

# Development, Implementation, and Evaluation of the SMART Consent Workshop on Sexual Consent for Third Level Students

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# Introduction to the SMART Consent Initiative

## Introduction

This report sets out the projects that we have engaged on during 2016-2017 to examine the effectiveness of the SMART Consent workshop, its potential for integration in third level institutions, and the context of attitudes, behavioural intentions, and past experiences in which workshops take place. It is presented in five sections:

- Section 1: Introduction to the SMART Consent Initiative
- Section 2: Consent in Context: Student Surveys
- Section 3: Randomised Controlled Trial Study of the SMART Consent Workshop
- Section 4: Integration Consent Workshops into Third Level Institutions
- Section 5: Summary

In the first section we introduce the SMART Consent initiative and describe its development since 2013.

The Smart Consent initiative began in 2013 with a research study of how college students speak about sexual consent and non-consent, conducted with the support of Rape Crisis Network Ireland. The resulting report 'What's Consent Got to Do With It' (MacNeela et al., 2014) explored how the 187 students in the study discussed sexual consent and how they applied their understanding to hypothetical situations. Students took part either through focus groups or by responding to open-ended questions presented in an online survey.

There were clear principles in evidence when students were talking or writing about sexual consent; they were clear that intimacy without consent was wrong and that, when that did occur, the victim should not be blamed.

Besides responding to general, open questions about consent, the students also responded to short, written scenarios. It was particularly while discussing these scenarios that ambiguity and divergence came into play – which we labeled the 'grey area' of consent. For example, reliance on social knowledge as a guide to interpret particular situations, thereby linking consent interpretations to factors such as gender stereotypes and beliefs about the impact of alcohol. Given that the scenarios did not include features of 'rape myths,' namely an attack by a stranger using physical violence, students spoke about the difficulty of inferring intentions and of choosing between multiple interpretations.

A number of students in the study said that it was their first time to talk about consent, suggesting that the presentation of vignettes could be a valuable tool for others to reflect on consent to sexual intimacy. The next step in researching the topic was to conduct online quantitative surveys, which we have done each year since 2015. The surveys provide coverage of issues like behavioural intentions for consent (e.g., verbal, nonverbal), attitudes to consent, personal experiences of unwanted sexual activity, and attitudes toward sexual health. Elaine Byrnes carried out the largest survey, which had over 1,200 respondents, as part of her PhD research on the NUI Galway Structured PhD in Child & Youth Research.

The surveys gave us a profile of how students say they express consent, and of the impact of factors like gender and relationship status – an information base that we have never had available before in Ireland. The surveys also provided evidence on a range of related issues such as levels of harassment and unwanted sexual encounters. Our focus on looking at consent is to see how this positive communication can be achieved, but the findings on sexual violence and harassment remind us that the other side of achieving agreement and consent is when sexual encounters are non-consenting.

Since 2014 we have worked to turn the research findings into a practical initiative. Supported by funding from the NUI Galway Students' Union EXPLORE project, the Galway Healthy Cities Alcohol Forum, and an Irish Research Council New Foundations award (again in partnership with Rape Crisis Network Ireland), we devised a two-hour workshop for small groups, the SMART Consent workshop, piloting it in 2015 and 2016. The workshop was developed to give students an opportunity to:

