Understanding Sexual Consent and Healthy Relationships:

A Comprehensive Evaluation of Knowledge and Attitudes Among Maltese Youth

By

Maria Kyra Borg

0069196M

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Executive Summary

This report presents the findings of a research and evaluation project examining young people's understanding of sexual consent**,** healthy relationships**,** and personal boundaries in Malta, and assessing the immediate impact of a targeted educational intervention. The project was delivered as part of the Small Initiatives Scheme in collaboration with Victim Support Malta**,** a non-governmental organisation that provides free therapeutic, legal, and psychiatric support to victims of crime and people affected by suicide, alongside community outreach and prevention-focused education.

The project had a dual purpose. Firstly, it aimed to better understand what young people already know, believe, and assume about sexual consent, relationships, and boundaries. Secondly, it sought to assess whether participation in an educational session led to any changes in knowledge, confidence, or reflection. The intervention focused on three core areas: understanding young people's existing knowledge and beliefs about sexual consent; providing clear and practical education on what meaningful consent looks like in real-life situations; and increasing awareness of healthy relationships and personal boundaries, alongside information on how and where to seek support for those who may have experienced sexual violence, whether reported or not.

The sessions were delivered across educational and community settings in Malta and reached a total of 308 young people, exceeding the original target of 100–250 participants. Anonymous pre- and post-session questionnaires were administered using Mentimeter to capture baseline understanding and to assess immediate changes following the intervention. While not all participants completed both surveys due to practical limitations such as phone battery life, internet access, or engagement levels, the data provides valuable insight into youth knowledge and attitudes at scale.

Key Findings

Overall, the findings suggest that many participants entered the sessions with **a** strong basic understanding of sexual consent, particularly in relation to its definition and the idea that consent can be withdrawn at any time. Following the session, correct responses to these questions were almost universal, indicating that the intervention helped reinforce and clarify existing knowledge.

Improvement was also seen in participants' understanding of situations where consent cannot be given, such as when someone is underage, intoxicated, or unconscious. However, some misunderstandings remained. A small number of participants continued to believe that being in a relationship changes the need for consent, highlighting the ongoing influence of relational myths and assumptions.

Across both pre- and post-session surveys, young people consistently identified trust**,** respect, communication, feeling safe, and being able to say no as the most important elements of a healthy relationship. Behaviours linked to control or monitoring, such as jealousy or checking a partner's phone, were consistently ranked as least important. Participants also reported generally high confidence in setting personal boundaries, although discussion during the sessions suggested that applying this confidence in real-life situations can be more difficult.

While most participants recognised that consent obtained through pressure is not valid, a minority continued to view repeated pressure as acceptable even after the session. This highlights the complexity of understanding coercion and suggests that this area may require further focus in future interventions.

Reflection and Broader Influences

Open-ended responses and group discussions showed that the sessions encouraged reflection for many participants. Common takeaways included a stronger understanding of consent as ongoing and reversible, increased awareness of personal boundaries, and greater emphasis on communication and self-respect in relationships. Some participants reported shifts in how they think about relationships or past experiences, while others felt the session helped reinforce and put language to what they already knew.

Observations during the sessions also highlighted the impact of peer influence, discomfort, and social norms, particularly around gender roles and online narratives related to relationships and entitlement. These factors appeared to affect engagement and responses, underlining the importance of addressing digital culture, gender expectations, and social pressure within consent education.

Conclusion

The findings suggest that consent education plays an important role in reinforcing knowledge and encouraging reflection among young people. However, they also show that understanding consent in theory does not always translate easily into practice, particularly in emotionally charged or peer-influenced situations. This highlights the need for consent education that goes beyond definitions and focuses on real-life application, emotional awareness, and communication skills.

This project contributes valuable, locally grounded insight into young people's understanding of consent and relationships in Malta. It supports the importance of ongoing, skills-based, and developmentally appropriate education, delivered in collaboration with organisations such as Victim Support Malta, to promote safer, healthier, and more respectful relationships among young people.

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Chapter 1: Introduction

1.1 Background and Context

Education on sexual consent, healthy relationships, and personal boundaries has increasingly been recognised as a key component of sexual violence prevention and youth wellbeing initiatives (WHO, 2017; UNESCO, 2018). Inadequate understanding of consent, particularly its relational, legal, and contextual dimensions, has been linked to increased risks of coercion, boundary violations, and unhealthy relationship dynamics among adolescents and young adults (Beres, 2014; Banyard et al., 2007). As such, preventative, developmentally appropriate education targeting youth populations has become a growing public health and social priority.

