be funneled into a neat “Yes” or “No” (Ontario Ministry of Education 2015a, 2015b). Like with Ontario’s curriculum, the grey areas of consent are generally ignored or demonized (Gavey 2005). The propensity to deny the existence of the grey area is one that arguably emerged because survivors continue to be blamed for their experiences of violence, with those who disbelieve them citing ambiguous circumstances as well as rape myths, such as, “She was asking for it,” or “She would’ve been more upset if she wasn’t into it.” Rape myths are indeed something to challenge since, as the UN Women’s organization has noted, “People use [these ideas] as an attempt to blur the lines around sexual consent, place blame on victims, and excuse perpetrators from the crimes they have committed” (2019, n.p.). However, like with the UN Women’s consent campaign that uses the slogan “When it comes to consent, there are no blurred lines” (2019, n.p.), rejecting rape myths is too often conflated with rejecting the grey area of consent (also see Ray-Jones 2016; Alcid 2013).

## **A Framework for Understanding the Grey Area of Consent**

The grey area can be understood as an area of experience that is not easily categorized as consensual and wanted, nor as violent or criminal. Consent researchers demonstrate that the consent process tends to be imbued with ambiguity, ambivalence, and contradictions that index the existence of grey areas and the social relations of power that inform these experiences (Gilbert 2018; Cahill 2014; Butler 2011; Gavey 2005; Muehlenhard and Peterson 2005). Grey area experiences represent “unjust sex” or an unjust sexual experience—not a clear case of assault but not a “just” experience either (Gavey 2005). Gavey introduced the term “unjust sex” through research with heterosexual women. She found that the discursive framework of heterosexuality naturalizes normative scripts where men are sexual aggressors and women acquiesce to men’s advances. This sociopolitical

context is one imbued with ethical ambiguities concerning the grey area of consent.

Despite the presence of unjust sex in our society, researchers exploring ambivalence in sexual interaction note that it tends to be problematically invisibilized in discourses around sex (Gilbert 2007; Butler 2011). As Bay-Cheng and Eliseo-Arras (2008) note, “Contrary to [the] common conflation of consent and wantedness, a growing number of studies indicate that saying ‘yes’ to a partner’s sexual overture does not necessarily signal unequivocal interest or desire” (386). Muehlenhard and Peterson (2005) have argued that a dichotomous model of consent (wanted/unwanted) often fails to represent the nuances of embodied sexual exploration, and thus does not allow for a full understanding of the sexual landscape nor individuals’ particular experiences (16). Muehlenhard’s research with Rodgers examined women’s token resistance (refusing sex with the intention of then participating in it) in the late 1990s and early 2000s; they had asked participants to recount experiences in which they were willing, wanting, and intended to engage in sexual experiences, and the researchers shared a “moment of horror” when they realized that most participants ended up recounting negative experiences or ones that were ambivalent, even though they were also descriptively willing (16; Muehlenhard and Rodgers 1998).

Researchers like Muehlenhard and Rodgers laid the groundwork for articulating what Muehlenhard and Peterson term the “missing discourse of ambivalence” in sexual interactions and for moving beyond a research model that depends on a binary of wantedness/unwantedness (2005). What emerged was an understanding that consensual sexual experiences can be both wanted and unwanted, as well as that women are socialized to acquiesce to sex that can look a lot like sexual assault and rape (Gavey 2005). Despite the work that sexuality researchers have done to demonstrate that there is a grey area when it comes to consent, troublingly, these findings are not reflected in consent education due to the reliance on a binary concept. Thus, contemporary, mainstream consent education often fails to capture the ambiguity or ambivalence people experience while negotiating sexual consent, which can create grey areas where preventable harms remain unaddressed.

Viewed from the perspectives of youth survivors of sexualized violence and abuse, typical binary consent models

may do far more harm than good. As I demonstrate, youth with histories of trauma are in a unique position to shed light on how consent talk may fail to capture ongoing and yet preventable harms.

## Methods

I conducted nine open-ended interviews with youth trauma survivors, aged 18–22 years, to investigate their experiences and understandings of consent and consent education. Participants self-identified as trauma survivors and were undergraduate students at a large, urban Canadian university. Most participants were BIPOC, LGBTQ, first-generation Canadian, disabled and/or struggled with mental health issues. The interviews were conducted using feminist, trauma-informed methods that included, for instance, creating a non-hierarchical relationship between interviewer and interviewee marked by mutual self-disclosure, making space for “unruly” emotions, and being flexible regarding the shape and duration of interviews (Ullman and Townsend 2008; Campbell et al. 2010). I engaged a feminist poststructuralist methodology which included examining the functions and effects of the discursive “grid of regularity” through which we understand our experiences as normative or “other” (St. Pierre and Pillow 2000, 2; Britzman 1995; Lather 1992). I looked for the tacit assumptions attached to the concept of consent used in consent education, as well as how survivors struggle to meet the demands of the normative consenting subject. Interview data underwent analysis modelled after St. Pierre and Pillow (2000), which was an analytic process that acknowledged the many different interpretations that can be derived from data. A peer de-briefer assisted in analysis, which was completed using NVivo.

