### **Addressing Sexual Consent:**

# Youth Participatory Action Research with the New York City Department of Health

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#### **ABSTRACT:**

**Background:** The adolescent sexual health program of the New York City Department of Health conducted a youth participatory action research project.

**Objectives:** To partner with youth and community leaders in the design of a public awareness campaign on sexual consent communication.

**Methods:** In the research phase, youth served as co-researchers for twelve focus groups with 113 New York City youth. Youth-centered thematic analysis of transcripts was conducted. In the action phase, youth participated in concept development, scripting, and filming to produce three videos.

**Results:** Youth-partnered research identified how "awkward" it can be for youth to communicate sexual consent verbally or non-verbally while navigating factors like relationship dynamics, substance use, technology, and social media. The action phase leveraged findings to design videos which garnered over 100,000 views.

**Conclusions:** This paper provides an overview of a youth participatory action research project conducted with a health department, highlighting some lessons learned and recommendations.

**KEYWORDS:** Youth Participatory Action Research (YPAR); Community-Based Participatory Research (CBPR); Community-Partnered Practices; Ladder of Youth Participation; Sexual Consent

The NYC Department of Health & Mental Hygiene (NYC DOHMH) is committed to protecting the health of its more than 8 million residents. This includes supporting the sexual health of all New Yorkers. Through its New York City Teens Connection (NYCTC) adolescent sexual health program, since 2010 over 120,000 of the city's youth have been supported with access to sexual and reproductive health information and resources.<sup>2</sup> All NYCTC efforts are informed by community advisory teams that represent and work directly with prioritized communities to foster support and change. As a grant requirement from the Office of Population Affairs, U.S. Department of Health and Human Services, NYCTC was tasked with engaging community members in responding to an important teen sexual health issue with a public awareness campaign by 2020. Through a collaborative process that included brainstorming, ranking, and consensus-building, community partners chose the issue of sexual consent communication. Among the reasons, adult partners cited limited educational material on sexual consent within existing curriculums; youth partners confirmed that sexual consent education was scarce at schools. Local data from 2017 indicated that more than 15% of teenagers reported sexual violence in a dating relationship within the past year.<sup>4</sup> Finally, the growing momentum of the #MeToo movement against sexual violence increasingly resonated with community partners because of past local incidents they had identified as concerning.<sup>5</sup>

#### **Programmatic Context**

NYCTC prioritizes communities that have experienced historical disinvestment and structural racism contributing to social and health inequities including high poverty and unemployment, low educational opportunity, and disproportionately high negative sexual health outcomes.<sup>6–13</sup> NYCTC also upholds community-partnered practices that prioritize local leadership, experiences and resources for addressing community issues.<sup>14,15</sup> With community

engagement staff support, collaborative programming is conducted in partnership with advisory groups known as Community Action Teams (CATs) and Youth Leadership Teams (YLTs) representing each of NYCTC's three priority communities in the Bronx, Brooklyn and Staten Island.

The YLTs were composed of 30, 15-19-year-olds who lived or attended school in priority communities. YLT members were recruited from schools, community organizations, and program alumni. Interested youth shared their skills and interests in improving adolescent sexual health through an application and interview process. Many expressed interest in this work because they and/or their close friends received minimal sex education at home or school. As community representation was prioritized, most YLT members were youth of color reflecting various nationalities, ethnicities, religions, sexual orientations, and gender identities.

Youth received food and transportation fare at each meeting and a monthly stipend of up to \$125 for working a maximum of 10 hours a month by participating in meetings/trainings, developing educational materials, and/or supporting community activities. Financial compensation is important in keeping youth engaged in programing, demonstrating value for youth input, and providing a mechanism towards employment/investment in priority communities. These reflect best practices in community-based participatory research and community-partnered programming. 14,16,17

CATs were diverse groups of adult community members representing over 45 organizations reaching thousands of youth annually. Many of these organizations provide adolescent sexual health programming/clinical services and were invited to join CATs because they service youth in NYCTC's priority communities. CAT partners centered sexual and reproductive health equity among youth, particularly marginalized/socioeconomically

disadvantaged youth. CAT partners were not incentivized financially for participation. However, membership benefits included capacity-building trainings and networking opportunities where partners promoted their programming and shared resources to help advance their work, upholding other community engagement and participatory programming principles.<sup>14,18</sup>

Community engagement staff, and the first four authors of this article, represented the health department in this project and supported CAT and YLT partners by serving as the programmatic backbone. In this role they consolidated feedback across youth and adult partner meetings, relayed this feedback to health department leadership and navigated all the administrative and budgetary responsibilities/challenges for meeting the project timeline. 19,20 (See Figure 1.)