Across Europe, research indicates that a significant proportion of young people experience unwanted sexual encounters during adolescence and early adulthood. The European Union Agency for Fundamental Rights (FRA, 2014) reported that between 25–40% of young women disclosed experiences of sexual violence or coercion, highlighting the need for early educational interventions that extend beyond basic definitions and address relational and contextual aspects of consent.

Within the Maltese context, discussions around sexual health and consent are shaped by strong familial structures, Catholic traditions, and evolving social attitudes toward gender equality and sexuality (Azzopardi, 2016). While Malta has made notable legislative and social progress in areas such as, sexual assault, domestic violence prevention and LGBTQ+ rights, comprehensive and standardised consent education remains inconsistent across educational and community settings (UNESCO, 2018).

The present study evaluates a consent education project delivered to youths across educational and community settings in Malta. The intervention focused on sexual consent, healthy relationships, and personal boundaries, with the dual aim of educating participants and exploring prevailing attitudes, beliefs, and levels of understanding related to these topics.

1.2 Rationale

Despite increased public discourse around sexual consent, research consistently identifies persistent gaps and misconceptions in young people's understanding of consent (Beres, 2014; Jozkowski & Willis, 2019). Common misunderstandings include beliefs that consent is implied within romantic relationships, that consent cannot be withdrawn once given, or that individuals under the influence of alcohol or substances can provide valid consent. Such misconceptions may contribute to situations where boundary violations occur, even in the absence of overt malicious intent (Peterson & Muehlenhard, 2007).

Furthermore, many educational initiatives focus primarily on defining consent, with limited attention given to its contextual complexity. Factors such as power imbalances, emotional pressure, intoxication, peer influence, and legal age boundaries are often insufficiently addressed (WHO, 2017). Without engaging youths in reflective processes around their own relational experiences and decision-making, consent education risks remaining abstract and disconnected from lived reality.

This study seeks to address these gaps by evaluating a structured educational intervention designed not only to impart knowledge, but also to encourage reflection and examine existing attitudes toward consent and relationships among Maltese youths.

1.3 Report Objectives

This report pursued the following objectives:

1. To assess baseline knowledge and attitudes related to sexual consent, healthy relationships, and boundaries among youths across educational and community settings in Malta.

2. To evaluate the immediate impact of a targeted educational intervention by comparing pre- and post-intervention responses to an anonymous questionnaire.

3. To explore youths' self-reflection regarding personal boundaries, relational dynamics, and interpersonal decision-making.

4. To identify persistent misconceptions or knowledge gaps that may inform future educational interventions and curriculum development.

1.4 Methodological Overview

The study involved a total of 308 youths across Malta. An anonymous questionnaire was administered using *Mentimeter* and completed prior to the educational talk to capture baseline knowledge and attitudes without intervention influence. The same questionnaire was administered immediately following the session to assess changes in understanding and perspective.

This project was implemented as part of the Small Initiatives Scheme on behalf of Victim Support Malta. Data extracted from the questionnaires will be presented and analysed in subsequent chapters.

1.5 Significance of the Study

This study contributes to the limited body of local research on sexual consent education among Maltese youth by providing empirical data from a relatively large and diverse sample. The use of a pre–post design across multiple sites allows for an examination of both existing attitudes and the immediate effectiveness of educational interventions in applied settings (UNESCO, 2018).

The findings aim to inform future consent education initiatives, support evidence-based practice, and contribute to ongoing efforts by educators, practitioners, and policymakers to promote safer and healthier relationships among young people in Malta.

Chapter 2: Literature Review

2.1 Conceptualising Sexual Consent

Sexual consent is widely understood as a voluntary, informed, and freely given agreement to engage in sexual activity (Beres, 2014). Contemporary scholarship emphasises that consent is not a one-time event, but an ongoing, communicative process that can be withdrawn at any point (Peterson & Muehlenhard, 2007). This shift from static to dynamic models of consent reflects broader efforts to recognise the relational and contextual realities in which sexual interactions occur.

Despite increasing visibility of affirmative consent frameworks, often summarised as "freely given, enthusiastic, informed, and reversible", research suggests that young people frequently hold fragmented or contradictory understandings of consent (Jozkowski & Willis,

2019). Many adolescents demonstrate surface-level knowledge of consent terminology while struggling to apply these principles in complex interpersonal situations involving emotional pressure, peer norms, or intoxication (Beres, 2014).