## Dissociation, Hypersexuality, Acquiescence, and the Grey Area

The participants’ experiences point to three patterns in post-trauma behaviour that impact consent processes: struggles with dissociation, hypersexuality, and acquiescence. When participants were asked about their coping mechanisms, all but one described struggling with dissociation and acquiescence, and most engaged in compulsive sex to cope with trauma. The findings demonstrate that many coping strategies that are known to be used by trauma survivors may interfere with the ability to receive or withhold consent.

## Dissociation

Research on post-traumatic responses has demonstrated that there is a common—though not universal—reaction to severe trauma that results in survivors dissociating from themselves to the degree that they may, quite suddenly following trauma, adopt a new sense of self they do not recognize, and/or experience the “new” traumatized self as a “shell” of the person they once were (Herman 1997; Brison 2002). When a survivor is unable to connect to themselves because they have severely dissociated, they may experience a dissonance between their post-trauma sexual behaviour and that of their former, non-dissociated self. This dissonance has implications for consent processes because consent will not be full or meaningful if one does not feel authentically connected to their sexual decisions.

Broadly, dissociation is experienced as an alienation from one’s self. It manifests in a variety of ways, including the following: feeling fragmented or that one’s experiences are not their own; feeling alienated from one’s body (depersonalization); feeling alienated from one’s environment; amnesia (loss of memories or ability to recall the past); time distortions/trauma time (the past feels like the present; time speeding up or slowing down; loss of small or large periods of time); feeling nothing and feeling too much, which can all feel like a variation of numbness (Boon et al. 2011; Van der Hart et al. 2006). While there is a body of research on dissociation following trauma (e.g., Webermann and Murphy 2018; Boon et al. 2011) and how the self can become “undone” (Brison 2002), there is a gap pertaining to what this or other emotional responses to trauma mean for understanding ethical sexual practices, and thus for consent education.

Consent is far from simple when somatic information is unavailable due to dissociation, as participants’ narratives revealed. Ryan, 18, describes dissociating and thus being unable to access a sense of self from which to determine or assert their sexual wants and needs:

Sometimes during sexual experiences I just detach myself from how I’m feeling, both physically and emotionally. I just let it happen.

Like most participants in the study, Ryan expressed a powerlessness and a disturbing tendency to feel like they

had to acquiesce as a result of being overwhelmed and unable to access an internal compass. While dissociation can be self-protective, it can also sever someone's connection to their body/mind, which can have disastrous results for survivors. In an article for *GUTS Magazine*, habib (2020), a childhood sexual abuse survivor, writes of their experience struggling with dissociation: "In my case, my constant floating and ignorance of what was happening inside me led to an autoimmune disease that impacted my digestive system. The trick that kept me shielded from the deepest kind of pain and hurt for so long had gone haywire and had turned my own body against me. I had mastered my floating trick so well that I still did not feel pain, even though my insides were ulcerated and bleeding" (n.p.).

While this may sound medically spurious to some, habib's numbness or "floating trick" resulted in it not being possible to recognize the physical pain reverberating through their body/mind.

Other survivors of trauma also face the repercussions of unidentifiable distress and pain put "out of mind" by dissociative coping. One study participant, Bella, 18, a survivor of childhood sexual abuse, describes being unable to feel physical sensations while dissociating during a sexual encounter:

We were just standing there in the bathroom ... and he just suddenly started kissing me.... I was kind of standing there and totally taken by surprise, and I didn't really want to make out with him, it just kind of happened ... and over the next twenty minutes probably, all his clothes were off definitely, like some of mine were off, and he was kissing me and doing other stuff, and I realized that I couldn't feel any of it, I was totally numb. Not just, it wasn't just that I wasn't turned on or couldn't feel anything like that, it was like, I physically couldn't feel him touching me. My skin was totally numb.... I don't really remember the sequence of events that well and the fact that I was that numb probably means I was dissociated.