Figure 1. Youth Participatory Action Research (YPAR) Project Partner Interaction & Timeline.

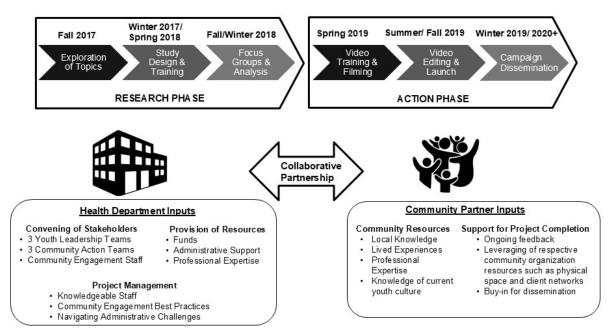


Figure 1. Youth Participatory Action Research (YPAR) Project Partner Interaction & Timeline.

#### The Youth Participatory Action Research (YPAR) Project

CATs and YLTs agreed that increased awareness of sexual consent would benefit community youth by encouraging positive and empowering sexual health practices and social norms. However, before designing an awareness campaign, community partners deemed necessary an understanding of how youth were already navigating sexual consent communication. A literature review of how adolescents engage in sexual consent uncovered that available research explored this with predominantly white, college-age youth. Another study with diverse adolescents limited its scope to condom negotiation. And its community partners agreed that exploratory research with local youth from priority communities was essential to inform the awareness campaign. As the goal was to identify challenges youth might face while navigating sexual consent communication that the public awareness campaign could respond to, the project's research question was: *How are NYC teens 13-19 years old navigating sexual consent communication?* Centering local context, community culture and collaboration, upholds best practices in community-based participatory research. 14,15

ways, this framework aligned with program goals of creating an awareness campaign informed by local findings. Furthermore, because centering YPAR principles of youth inquiry, participation and transformation can create opportunities to improve group cohesion, collective efficacy, and leadership skills, <sup>29,38,39</sup> NYCTC was eager to co-create content with youth via a process that would foster team building and encourage youth to be change-makers in their communities. <sup>26,35–37</sup>

#### **Youth-Partnered Research Phase**

#### **Training**

In 2018, Youth Leadership Teams began to collaborate on the YPAR project. From January-May youth engaged in teambuilding and trust-building activities and received training on core concepts of YPAR, research ethics, and focus group moderation. Trainings were conducted in a youth-friendly manner by centering approaches that respected youth culture and incorporated multiple teaching styles to suit different learners. Sessions used current media and kinesthetic activities enabling youth to move, use artistic creativity, and engage in dyad or group work. To prepare for focus group moderation, youth engaged in role-plays, learning how to redirect challenging participants and remain neutral.

#### Study Design

YLTs recommended grouping study participants by age and gender, separating younger adolescents from older adolescents, to foster a comfortable sharing environment. The final study design consisted of 12 focus groups with 13-19-year-olds from NYCTC's priority communities as shown in Figure 2. A 14-question topic guide was co-developed via youth and adult advisory teams providing recommendations and reactions to each new iteration of questions at respective team meetings. Community engagement staff consolidated all feedback after consensus was

reached. Questions in the topic guide aimed to understand where, how, and from whom youth were learning about sexual consent, how they practiced sexual consent, and possible challenges experienced (See Appendix 1.) YLT and CAT partners also helped create youth-friendly research tools. For instance, fliers, assent forms, focus group moderation flashcards, and educational resources used bright colors, youth lingo, and simple reading level.