These conceptual ambiguities underscore the importance of consent education that moves beyond legalistic definitions and engages with lived experience, communication, and relational power.

2.2 Youth Knowledge and Misconceptions About Consent

A substantial body of research indicates that adolescents and young adults commonly hold misconceptions about sexual consent. Studies have identified persistent beliefs that consent is implied within romantic relationships, that silence or lack of resistance constitutes consent, and that consent cannot be withdrawn once sexual activity has begun (Peterson & Muehlenhard, 2007; Jozkowski et al., 2014).

Alcohol and substance use further complicate consent understanding. Research consistently demonstrates confusion among youths regarding the capacity to consent when intoxicated, with many underestimating the impact of impaired judgment on consent validity (Jozkowski & Willis, 2019). These misconceptions are particularly concerning given the high prevalence of substance use in adolescent and young adult social contexts.

Importantly, such misunderstandings are not merely informational gaps but are often embedded within broader social norms related to gender roles, sexual scripts, and expectations of masculinity and femininity (Banyard et al., 2007). This highlights the need for educational interventions that address cultural narratives alongside factual knowledge.

2.3 Consent, Power, and Relational Contexts

Consent does not occur in a vacuum; it is shaped by power dynamics related to age, gender, social status, emotional dependency, and authority (Beres, 2014). Adolescents may feel pressured to consent in order to maintain relationships, gain social acceptance, or avoid conflict, even when internal willingness is absent.

Research on coercion emphasises that consent can be compromised without the presence of physical force. Emotional manipulation, guilt, persistence, and fear of rejection are frequently reported forms of pressure experienced by young people (Peterson & Muehlenhard, 2007). These dynamics are particularly salient during adolescence, a developmental period marked by identity formation, heightened sensitivity to peer approval, and limited relational experience.

Educational approaches that fail to address these relational complexities risk reinforcing narrow understandings of consent that do not reflect youths' lived realities. Consequently, scholars increasingly advocate for consent education that integrates emotional literacy, boundary awareness, and critical reflection on relational power (WHO, 2017).

2.4 Effectiveness of Consent Education Interventions

Evidence suggests that well-designed consent education programmes can improve knowledge, attitudes, and self-reported confidence related to boundary-setting and communication (Banyard et al., 2007; UNESCO, 2018). Interventions that are interactive, reflective, and contextually grounded tend to demonstrate stronger outcomes than didactic, information-only approaches.

Pre–post intervention studies have shown immediate improvements in consent knowledge and myth rejection following educational sessions, particularly when participants are encouraged to actively engage with scenarios and self-reflection exercises (Jozkowski & Willis, 2019). However, the literature also notes variability in programme effectiveness, often linked to differences in delivery context, facilitator training, and cultural relevance.

While many studies originate from North American or broader European contexts, there remains a lack of locally grounded research examining consent education outcomes within smaller cultural settings, such as Malta. This gap limits the ability to tailor interventions to specific social and cultural realities.

2.5 The Role of Cultural Context in Consent Education

Cultural norms play a significant role in shaping attitudes toward sexuality, gender roles, and interpersonal boundaries. In more traditional or religious societies, open discussions of sexuality may be constrained, contributing to limited opportunities for formal consent education (UNESCO, 2018). At the same time, rapid social change and increased exposure to global media can create conflicting messages for young people navigating relationships.

In Malta, strong familial ties and Catholic values coexist with evolving legal and social frameworks surrounding gender equality and sexual rights (Azzopardi, 2016). This duality presents both challenges and opportunities for consent education. While protective attitudes may discourage open discussion, close-knit communities can also provide meaningful spaces for reflective dialogue when appropriately facilitated.

The lack of published empirical data on Maltese youths' consent knowledge further highlights the importance of locally conducted research to inform culturally responsive educational practices.

2.6 Gaps in the Existing Literature

Despite growing international literature on sexual consent education, several gaps remain. First, there is limited research examining consent knowledge and attitudes among Maltese youth specifically. Second, many studies focus on university populations, leaving adolescents and youths underrepresented. Third, while improvements in knowledge are often measured, fewer studies explore youths' reflective engagement with their own relationships and boundaries.