Bella's experience demonstrates that when dissociating during a sexual experience, survivors can both recognize that something is "off" and yet not feel like they can pro-

cess the meaning or extent of their numbness. Not being able to feel because one is dissociated means that pleasurable and painful sensations are unavailable or quieted. In relation to consent negotiation, somatic information is missing that is essential to determining one's consent to an activity. The grey area experiences that dissociation can create are unintelligible within binary consent education. Moreover, while trauma survivors who are dissociative may be forced to ignore their pain, this is compounded by the systemic denial of girls' and women's experiences of pain, particularly BIPOC and disabled girls—from endometriosis to sexual harassment in K–12 education (Edwards 2019).

Consent education could unpack social norms that undermine youth's ability to recognize injustice; this includes helping youth listen to their bodies. Applying a trauma-informed lens to consent education means acknowledging that consent may be impossible when one is severely dissociative. In other research, trauma-related dissociation increased women's likelihood of being sexually re-victimized (i.e., Snyder 2018; Zurbriggen and Freyd 2004). This research suggests that attending more directly to how traumatized survivors have difficulty navigating consent to sexual activity could powerfully inform consent education around the range of embodied experiences that bear on the very conditions of being sexual within the context of traumatized people's lives. What might consent look like when trauma is centered in the very conceptions of sexual ethics and care that undergird consent education?

Furthermore, the binary model of consent that makes dissociation unintelligible in consent education—like experiences of hypersexuality and acquiescence discussed below—reflects the harm of binaries fundamental to much of Western thinking. Binary logics are deeply colonial and institute present-day, normative constructions of sex and gender, which require conforming to rigid cis-heteronormative, biologically essentialist binaries of male/female and accepting the conflation of sex and gender (see Morgensen 2010). These norms perpetuate the ongoing violent, traumatic disciplining of those who cannot imitate them, such as with disproportionately high rates of GBV against Two-Spirit, queer, trans and non-binary people (Patterson 2016). Rejecting colonial logics in consent education may involve a trauma-informed lens that allows space to emerge for ambiguity and more complex ways of knowing about sexual pleasure and harm.

## Hypersexuality

One of the less-discussed adaptations to trauma that survivors use, and one which may be a challenging topic to carefully raise in consent education, is frequent and/or casual sex. Hypersexuality, a clinical term that some survivors identify with (Flint 2021; King 2015), is the compulsive-like pursuit of sex to manage emotional dysregulation. After she was raped a second time within the span of two years, one participant, Natalia, 18, described starting to party every night until the early morning, drinking until blacking out, using frequent and casual sex to cope, as well as overspending. Here she explains her process of using heavy drinking and sex to cope:

I felt like, in the moment, I didn't feel anything other than "Oh I'm having a good time." And then when I was sobering up it was like "I've put myself in this position again ... why? I can't claim anything right now." I can't be like, "Well this person still had sex with me while I was unconscious" because it's like, I put myself in this position. And then I'd be like "Ok let's forget this again." And [I'd repeat] the same pattern again and again. How many times can I do this before I don't feel it again? Or don't remember it.

Natalia describes using substances and sex to escape from pain though it put her at increased risk of experiencing sexual harm. She had a belief that she would be sexually harmed despite efforts to protect herself, which was understandable given her experiences but also put her in harm's way. She explained,

You know, if they think they can just do whatever they want to my body, then I may as well just get so wasted that I can't tell what's happening, because like I really don't have a say in that situation.

Her coping mechanisms were thus linked to many interactions where consent was unclear. She tended to blame herself for this ambiguity, in turn fuelling more drinking and harmful interactions. She describes getting inebriated, having sex, and feeling like she was forfeiting her consent by clouding her own judgement:

I think it's definitely that consent gets blurred when you go through trauma and you want to do so many things that will cloud your judgment: drink, have sex, or like anything like that. For me, at that point [of drinking and having sex frequently] I was like, you know, I'm tainted as a person—that's how I felt, and I was just like it does not matter what happens to me.

When compulsively using sex to try to manage emotional dysregulation, survivors may feel disconnected from themselves or like they are only partially participating in sex. This is not to say that survivors lack agency when the choices they make to survive may appear counter to their best interest (see Bay-Cheng 2019). Instead, trauma-informed consent education could recognize that youth trauma survivors are agents who may use sex and/or substances to cope and who may need validation around the shame that emerges from their behaviour.

As sex coach, speaker, and self-identified survivor of complex trauma Psalm Isadora has said about her experience, "Sex was like my heroin, it was somewhere I could go to escape myself. For one second in time, my ego dies, I forget my name. And I remember, at the time, they weren't empowered experiences...I would beat myself up about it and go have sex again to escape" (Isadora 2016, n.p.).