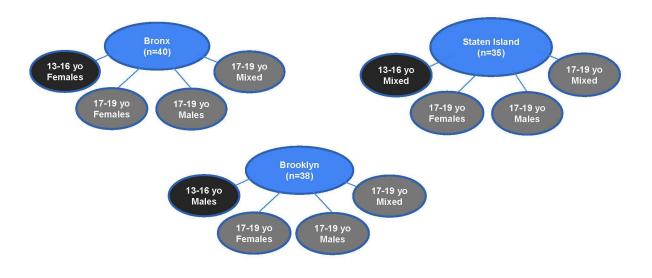


Figure 2. Youth Participatory Action Research (YPAR) Sampling Plan

#### Research Methods

Community Action Team partners were vital in recruiting youth and hosting focus groups. Eleven partners served as hosts, receiving \$650 per session. Inclusion criteria required youth to be 13-19 years old, speak English, and attend school/reside in priority communities. Parental permission to participate was waived to prevent placing youth in compromising/unsafe situations with guardians who might disapprove of youth communicating about sex. However, all study participants read an assent form and provided verbal assent before participating. Deidentified

demographic information was collected including age, race, gender identity, sexual orientation, and zip code. YLT youth moderated focus groups in pairs, with program staff support. Focus groups included 7-13 participants per session and lasted 62-113 minutes. Study participants received \$50 gift cards, round-trip MetroCards and refreshments. After focus groups, participants received resources that encouraged further education, recommended support services and addressed concerns that might have arisen during the group. This study was approved by the NYC DOHMH Institutional Review Board.

#### Data Analysis

Community engagement staff used Trint software to transcribe and clean audio recordings. Adult and youth partners engaging in data analysis received basic training on coding for themes. Additionally, instead of providing youth with full transcripts, staff organized data into color-coded patterns, reflecting focus group gender and age. YLT youth engaged in thematic analysis with staff during meetings. YLTs were encouraged to drive various flexible stages of analysis, in line with the YPAR principles of inquiry and participation.<sup>29,40</sup> They familiarized themselves with the data, coded for trends, and later generated, reviewed and defined themes. 40 Youth coded the data with the assistance of guiding questions that included: (1) Does this surprise you or was it expected? Why? (2) Why do you think this issue exists? (3) How would you address this issue in our communities? Partnered analysis began revealing topics the campaign videos could highlight. Youth and community engagement staff physically organized emerging themes onto large newsprint per focus group question (Figure 3). Youth discussed themes during individual team meetings and later with all three teams together sharing feedback, discussing ambiguities, building consensus, and condensing themes into the findings for informing the action phase. During individual team data analysis sessions, youth at times

disagreed on how to categorize/define themes. Disagreements were brought to cross-team sessions for discussion until consensus was reached. These instances exemplified how YLT youth were growing their own understanding of sexual consent communication, in line with the YPAR principle of transformation.<sup>29</sup>

Figure 3

Youth Leadership Team (YLT) Focus Group Analysis



Results

In total, 113 youth participated in the 12 focus groups. Most participants identified as heterosexual and Black or Latino (See Table 1). This paper does not detail study themes nor whether these reflect existing theories of sex, gender, power or assault. 41–44 However, youth-partnered analysis of the data in this exploratory research yielded several themes providing insight into the local context of sexual consent communication among predominantly adolescents of color, from an inner city (See Appendix 2).

Youth co-researchers uncovered themes related to styles/mediums for practicing consent (e.g., verbal/nonverbal, in-person/virtual); external influencing factors (e.g., gender roles, relationship characteristics, drugs/alcohol, celebrities/media); and concerns/worries (e.g., ruining the mood and rape/assault.) However, youth co-researchers identified that the underlying thread across themes was the notion that when navigating consent communication youth primarily want to avoid awkwardness. Whether engaging a new/established relationship, upholding/rejecting gender role expectations, or communicating over text or in person, preventing an awkward situation was a top concern among youth. Thus, YLTs centered awkwardness in the campaign. *YLT Focus Group Participant Demographics* 

#### **Youth-Partnered Action Phase**

#### **Training**

As with the research phase, participatory approaches across adult and youth partners were also used in designing the awareness campaign. A design consultant with experience developing social marketing campaigns in partnership with youth was hired to train YLTs. From March-May 2019, youth were educated on the science behind behavior-change marketing and factors impacting teen decision-making. Youth also learned about concept-pitching, scripting, storyboarding, filming, and how to make effective campaigns.

Youth aimed to incorporate research themes into story concepts they pitched for the videos. While focusing on challenging concerns over "awkwardness," videos incorporated themes like body language, verbal communication, gender roles, relationship dynamics, and virtual communication. Viewers would be engaged in consequential thinking after watching main characters consider behavioral choices before them, with the recommended healthy behavior being that everyone consider *asking* before *acting* on sexual desires. All pitches were reviewed and voted on by YLTs, design consultants, NYCTC staff, and Health Department communications teams. In May 2019, three ideas were approved for scripting and storyboarding preparation for communications reviews, casting, and filming.