Chapter 3: Results

3.1 Results: Pre-Session Survey

3.1.1 Participant Overview

A total of 308 participants were present across all sessions. However, fewer participants completed the pre-session survey. This reduction in data collection was due to practical factors including insufficient phone battery charge, limited internet accessibility, and lack of interest or engagement in completing the survey at the time of data collection. As a result, response numbers varied across questions, with a maximum of 194 completed responses.

3.1.2 Knowledge of Sexual Consent

3.1.2.1 Understanding the Definition of Consent (Q1)

Participants were asked to identify which statement best described consent. The majority of participants (186; 97.9%) selected the correct definition: "Saying yes clearly without being forced or pressured." This indicates a strong baseline understanding of consent prior to the educational session.

3.1.2.2 Withdrawal of Consent (Q2)

Participants responded to the statement: "You can change your mind and take back consent at any time, even during sex." Of the 194 respondents, 191 (98.5%) answered correctly, while 3 (1.5%) responded incorrectly.

3.1.2.3 Situations Where Consent Cannot Be Given (Q3)

Participants were asked to identify situations in which consent cannot be given. While most participants recognized key barriers such as being underage, asleep or unconscious, or intoxicated, responses varied across surveys. Some participants failed to identify multiple of the applicable scenarios previously mentioned, indicating partial understanding. Additionally, 19 participants incorrectly identified being in a relationship as a barrier to consent.

3.1.3 Attitudes Toward Healthy Relationship Qualities (Q4)

Participants ranked ten relationship qualities according to importance. Trust was ranked first in approximately 93% of surveys, followed by respect (79%) and communication (71%). Feeling safe and being able to say no were also consistently ranked highly. Controlling behaviors, jealousy, and checking a partner's phone were consistently ranked as least important.

3.1.4 Perceptions of Coerced Consent (Q5)

Participants were asked whether consent obtained after repeated pressure constitutes real consent. Five participants (2.6%) answered yes, while 189 (97.4%) correctly answered no.

3.1.5 Confidence in Setting Boundaries (Q6)

Participants rated their confidence in setting boundaries on a 5-point Likert scale. The overall mean confidence score across surveys was 4.0, indicating generally high confidence with some variability.

3.1.6 Open-Ended Responses

Healthy relationships were commonly described using themes such as trust, communication, respect, safety, understanding, and mutual support. Unhealthy relationships were described using themes including control, possessiveness, jealousy, lack of trust, poor communication, pressure, coercion, and abuse.

When asked how a partner should respond if someone is unsure about having sex, participants emphasized not proceeding, respecting boundaries, communicating openly, and providing reassurance.

Respecting boundaries was described as listening without pressure, acknowledging autonomy, avoiding coercion, and building trust.

3.1.7 Summary

Overall, the pre-session survey demonstrated strong baseline knowledge of consent, some gaps in understanding consent limitations, high valuation of trust and communication in relationships, and generally high confidence in setting boundaries.

3.2 Results: Post-Session Survey

3.2.1 Participant Overview

The post-session survey was administered immediately after the educational session. Although a total of 308 participants attended the sessions, fewer participants completed the post-session survey. This was largely due to practical factors such as limited phone battery, internet connectivity issues, and varying levels of interest in completing the survey.

3.2.2 Knowledge of Sexual Consent

3.2.2.1 Definition of Consent (Q1)

All participants correctly identified the definition of sexual consent in the post-session survey. This indicates a clear and consistent understanding of consent following the educational intervention.

3.2.2.2 Withdrawal of Consent (Q2)

Participants were asked whether consent can be withdrawn at any time, including during sexual activity. All participants answered correctly, with the exception of one respondent, who selected “false.”

Overall, participants showed a clear recognition that consent is not a one-time act but can be withdrawn at any point.

3.2.2.3 Situations Where Consent Cannot Be Given (Q3)

Participants were asked to identify situations in which a person is unable to give consent. Overall, responses showed an improvement compared to the pre-session survey,

particularly in recognising that consent cannot be given when a person is underage, asleep or unconscious, or intoxicated.

However, some inconsistencies remained. In several surveys, not all participants selected all applicable options, despite multiple correct answers being available. Additionally, a small number of participants continued to incorrectly identify being in a relationship as a situation where consent is not required. In one instance, a participant indicated uncertainty by selecting "I'm not sure."