Psalm's experience, like participants in my own study, reflect how sex in the aftermath of trauma can represent an attempt to escape from pain: the desire to transcend the self, however fleeting, through sex. For some survivors, pursuing sex may be an attempt to regain control over their sexual experiences, to choose sex rather than to submit to it.

For others, seeking sex after trauma may be an attempt to excite the body/mind and feel *something*—perhaps something other than pain—when trauma has taken away a sense of safety in the world and created a numbness or dissociation from the body. Seeking sexual experiences can also represent an attempt to forge a connection with someone (or one's self), where trauma has severed one's former familiarity with one's place in the world in relation to others. Thus, developing a sense of sexual savviness, and using sex to cope, may play an im-

portant role in some youth's attempts to navigate the impacts of trauma.

However, compulsively seeking sex can also create and contribute to the grey zones in sexual intimacy that make sexual consent so difficult, and perhaps not possible. Harm that happens when a young person is compulsively seeking sex may be more likely to be written off as their own fault, by themselves and others. Acknowledging the presence of hypersexual youth—and the different reasons for their own hypersexualization—in consent education may help make consent programming more sex positive as well as create space to attend to some of the ways that survivors relying on this coping mechanism may face increased violence and self-blame. Additionally, not all young people, and young women in particular, are sexualized in the same ways. For example, girls who are Black, Latinx, or Asian face stereotypes about their sexuality that may increase their objectification and thus victimization, experiences that can be compounded in the case of trauma survivors. Taking into consideration the intersections of various oppressions is necessary in the further development of a trauma-informed, anti-oppressive framework for consent education.

### *Acquiescence*

Trauma shapes embodiment and some people's body/minds in ways wherein they refuse to act "normatively" to assert and protect themselves. This is an important consideration for trauma-informed consent education since survivors may have an especially difficult time discerning and expressing a "No." Particularly for survivors with histories of childhood abuse and maltreatment, assertiveness is a major challenge. One participant, Ryan, 18, a survivor of emotional and physical parental abuse, explains their experience:

I grew up in an abusive household so I was physically and emotionally abused. In my first relationship, I was repeatedly sexually coerced.... It was repeated guilt-tripping. My boyfriend at the time would threaten to harm himself or fake having mental health issues. Or maybe he did struggle a bit and then he exaggerated that to get things out of me. He'd ask for a sexual favour even though I'd told him I'm not comfortable with that or that I'm not in the mood for

that. And then he'd randomly bring up things and say, "I feel really shitty, this is the least you can do for me." ... In general when I didn't do [what he wanted] he'd threaten to hurt himself.... And I'd do what he wanted.... I had trouble saying no, so even if I did say no, and he would push on, I found it hard to keep saying no. Yeah. I'm scared to refuse out of past experience.

Survivors like Ryan who grew up being abused or maltreated learned beliefs that complicate their ability to both understand their own feelings and needs, as well as advocate for their own safety (Mark and Vowels 2020). Herman (1997) writes about children and youth coping with abuse: "She [the survivor] must develop a sense of self in relation to others who are helpless, uncaring, or cruel. She must develop a capacity for bodily self-regulation in an environment in which her body is at the disposal of others' needs" (101). Having been forced to acquiesce to others' needs and wants as they were growing up, survivors of abuse may struggle to establish boundaries and thus to find safety in relationship to others.

Moreover, some youth with histories of trauma learn that abusive behavior is a display of love. hooks (2000) explains, "Most psychologically and/or physically abused children have been taught by parenting adults that love can coexist with abuse. And in extreme cases, that abuse is an expression of love. This faulty thinking often shapes our adult perceptions of love.... As we would cling to the notion that those who hurt us as children loved us, we try to rationalize being hurt by other adults by insisting that they love us" (7).

In other words, survivors may not perceive harm as unusual, or they may blame themselves for harm, and thus abuse may not warrant creating distance from an abusive situation (DePrince and Gagnon 2018). Leila, 22, is a survivor of parental neglect as well as sexual assault as a teen. When I asked if she could think of a time when she was asked to engage in a sexual act and what followed felt messy, she responded,

I think that's a constant. I don't know if that makes sense, but I know that when I'm asked to do something, I'll consent to it. Then I have these issues, not during, but after the fact—of going back and thinking,

“Did I really want to do that? Why did I say yes to it?”

Women survivors, in particular, may struggle to assert their boundaries as they have a tendency to suppress angry feelings so as to not create a stir or negative reaction. Haines (2007) writes, “Nearly all the survivors I have worked with report having had sex when they didn't want to. It's almost as if this were taken for granted; unwanted sex becomes such a given for survivors that many hardly notice it anymore” (321). Unfortunately, struggling to refuse unwanted sex is something commonly experienced by survivors.