#### **Production**

NYCTC continued prioritizing authentic youth participation during the campaign design. In collaboration with the design consultant's production team, YLTs held auditions and cast professional actors and some youth members as actors. Diversity and inclusivity of racial, ethnic, and sexual identities were prioritized. Filming the three videos took nearly 12 hours and involved over 40 people including staff, film crew, actors, and youth. YLTs also assumed roles managing props, wardrobe, set design, script supervision and makeup.

#### Videos

From June-October 2019, NYCTC worked with the design consultant, YLTs, CATs,
Health Department leadership and communications staff to review and edit the three <u>Ask Before</u>

<u>You Act</u> campaign videos. Each 60-second video features two characters in an exchange that
may be perceived as sexual in nature. Each main character imagines acting on their sexual desire
without asking for consent and viewers are shown two possible outcomes: one potentially
receptive and one potentially awkward. The main character ultimately realizes they should ask

before they *act* on their desires to avoid the "awkwardness" and potential harm of assuming their partner's interest. The videos do not show the ultimate outcome once the main characters ask for consent, because the campaign's goal was to increase awareness that *asking* before *acting* on sexual desires is the crucial first step.

With NYCTC staff guidance, the design consultant completed several editing rounds.

Revised videos were presented at YLT and CAT partner meetings for feedback. The three videos can be found on the Health Department's YouTube channel and on the campaign landing page, which includes other sexual consent resources: <a href="https://on.nyc.gov/consent">https://on.nyc.gov/consent</a>

#### Dissemination & Reach

The Health Department hosted a launch event in October 2019 to debut the videos, thank project partners and celebrate the campaign production. Videos were initially promoted via word-of-mouth across all partners' networks, generating 1,025 views in about a month. Four weeks of paid placement was then initiated on YouTube, Twitter, Instagram, and Facebook, increasing viewership to over 50,000 views by December 2019. There were plans to collaborate with community partners in 2020 to increase campaign viewership through community efforts with youth. But, due to COVID-19 social-distancing measures, campaign dissemination was instead conducted virtually at youth summits and workshops. By Winter 2020 the videos surpassed 100,000 views.

#### **Discussion**

Aligned with the iterative, reflective, and co-learning nature of YPAR, time was critical in supporting trust and team-building efforts that improved the process of co-creation with community partners. <sup>16,17</sup> Partner meetings included time for icebreakers, capacity-building, networking, and transparent updates of agency reviews. Authors learned that this enabled

community partners to critique the work, negotiate and consensus-build more authentically. It also resulted in community support for the project and enthusiasm for campaign dissemination.

Authors recommend time be provided for enabling stakeholders to connect and get to know each other.

Conducting this project at a large municipal health department presented challenges that often delayed the project. Delays occurred in securing incentives for study participants, youth coresearcher payments, consultant/vendor approvals, video draft reviews, and video publication. Most delays were due to the agency's extensive, multi-tiered review/approval systems across various teams. In one instance, after several meetings with community partners on social media promotion strategies, the agency rejected these due to policies that were not shared in advance. This resulted in stakeholder frustrations. Organizations endeavoring to engage in communitypartnered research or programming require processes that are flexible, timely and transparent. Authors learned to meticulously document key phases/drafts/justifications of the work to assist with advocating against unexpected agency requests. When these were unsuccessful, staff advocated for time to accommodate the timeline and to respond to requests. Authors recommend that all agency stakeholders who may regulate key aspects of a YPAR project be convened during planning stages to provide an overview of participatory approaches and establish expectations of review processes. Convening agency leadership regularly for updates may also prevent some unexpected challenges.

This project received dedicated funding from a federal grant and the Health Department which allowed payments to youth leaders, refreshments for meetings, stipends to focus group hosts, incentives to study participants, and capacity-building training. These kinds of investments are in line with best practices in community-based participatory programming. <sup>15,16</sup> However,

YPAR projects that do not have substantial funding can benefit from free resources. Authors learned to leverage online resources and stakeholder expertise to support the teaching of YPAR principles and community-partnered strategies. Organizations should consider seeking training or professional expertise to support project needs from local universities, health departments or other community organizations.