3.2.3 Attitudes Toward Healthy Relationship Qualities (Q4)

Participants ranked a range of relationship qualities according to their importance. Across all post-session surveys, the results were consistent.

The qualities most frequently ranked as important were:

- Trust
- Respect
- Communication
- Feeling safe
- Being able to say no

Physical affection was generally ranked as moderately important. Behaviours associated with unhealthy or controlling dynamics; including jealousy, checking a partner's phone, and controlling what a partner does - were consistently ranked as least important.

3.2.4 Perceptions of Coerced Consent (Q5)

Participants were asked whether consent obtained after repeated pressure constitutes real consent. While the majority answered correctly, 14 participants indicated that this would still count as real consent.

Although this represents a minority, it highlights that misunderstandings around coercion and pressure persist for some participants, even following the session.

3.2.5 Confidence in Setting Boundaries (Q6)

Participants rated their confidence in setting personal boundaries on a five-point scale. Confidence scores varied across surveys, ranging from 2.5 to 4.7, with an overall average of approximately 4.0.

These results suggest that most participants felt reasonably confident in setting boundaries following the session, though some variation remained between groups.

3.2.6 Open-Ended Responses

3.2.6.1 Healthy and Unhealthy Relationships (Q7)

When describing healthy relationships, participants most frequently referred to:

- Communication
- Trust
- Respect
- Understanding
- Equality

- Support
- Consent and healthy boundaries

Unhealthy relationships were commonly described in terms of:

- Control and manipulation
- Pressure and coercion
- Jealousy
- Lack of communication
- Dishonesty
- Restriction of freedom
- Abuse

These responses demonstrate a clear ability to distinguish between healthy and unhealthy relationship dynamics.

3.2.6.2 Responding to Sexual Uncertainty (Q8)

Participants were asked how a partner should respond if someone is unsure about having sex. Almost all responses emphasised waiting, not proceeding with sexual activity, and respecting boundaries while being understanding. One response suggested proceeding with sex regardless.

3.2.6.3 Understanding and Respecting Boundaries (Q9)

Most participants demonstrated a clear understanding of what it means to respect boundaries, describing it as respecting personal space, decisions, and autonomy. One participant reported uncertainty in defining boundaries.

3.2.7 Key Learning Outcomes (Q10)

One question asked participants what they will be taking with them from the session. Participants identified several important takeaways from the session. Common themes included:

- The importance of consent and its reversibility
- The right to say no
- Increased awareness of personal boundaries
- The role of communication, transparency, and respect in relationships
- Greater confidence in asserting boundaries
- Awareness of social pressure and its influence on decision-making

Some participants also highlighted learning about incel culture and its impact on attitudes toward relationships and consent.

3.2.8 Changes in Perceptions (Q11)

Participants were asked whether the session changed how they think about consent or healthy relationships. Many reported increased awareness of their own personal limits, a stronger understanding of boundaries, and greater confidence in communicating needs. Some

participants indicated that the session reinforced existing knowledge, while others described more personal shifts in perspective.

3.2.9 Summary of Post-Session Findings

Overall, the post-session survey findings indicate improved understanding of sexual consent, increased awareness of consent-limiting situations, and continued prioritisation of trust, respect, communication, and safety in relationships. Confidence in setting boundaries was generally high, although some misconceptions around coercion remained.

Chapter 4: Discussion

The aim of this study was to explore students' understanding of sexual consent, healthy relationships, and boundary setting before and after an educational session, and to assess whether the session appeared to influence knowledge, confidence, and reflection. Overall, the findings suggest that students demonstrated a relatively strong baseline understanding of consent prior to the session, with further improvements and consolidation of knowledge observed following the intervention. However, the results also highlight ongoing challenges related to the application of this knowledge in practice, peer influence, and engagement with sensitive material.

4.1 Understanding of Sexual Consent

Results from the pre-session survey indicated that the majority of participants already possessed a clear conceptual understanding of consent, particularly in relation to its definition and the ability to withdraw consent at any time. This aligns with existing research suggesting that young people are increasingly exposed to consent-related education through school curricula, media campaigns, and online discourse (Beres, 2014; Powell, 2010). The post-session results showed near-universal correct responses to these questions, suggesting that the session helped reinforce and clarify existing knowledge rather than introduce entirely new concepts.