Consent education that is attentive to how some youth are socialized not to assert themselves in contexts of abuse could help address some of the needs that young people with these experiences have, providing a key opportunity to provide care to these students. Intersecting axes of oppression can further compound and complicate young people's struggles with acquiescence. For example, gendered and racialized cultural norms, including stereotypes pertaining to how acquiescent one should be, may complicate conversations about how to be assertive in the contexts of sexual intimacy. Ryan, for example, was raised by strict Catholic and socially conservative Chinese parents who tried to discipline them to be a “proper” subservient Asian girl growing up. The intersection of disciplinary religious discourse, conservative, diasporic Chinese culture, and the expectation to conform to cisgender and heterosexual norms all shape the context within which Ryan can or cannot stand in their own truth and be assertive. Incorporating a feminist anti-racist lens into consent education would help to counteract the legacy of white supremacy and the ways it perpetuates GBV against BIPOC, LGBTQ youth.

## Discussion

The expectation in many consent education programs to remove any ambiguity or ambivalence from practices of sexual exploration may be difficult for many youth to embody, but it may be impossible for trauma survivors who must navigate the psychosocial impacts of trauma. Consent education initiatives that presume “consent is simple” risk promoting victim-blaming messages to those who cannot fit their experiences into a “Yes” or “No” model. To make programming more nuanced and effective, consent education could incorporate a trauma-informed framework, building models of consent that

take the realities of young people who have been sexually abused not only seriously, but as a foundation for consent practice and its difficulties. DePrince and Gagnon (2018) offer an overview of the hallmarks of a trauma-informed framework for GBV prevention: [1] “efforts to recognize the prevalence of traumas in our communities”; [2] “conceptualize survivors' symptoms in the context of and as adaptations to the trauma”; [3] “empower survivors as an intervention goal”; and [4] “appreciate the role that power plays in survivors' relationships, and strive for collaboration between providers and survivors” (15). Consent education that incorporates a trauma-informed lens would refuse a binary “Yes/No” model of consent and would include acknowledgement of survivors' struggles with consent.

Furthermore, a trauma-informed framework should be explicitly anti-oppressive. Experiences in the grey area of consent are widespread due to ongoing systemic inequities that shape rape culture, such as cis-heteropatriarchy, settler colonialism, sanism and ableism. Though it is beyond the scope of this article to explore in depth, it is notable that in North America consent education is taught on land that was taken through genocidal violence that used rape as a tool of war (Hunt 2016). Survivors and their peers may benefit from conversations about how sexual politics and widespread experiences of “unjust sex” (Gavey 2005) are shaped by historical and contemporary social relations of power that are deeply colonial. Trauma-informed programming could move beyond a transactional, binary model of consent and recognize that consent is imbued with power dynamics that reflect systemic power relations which traumatize so many young people, as the participants in this study have helped explain.

## Conclusion

Though consent education is a promising tool to address gender-based violence, its effectiveness depends upon further investigation, particularly given its recent emergence. The binary concept of consent used in much contemporary consent education presents a troubling oversimplification of the inherent ambiguity of sexual exploration, as well as the politics of the grey area. Consent education initiatives must not unintentionally reinforce victim-blaming messages by leaving out the messy experiences of consent negotiation, particularly those of youth trauma survivors. Youth survivors struggling with the psychosocial impacts of trauma, such as dissociation, hy-

persexuality, and challenges with acquiescence, will not see their grey area experiences in binary consent education and, thus, may blame themselves for sexual harm done to them by others. Moving beyond binary consent education means offering survivors and their peers tools to both understand traumatic coping mechanisms and the ways in which these mechanisms can increase the risk of being harmed or, conversely, harming another. Moreover, shifting to a trauma-informed, anti-oppressive framework for consent education that does not rely on a binary concept opens up the possibilities for addressing persistent systemic forms of oppression that create grey areas for all youth. Notably, future research should examine the lessons for consent education from BIPOC, Two-Spirit, queer, trans and/or non-binary communities who cite a legacy of challenging binaries and refusing a normative model of consent (see Bauer 2021; Beres 2021; de Heer et al. 2021). Principles of disability justice should also be incorporated into anti-oppressive, trauma-informed consent education (Wright 2021b). Furthermore, conversations about consent that centre talk of mutuality are an encouraging method of fostering the ethic of care needed to prevent GBV (Lamb et al. 2021) and may be particularly useful in addressing grey areas. While education alone cannot end rape culture, recognizing the needs of survivors living with histories of trauma in consent education, as well as the messiness of consent for all youth, are important steps in reducing preventable sexual harm.

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