Centering youth as partners and experts in this project significantly improved the project's research and action phases by applying their unique perspectives. Youth recommended changes in the wording of focus group questions and video scripts to better reflect current youth culture. And having youth moderate focus groups enabled study participants to connect/speak candidly. The project also provided youth leaders with professional development opportunities such as public-speaking and career considerations. Some expressed interest in health studies due to their experiences with the project. However, engaging youth as partners also had challenges. Authentically involving youth requires expertise in meeting youth partners where they are in their adolescent development while developing and encouraging the professional rigor required to meet program deliverables. Staff learned to provide youth with appropriate coaching to address issues with punctuality and interpersonal conflicts. The ongoing trust-building activities described earlier also helped staff minimize conflict and solidify a cohesive youth team.

Community engagement staff were crucial to the project's success. They represented the communities they were serving, with deep knowledge of these communities, and/or shared racial, ethnic or sexual identities as community partners. Authors learned that this facilitated the way staff centered community partner and youth expertise. It also strengthened the trust and mutual respect that developed between staff and community partners involved in the co-creation of the project. Authors recommend that organizations interested in embarking on YPAR

prioritize hiring staff that are knowledgeable about community engagement and participatory practices and who are also experienced in youth development or working with youth.

This paper has provided an overview of the research and action stages of a YPAR project conducted with a health department and has offered considerations for those interested in partnering with community and youth in research or public health programming.

#### References

- 1. NYC Health. About the NYC Department of Health and Mental Hygiene. https://www1.nyc.gov/site/doh/about/about-doh.page
- New York City Teens Connection. NYC Health. https://www1.nyc.gov/site/doh/health/neighborhood-health/new-york-city-teens-connection.page
- 3. Teen Pregnancy Prevention Program (TPPP). HHS.gov Office of Population Affairs. https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp
- 4. Epiquery: NYC Interactive Health Data System [Youth Risk Behavior Survey 2017]. New York City Department of Health and Mental Hygiene. 2017. Accessed May 4, 2020. http://nyc.gov/health/epiquery.
- 5. Me Too movement. WIKIPEDIA The Free Encyclopedia. June 7, 2020. Accessed May 28, 2020. https://en.wikipedia.org/wiki/Me\_Too\_movement
- 6. Hinterland K, Naidoo M, King L, et al. *Community Health Profiles 2018, Bronx Community District 1: Mott Haven and Melrose.*; 2018:1-20.
- 7. Hinterland K, Naidoo M, King L, et al. *Community Health Profiles 2018, Bronx Community District 3: Morrisania and Crotona*.; 2018:1-20. https://www1.nyc.gov/assets/doh/downloads/pdf/data/2018chp-bx3.pdf
- 8. Hinterland K, Naidoo M, King L, et al. *Community Health Profiles 2018, Brooklyn Community District 4: Bushwick.*; 2018:1-20. https://www1.nyc.gov/assets/doh/downloads/pdf/data/2018chp-bk4.pdf
- 9. Hinterland K, Naidoo M, King L, et al. *Community Health Profiles 2018, Brooklyn Community District 3: Bedford Stuyvesant.*; 2018:1-20. https://www1.nyc.gov/assets/doh/downloads/pdf/data/2018chp-bk3.pdf
- 10. Hinterland K, Naidoo M, King L, et al. *Community Health Profiles 2018, Staten Island Community District 1: St. George and Stapleton.*; 2018:1-20. https://www1.nyc.gov/assets/doh/downloads/pdf/data/2018chp-si1.pdf
- 11. Kost K, Maddow-Zimet I, Arpaia A. *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: National and State Trends by Age, Race and Ethnicity.* Guttmacher Institute; 2017. https://www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013
- 12. State of NYC Housing & Neighborhoods. 2016 Focus: Poverty in New York City. NYU Furman Center https://furmancenter.org/files/sotc/SOC\_2016\_FOCUS\_Poverty\_in\_NYC.pdf