Recognition of situations in which consent cannot be given, such as being underage, intoxicated, or unconscious, improved following the session. Despite this improvement, some inconsistencies remained, particularly where participants failed to identify all applicable scenarios or incorrectly believed that being in a relationship negates the need for consent. These findings reflect previous literature indicating that while young people may understand consent in theory, misunderstandings persist around contextual and relational factors, especially within established relationships (Beres, 2010; Jozkowski and Willis, 2019).

4.2 Healthy Relationships and Boundary Setting

Across both pre- and post-session surveys, participants consistently ranked trust, respect, communication, feeling safe, and being able to say no as the most important elements of a healthy relationship. These findings are consistent with relational and developmental research emphasising emotional safety, mutual respect, and autonomy as core components of healthy intimate relationships (Tolman, Anderson and Belmonte, 2015). The continued low ranking of controlling behaviours, jealousy, and monitoring a partner's phone further

suggests that students are able to identify unhealthy relationship dynamics at a conceptual level.

Participants also reported relatively high confidence in setting personal boundaries, both before and after the session. While this self-reported confidence is encouraging, it raises questions about how effectively these boundaries are communicated and maintained in real-life situations. Previous research has highlighted a gap between perceived confidence and actual behaviour, particularly in emotionally charged or peer-influenced contexts (Livingston, Buddie, Testa and VanZile-Tamsen, 2004). This discrepancy is especially relevant in adolescence, where social pressure and fear of rejection can undermine boundary-setting despite cognitive awareness.

4.3 Coercion, Pressure, and Practical Application

Although most participants correctly identified that consent obtained through repeated pressure is not valid, a minority continued to endorse this belief in the post-session survey. This finding is significant, as it suggests that coercion remains a particularly difficult concept to fully integrate, even after targeted education. Research indicates that coercive dynamics are often normalised in young people's romantic and sexual scripts, making them harder to recognise and challenge (Carmody, 2009; Franiuk, Seefelt and Vandello, 2008).

An important observation made during the sessions was that, despite strong verbal and written knowledge, it remains unclear how effectively participants can apply this understanding in real-world situations. While students were able to articulate what consent and boundaries should look like, practical application may be influenced by factors such as peer pressure, emotional attachment, power dynamics, and fear of social consequences. This supports existing literature suggesting that consent education must go beyond knowledge

transmission and focus more explicitly on skills development, emotional awareness, and real-life scenarios (Beres, Senn and McCaw, 2014).

4.4 Engagement, Peer Influence, and Group Dynamics

Observationally, several challenges were noted during the sessions. Some students struggled to maintain focus throughout, becoming distracted by peers or using the questionnaire playfully rather than reflectively. Others appeared visibly uncomfortable when discussing topics related to sex and consent. This discomfort is not unexpected, as discussions around sexuality can evoke embarrassment, anxiety, or defensive humour, particularly in group settings (Allen, 2005). These reactions may have influenced the seriousness with which some responses were given and should be considered when interpreting the results.

Additionally, the visibility of responses on a shared screen, despite anonymity, appeared to influence how some participants answered questions. Peer influence is a well-documented factor in adolescent decision-making, and it is likely that some students adjusted their responses based on what others were selecting (Steinberg and Monahan, 2007). This social desirability effect may have contributed to both correct and incorrect responses, particularly for more ambiguous questions.

In addition to the survey findings, several notable patterns emerged through direct observation and group discussion. Clear differences were observed in how some boys and girls interpreted sexual interest and consent. A number of male participants expressed views suggesting that flirting or dressing in a certain way implies sexual availability, with comments reflecting attitudes such as questioning what a girl is “expecting” if she behaves or presents herself in a particular manner. These statements appeared to be met with visible

surprise and discomfort from female participants, highlighting a significant disconnect in how intentions, safety, and agency are perceived across genders. Such attitudes reflect widely documented sexual scripts that position male entitlement and female responsibility as normative, despite ongoing efforts to challenge these beliefs (Franiuk, Seefelt and Vandello, 2008; Beres, 2010).

Although participants scored highly on measures of confidence in setting boundaries, group discussions revealed a more complex picture. Many students, particularly girls, disclosed difficulties in saying no in practice. Reasons cited included fear of hurting someone's feelings, people-pleasing tendencies, and a desire to avoid conflict. This discrepancy between self-reported confidence and lived experience aligns with existing research suggesting that social and emotional pressures can significantly undermine boundary-setting, even when individuals cognitively understand their right to refuse (Livingston et al., 2004).

Discussions around body language further illustrated the challenges of translating consent knowledge into practice. While the session emphasised that verbal consent alone is not always sufficient and that attention should be paid to non-verbal cues, particularly in fawning responses, this concept generated defensiveness among some participants. Responses ranged from frustration at the perceived responsibility to continually monitor another person's body language, to assertions that flirtatious or physically expressive behaviour should be interpreted as consent. At the opposite extreme, some participants expressed concern that this complexity made consent feel impossible to navigate. These reactions underscore the discomfort that can arise when entrenched sexual norms are challenged and highlight the need for ongoing dialogue that normalises uncertainty, shared responsibility, and attunement rather than rigid rule-based thinking (Beres, 2014).

Finally, discussions around incel culture revealed limited prior awareness among participants. While most students were unfamiliar with the term and its implications, the topic prompted strong reactions from a small number of male participants. References to figures such as Andrew Tate emerged, with some boys expressing admiration or defending him as a role model. Although Tate is not an incel himself, his prominence within the broader manosphere and his influence on misogynistic and entitlement-based narratives is well documented. The absence of similar responses from female participants, combined with the defensive reactions observed, raises concerns about the impact of online gendered content on young people's attitudes toward relationships and consent. This highlights the importance of addressing digital cultures explicitly within consent education and supporting young people to critically evaluate the messages they are exposed to online (Ging, 2019).

4.5 Learning, Reflection, and Attitudinal Shifts

Responses to the post-session reflective questions suggest that the session prompted meaningful reflection for many participants. Students frequently identified consent, boundaries, communication, and self-worth as key takeaways, and several reported shifts in how they view relationships or past experiences. While some participants indicated that the content largely reinforced what they already knew, reinforcement itself plays a crucial role in strengthening attitudes and increasing the likelihood of behaviour change over time (Ajzen, 1991).

Importantly, learning about broader social influences, such as incel culture and societal pressure, appeared to help some participants contextualise their experiences and decisions. This broader framing may be particularly valuable in supporting critical thinking

and resistance to harmful narratives surrounding entitlement, gender roles, and sexual expectations.

Chapter 5: Implications and Limitations

While the findings suggest that the educational session was effective in reinforcing knowledge and encouraging reflection around consent and healthy relationships, several limitations should be considered when interpreting the results.

Firstly, the study relied primarily on self-reported data, which may not accurately reflect how participants behave in real-life situations. Although students often reported high confidence in setting boundaries and demonstrated strong conceptual understanding of consent, it remains uncertain how consistently this knowledge is applied in practice, particularly in emotionally charged or socially complex contexts.

Secondly, the presence of teachers or group leaders during the sessions may have influenced participants' responses. Even though surveys were anonymised, the awareness of authority figures in the room could have contributed to socially desirable responding, with students selecting answers they perceived as expected rather than those that fully reflected their personal beliefs or experiences.

Engagement levels also varied across sessions. Some students appeared distracted, used humour when completing questionnaires, or showed visible discomfort when discussing topics related to sex and consent. This discomfort, alongside peer influence, may have affected the seriousness with which some responses were given, as well as participants' willingness to engage openly with the material.

Time constraints represented an additional limitation. Due to limited session time, it was not always possible to fully implement the planned scenario-based discussions. As a result, opportunities for practising decision-making, communication, and boundary-setting in realistic contexts were sometimes reduced, potentially limiting the depth of learning and application.

Finally, practical barriers affected participation and data collection. In some instances, students were unable to complete the surveys due to low phone battery, unreliable internet connectivity, or technical issues. This contributed to inconsistent response rates across questions and sessions and may have influenced the representativeness of the data.

Despite these limitations, the findings provide valuable insight into young people's understanding of consent and relationships and highlight important considerations for the design and delivery of future consent education programmes.

Chapter 6: Recommendations

Based on the findings of this study, as well as observations made during the delivery of the sessions, several recommendations can be proposed for schools, youth organisations, and practitioners involved in consent and relationship education in Malta.

Firstly, consent education should be approached as an ongoing and developmentally responsive process rather than a single standalone intervention. While the results indicate that many youths possess a strong conceptual understanding of consent, the persistence of misconceptions and difficulties applying this knowledge in practice suggests the need for repeated engagement across different stages of adolescence. Schools and youth organisations should aim to integrate consent, boundaries, and healthy relationships into broader wellbeing

or personal development curricula, revisiting these themes over time in ways that reflect young people's evolving social and relational experiences.