- 13. Yunzal-Butler C, Fisher R, Hinterland K, Agerton T. *Trends in Pregnancy, Sexual Behavior, and Use of Contraception among Teens in New York City.* New York City Department of Health and Mental Hygiene; 2017. https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief98.pdf
- 14. Israel BA, Schulz AJ, Parker EP, Becker AB. Community-based participatory research: policy recommendations for promoting a partnership approach in health research. *Education for Health: Change in Learning & Practice*. 2001;14(2). doi:https://doi.org/10.1080/13576280110051055
- 15. Minkler M, Garcia A, Rubin V, Wallerstein N. Community-Based Participatory Research: A Strategy for Building Healthy Communities and Promoting Health through Policy Change. PolicyLink; 2012. https://www.policylink.org/sites/default/files/CBPR.pdf
- 16. Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: assessing partnership approaches to improve public health. *Annual review of public health*. 1998;19(1):173-202. doi:https://doi.org/10.1146/annurev.publhealth.19.1.173
- 17. Minkler M. Promoting Healthy Public Policy through Community-Based Participatory Research: Ten Case Studies.; 2008.
- 18. Minkler M. Using Participatory Action Research to build Healthy Communities. *Public health reports*. 2000;115(2-3):191. doi:https://doi.org/10.1093/phr/115.2.191
- 19. Kania J, Kramer M. Collective impact. In: ; 2011:(pp. 36-41). FSG. https://ssir.org/articles/entry/collective\_impact
- 20. Ellis G, Walton S. Building Partnerships Between Local Health Departments and Communities: Case Studies in Capacity Building and Cultural Humility. In: Minkler M, ed. *Community Organizing and Community Building for Health and Welfare*. Rutgers University Press.; 2012:(pp130-152). https://doi.org/10.36019/9780813553146-010
- 21. Jozkowski, KN, Marcantonio TL, Hunt ME. College students' sexual consent communication and perceptions of sexual double standards: a qualitative investigation. *Perspectives on sexual and reproductive health*. 2017;49(4):237-244. doi:https://doi.org/10.1363/psrh.12041
- 22. Jozkowski KN, Peterson ZD. College students and sexual consent: Unique insights. *Journal of sex research*. 2013;50(6):517-523. doi:https://doi.org/10.1080/00224499.2012.700739
- 23. Muehlenhard C, Humphreys T, Jozkowski K, Peterson Z. The complexities of sexual consent among college students: A conceptual and empirical review. *The Journal of Sex Research*. 2016;53(4-5):457-487.
- 24. Tschann JM, Adler NE, Millstein SG, Gurvey JE, Ellen JM. Tschann, J. M., Adler, N. E., Millstein, S. G., Gurvey, J. E., & Ellen, J. M. Relative power between sexual partners and

- condom use among adolescents. *Journal of Adolescent Health*. 2002;31(1):17-25. doi:https://doi.org/10.1016/s1054-139x(01)00418-9
- 25. Bronfenbrenner U. Ecological models of human development. *Readings on the development of children*. 1994;2(1):37-43.
- 26. Cammarota J, Fine M, eds. Revolutionizing education: Youth participatory action research in motion. *Routledge*. Published online 2010. doi:https://doi.org/10.4324/9780203932100
- 27. Hart RA. *Children's Participation: From Tokenism to Citizenship*. UNICEF, International child development centre; 1992. https://www.unicef-irc.org/publications/100-childrens-participation-from-tokenism-to-citizenship.html
- 28. McLeroy KR, et al. An ecological perspective on health promotion programs. *Health Education & Behavior*. 1988;15.4:351-377. doi:https://doi.org/10.1177/109019818801500401
- 29. Rodríguez LF, Brown TM. From voice to agency: Guiding principles for participatory action research with youth. *New directions for youth development*. 2009;2009(123):19-34. doi:https://doi.org/10.1002/yd.312
- 30. Viner RM, Ozer EM, Denny S, Marmot. Adolescence and the social determinants of health. *The Lancet*. 2012;379(9826):1641-1652. doi:https://doi.org/10.1016/s0140-6736(12)60149-4
- 31. World Health Organization Commission on Social Determinants of Health. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health.* Geneva: World Health Organization; 2008. https://www.who.int/social\_determinants/final\_report/csdh\_finalreport\_2008.pdf
- 32. Kemmis S, McTaggart R, Nixon R. "Introducing Critical Participatory Action Research." The Action Research Planner. Springer Singapore; 2014. https://doi.org/10.1007/978-981-4560-67-2\_1
- 33. Torre ME. Participatory action research. In: Teo T, ed. *Encyclopedia of Critical Psychology*. Springer; 2014. https://doi.org/10.1007/978-1-4614-5583-7 211
- 34. Torre ME, Fine M, Stoudt B, Fox M, Cooper H. Critical participatory action research as public science. In: Camic P, ed. *The Handbook of Qualitative Research in Psychology: Expanding Perspectives in Methodology and Design, 2nd Edition*. American Psychological Association.; 2012:(pp. 171-184). https://doi.org/10.1037/13620-011
- 35. Flicker S, Maley O, Ridgley A, Biscope S, Lombardo C, Skinner HA. e-PAR: Using technology and participatory action research to engage youth in health promotion. *Action Research*. 2008;6(3):285-303. doi:10.1177/1476750307083711

- 36. Powers CB, Allaman E. How Participatory Action Research Can Promote Social Change and Help Youth Development. *SSRN Journal*. Published online 2012. doi:10.2139/ssrn.2199500
- 37. Wilson N, Minkler M, Dasho S, Wallerstein N, Martin AC. Getting to Social Action: The Youth Empowerment Strategies (YES!) Project. *Health Promotion Practice*. 2008;9(4):395-403. doi:10.1177/1524839906289072
- 38. Anyon Y, Bender K, Kennedy H, Dechants J. A Systematic Review of Youth Participatory Action Research (YPAR) in the United States: Methodologies, Youth Outcomes, and Future Directions. *Health Educ Behav.* 2018;45(6):865-878. doi:10.1177/1090198118769357
- 39. Ozer EJ. Youth-Led Participatory Action Research: Overview and Potential for Enhancing Adolescent Development. *Child Dev Perspect*. 2017;11(3):173-177. doi:10.1111/cdep.12228
- 40. Braun V, Clarke V. Thematic analysis. In: *APA Handbook of Research Methods in Psychology. Research Designs: Quantitative, Qualitative, Neuropsychological, and Biological.* Vol 2. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.); 2012:57-71. https://doi.org/10.1037/13620-004
- 41. Connell R. *Gender and Power: Society, the Person, and Sexual Politics*. Stanford University Press; 1987. https://doi.org/10.1093/sf/69.3.953
- 42. Davies M, Gilston J, Rogers P. Examining the relationship between male rape myth acceptance, female rape myth acceptance, victim blame, homophobia, gender roles, and ambivalent sexism. *Journal of Interpersonal Violence*. 2012;27(14):2807-2823. doi:https://doi.org/10.1177/0886260512438281
- 43. Hall D. Consent for sexual behavior in a college student population. *Electronic Journal of Human Sexuality*. 1998;1.
- 44. Wiederman M. The gendered nature of sexual scripts. *Family Journal*. 2005;13(4):496-502. doi:https://doi.org/10.1177/1066480705278729

**Table 1. YLT Focus Group Demographics** 

Demographic Characteristics	n	Percent (%)
Age Group		
13-16	34	30.1
17-20	79	69.9
Gender Identity		
Female/Female-Identified	57	50.4
Male/Male-Identified	54	47.8
Gender Non-Conforming	2	1.8
Race/Ethnicity		
Hispanic	31	27.4
Black, Non-Hispanic	65	57.5
White, Non-Hispanic	7	6.2
Other, Non-Hispanic	10	8.86
Sexual Orientation		
Heterosexual	90	79.7
Homosexual	3	2.7
Bisexual	8	7.1
Pansexual	4	3.5
Other/Refused to Answer	8	7.1
Languages Spoken at Home		
English	87	77.0
Spanish	18	15.9
Other	8	7.1
Borough of Residence		
Bronx	40	35.4
Brooklyn	38	33.6
Staten Island	35	31.0

1)	How do you define sexual consent?
2)	Who do you think is responsible for asking for sexual consent in a relationship? Why?
3)	What might make it difficult to <u>clearly ask for or give</u> sexual consent to someone?
	☐ For example, how do you know if someone wants to kiss you?
	☐ How do you let someone know you want to kiss them?
4)	How do you let someone know you want to do MORE than kissing?
5)	How do you tell someone if you DON'T want to do more sexually?
6)	How would you like to be told if someone <u>doesn't</u> want to do something sexually?
	☐ When should this occur?
7)	What do you think is a good way to respond if someone says no to a sexual activity with
	you?
	$\hfill \square$ In other words, how would you respond if you were hooking up and wanted to
	have sex and the other person says they only want to make out?
8)	What should someone do if they don't think the other person is understanding their
	consent communication?
	$\hfill \square$ In other words maybe the person tried to signal that they didn't want to continue
	but the other person seems to not be getting the hint. What should they do?
9)	Can someone with an altered state of mind (like if someone is passed out or drunk or
	high) consent to sex?
	☐ Please explain why.
10,	Do you think sexual consent should always be verbal or can it be non-verbal? Why?
11,	What does non-verbal consent actually look like?
12,	What does verbal consent look like?
13)	What is NOT an effective way to communicate consent?
	$\hfill \square$ What is something you wish people would stop doing when it comes to sexual
	consent?
14)	) We've heard that some people think communicating about sexual consent can "kill the
	mood." How can we make asking for consent a normal part of sexual interactions?