Secondly, greater emphasis should be placed on the practical application of consent knowledge. Although participants demonstrated high levels of awareness and self-reported confidence, group discussions revealed challenges in asserting boundaries, recognising coercion, and responding to social pressure. Scenario-based learning, role-play exercises, and guided discussion of realistic relational situations may help bridge the gap between knowledge and behaviour. These approaches allow young people to practise communication skills, navigate ambiguity, and explore emotional responses in a supported environment.

The findings also suggest that consent education should explicitly address gendered beliefs and sexual scripts. Observations of differing interpretations of flirtation, clothing, and sexual intent between boys and girls highlight the importance of challenging assumptions that normalise entitlement or place responsibility on others for managing desire. Schools and youth organisations are encouraged to create space for critical discussion around gender norms, masculinity, femininity, and responsibility within relationships, supporting young people to question and reflect on the messages they receive from peers, media, and online spaces.

Relatedly, digital culture should be recognised as a significant influence on young people's attitudes toward consent and relationships. The limited awareness of incel culture and the defence of figures associated with the manosphere underscore the need for education that includes media literacy and critical engagement with online narratives. Schools and youth organisations may benefit from incorporating discussions around online influencers,

algorithms, and the ways digital content can shape beliefs about gender, power, and entitlement.

Attention should also be given to the format and delivery of sessions. Smaller group sizes may reduce peer influence, distraction, and discomfort, enabling more meaningful participation. Establishing clear group agreements at the outset regarding respect, confidentiality, and appropriate engagement may further support a psychologically safe environment. Where possible, reducing the visibility of peers' survey responses may help minimise social desirability effects and encourage more authentic reflection.

Time allocation represents another important consideration. The inability to fully implement planned scenario-based discussions due to time constraints suggests that future programmes should allow sufficient space for interaction, reflection, and processing. Where this is not feasible within a single session, schools and youth organisations may consider delivering content across multiple shorter sessions to allow concepts to be revisited and deepened.

Finally, collaboration between schools, youth organisations, and external professionals is strongly recommended. Involving trained facilitators, counsellors, or youth workers can support the sensitive nature of consent education and ensure that appropriate support is available for participants who may find the content personally relevant or distressing. Clear referral pathways should be established so that disclosures or concerns arising from sessions can be responded to ethically and effectively.

Overall, these recommendations highlight the importance of consent education that is sustained, reflective, culturally responsive, and grounded in young people's lived realities. By adopting these approaches, schools and youth organisations can move beyond awareness-

raising and toward fostering the skills, critical thinking, and emotional literacy needed to support safer and healthier relationships among Maltese youth.

Chapter 7: Conclusion

This study set out to explore young people's understanding of sexual consent, healthy relationships, and personal boundaries within educational and community settings in Malta, and to evaluate the immediate impact of a targeted consent education intervention. Using a pre–post survey design alongside direct observation and group discussion, the study provides insight into both participants' knowledge and the complexities involved in applying this knowledge in practice.

Overall, the findings indicate that many participants entered the sessions with a relatively strong conceptual understanding of consent and healthy relationships. Following the intervention, improvements were observed in participants' recognition of consent-limiting situations and their reflective engagement with issues related to boundaries, communication, and self-worth. These findings suggest that consent education can play a meaningful role in reinforcing understanding and prompting critical reflection among youths.

At the same time, the study highlights important challenges. Despite high levels of self-reported confidence, discussions revealed difficulties in asserting boundaries, recognising coercion, and navigating social and emotional pressures. Gendered assumptions, peer influence, discomfort with sensitive topics, and exposure to harmful online narratives emerged as significant factors shaping how consent is understood and enacted. These findings underscore the limitations of knowledge-based approaches and reinforce the need for education that prioritises practical skills, emotional literacy, and critical engagement with social norms.

While the study is subject to limitations, including reliance on self-reported data, time constraints, and contextual influences during delivery, it contributes valuable locally grounded evidence to an under-researched area. Importantly, it highlights the relevance of culturally responsive, developmentally appropriate consent education within the Maltese context.

In conclusion, this study supports the view that effective consent education must extend beyond awareness-raising to address the relational, emotional, and social realities young people face. Sustained, reflective, and skills-based interventions delivered within supportive educational and community environments are essential in promoting safer, healthier, and more respectful relationships among youths in Malta.

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