How can we make it easier to talk about our sexual boundaries and what we do
and don't want?

Appendix 2. YLT Focus Group Thematic Analysis of Sample Quotes

YPAR Theme	Theme Description	Sample Quote
Body Language	Participants expressed how awkward it can be to talk about sex and expressed preference for body language to get and give sexual consent.	"someone leans in for something well then that means they want a kiss. But if you turn or something like that or if you're pushing them away then that means you don't want to kiss them or something. So I think that body language really matters."  - Staten Island, Mixed Gender, 13-16 (female)
Verbal Communication	Was recommended for clearing up confusion or setting boundaries, but participants didn't always know how to practice it.	"It don't ruin the mood for me cause I always ask for sexual consent because I just don't want no problems. I just want to be good." - Brooklyn,Male,17-19
Double Standards	Youth discussed how traditional gender role expectations create double standards in the ways youth are expected to behave or communicate in sexual relationships. They identified restrictions on the ability for females to express sexuality and pressures on males to assert sexuality.	"I feel like this kind of has to do with gender expectations like for the girl. They're more like taught oh stay away from boys they're aggressive they are going to do this this and that. But then for boys they don't really give them any warning about the girls."  - Staten Island Mixed Gender 17-19 (female)
Rape & Sexual Assault	Concerns arose about how unclear consent communication can lead to harassment, sexual assault, and rape. Specific concerns differed by gender, with some young men expressing a fear of being accused of rape and some young women expressing a fear of being raped. Participants discussed double standards about who is considered a rape victim and how rape culture often blames female rape victims.	"People are not expecting men to get raped. OK so it's going to be hard to believe when it happens." - Bronx, Male, 17-19
Relationship Dynamics	Participants discussed how relationships can affect consent communication with a partner. Most agreed that regardless of certain aspects of a relationship (including length of a relationship, ages of each person in the relationship, and whether they are LGBTQ) consent must be present and communicated regularly.	"If I've been with you for long enough. I don't ask, I just kind of hint at it and if you like piggyback off the hint then I'm alright you with it. Now if we just met I am definitely going to be like are you sure? cus I don't want a charge"  - Brooklyn, Mixed Gender,17-19 (Male)
Drugs and Alcohol	Participants shared differing opinions on the role drugs and alcohol play in sexual consent communication. Some said drugs and alcohol can help reveal a person's true desires, while others believed a person can never give consent under the influence. Several noted the type of substance also impacts whether one can consent.	"Like legally no you cannot give consent if you're even a little bit drunk if you're a little bit under any type influences you cannot give consent. But I feel like some people are like functioning alcoholics [] If you are high it depends, I feel like it depends on what you're high off of. Because everything is different if you're high off weed." - Bronx, Female, 17-19

Appendix 2. YLT Focus Group Thematic Analysis of Sample Quotes

"The Vibe"	This theme was repeated often and is connected to reading body language. Participants often felt that securing sexual consent is "common sense" because one can tell from "the vibe" a partner gives. Teens also discussed how one can "kill the vibe" depending on how uncomfortable or awkward someone feels discussing sexual consent.	"You have to just make people confident. I think part of the thing that makes it weird or kills the mood is because people aren't always confident to talk about what they want." - Staten Island, Female 17-19
Celebrities & the Media	Reflected how celebrities and social media either educate or fail to educate about consent in the way they share personal sexual and romantic experiences.	"I don't know how many y'all watch Love and Hip Hop but it's always a lot of sex scenes in there and you know the way they editing you never see them sit down and talk about "Yea I want to do that"" - Brooklyn, Mixed Gender, 17-19 (female)
Use of Technology	Talking about sex and consent through social media or texting can be less awkward than doing so in-person. But participants noted that virtual communication can lead to confusing or harmful situations.	"I feel like some people just be in the moment. In the moment during text going with it but in person they may be like no." - Bronx, Mixed Gender, 17-19 (male)