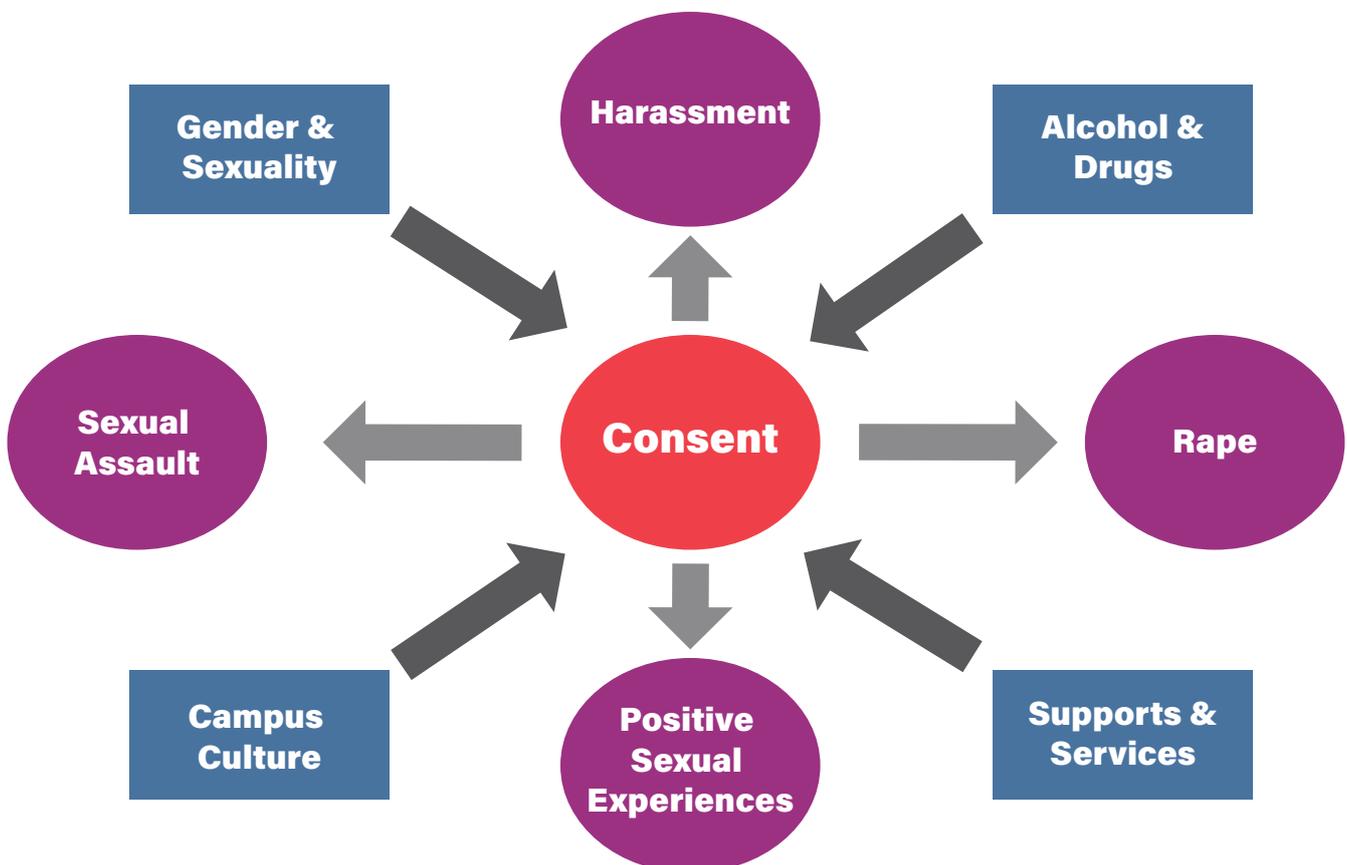
- Say what sexual consent means to them.
- Compare their understanding with the definition that researchers use.
- Talk about how they use their understanding to make sense of different consent scenarios.
- Learn how their views and attitudes compare with those of their peers, both in the workshop and through what we have learned from survey findings.

In devising this workshop we decided that participants would not be asked to talk about their own experiences or topics that they are not comfortable with. The workshop is anchored by a model based on clear communication, active agreement, and affirmation, whether verbal or nonverbal. The definition of consent used to operationalise this approach in the workshop is that consent is: “the freely given verbal or nonverbal communication of a feeling of willingness to engage in sexual activity” (Hickman & Muehlenhard, 1999, p. 259). We add to this definition with reference to how consent is ongoing, refers to multiple forms of activity, and is affected by contextual factors such as relationship status. Our emphasis is on normalising the discussion of what consent looks like when it is achieved, and what factors might act as facilitators or challenges to getting to mutual agreement.

The flipside to focusing on positive sexual health is the acknowledgement that many people have experienced non-consenting sexual activity, including verbal harassment or pressure, unwanted touching or kissing, sexual assault, or rape (USI, 2013). Moreover, social attitudes toward harassment are a critical issue for all institutions to address – for example the degree to which harassment is tolerated and people are willing to intervene to address it (Universities UK, 2016). We do not specifically address sexual violence in the SMART Consent workshop, as the focus is on consent as part of the communication that takes place during intimacy. We provide information on support services and acknowledge that many people are affected directly or indirectly by sexual violence.

Thus, working in the field of sexual consent in third level institutions involves the recognition of positive sexual health promotion as well as awareness of sexual violence; the understanding that factors such as gender, sexual orientation, relationship status, and alcohol use influence the context of consent; and that the complex ecology of the third level institution setting shapes how, where, and when consent could be addressed. These influences are summarised below:

### Integrated Perspective on Sexual Consent





Our pilot study research showed positive evaluations of the SMART Consent workshop. It was praised for the high level of interaction, open and supportive discussion, because students learned more about consent and that it encouraged them to think about the issue in a new way. During 2015-2016 we also met with and collaborated with many Student Services, academics, Students' Unions, and students themselves across the country. This experience enables us to suggest a strategy for reaching as many people as possible. First, any branch of the SMART Consent initiative is based on the following principles:

- Credibility, grounded in research evidence from students themselves and materials that are relevant to their lives
- Supported by theory that explains why attitudes change, such as sexual scripts and social norms theories
- Based on active engagement, not didactic methods, and promoting a positive understanding of sexual health as part of our development and identity
- Intended to prompt changes in beliefs, attitudes, and behaviours concerning sexual consent

The SMART acronym summarises the key principles and context that we refer to and work with in the workshop. We aim that people will have the awareness that sexual consent situations involve unique combinations of:

- S = Consent is relevant across different Sexual orientations and gender identifications.
- M = Your willingness and autonomy is affected by your state of Mind; if you are subject to direct pressure or indirect pressure through social norms; being able to think clearly unimpaired by being drunk or influenced by drugs; that you feel a sense of willingness rather than complying with another person.
- A = Willingness is ongoing and relevant to all forms of sexual Activity and intimacy –such as kissing, touching, oral sex and penetrative sex.
- R = Consent cuts across the Relationship the person has with their partner – whether it is a casual encounter, a committed relationship, a hook up with a friend with benefits, etc.
- T = How we say and show consent - Talking is one way to give and ask for consent, alongside other strategies such as nonverbal signs and signals.

The workshop content is set out in manualised form. The 35-page manual describes the materials and the procedures for running the activities that comprise the workshop. This is a resource for two facilitators to run the workshop. In the course of the workshop the facilitators will identify how they can best support the students attending and achieve the best level of engagement possible. In the two-hour workshop format the group size can be up to 15 people. The workshop format is flexible and we adapted the format to 50 minutes and 30 people per session in 2016.

In 2016-2017, the main activities included in the two-hour workshop were:

- Group contract
- Icebreaker – Language of sex / Consent in everyday life
- Flipchart exercise: What is consent?
- Definition of consent
- Vignettes – gendered script, female on male pressure, Hetero / LGBT, alcohol / no alcohol, sex / other intimacy
- 'Rope task' – Social norms estimation / feedback
- Consent communication: Phrases and approaches
- Grey Area, SMART Consent acronym
- Workshop evaluation (pre/post questionnaire)

We also recognise the importance of finding the right opportunities to deliver SMART Consent – requiring a flexible approach to the use of delivery strategies and needs of the groups we work with. This leads us to think of SMART Consent as an initiative, with different levels of engagement:

- Level 1: Tailored to particular contexts or format – such as first year orientation or extracurricular programmes – which involves tailoring materials or workshop duration, and potentially engaging with large groups.
- Level 2: A standalone 2 hour workshop for small groups.
- Level 3: Sustainability – for example training SMART Consent facilitators and leaders in the area of student services and student action.
- Level 4: A whole of community strategy through engagement strategies besides workshops – an internet / social media strategy and the use of other dissemination strategies such as leaflets or comics.

Since 2015 we have acquired extensive experience in Levels 1-3 of this approach, and in 2016 the NUI Galway Student Project Fund gave support to allow Level 4 to be developed. It is an ambitious vision that students will be supported at these four different levels. In addition, we believe that the workshop content and activities should continually develop. Thus, in 2016-2017 our survey work included measures and vignettes that will allow us to expand the repertoire of activities.

In the past year we have been supported by the Irish Research Council / HSE Sexual Health & Crisis Pregnancy Research Programme for Policy & Society grant, to examine the effectiveness of the 2 hour SMART Consent workshop in attitude change. The NUI Galway Student Project Fund grant runs from 2016-2019, supported by NUIG Student Services and Students Union. A Confederation of Student Services in Ireland (CSSI) seed funding grant (with Cindy Dring and Claire Laudet as collaborators) enabled us to work with Aoibhinn Loughlin, Welfare Officer at the Trinity College Dublin Students Union in September 2016 to pilot a train the trainers programme and support SMART Consent integration in a large first year student orientation programme. We developed this further through a service learning project in 2017 with psychology students at NUI Galway helping to design a programme for peer facilitator training and preparation.

We have enjoyed excellent levels of support for carrying out the research that underpins SMART Consent, and for refining the content and approach to working with institutional and student collaborators. While not a comprehensive listing, these collaborators and supporters have included: John Hannon, Pat Morgan, Lorraine Tansey, Daniel Khan, Charlotte McIvor, Ben Hughes, and Jimmy McGovern (NUI Galway); Michelle Caulfield (Galway Rape Crisis Centre); Fiona Donovan, Liam McLoughlin (the Galway Healthy Cities Forum); Jackie Ruttledge (IT Tralee); Aoibhinn Loughlin, Claire Laudet, Aidan Seery, Conor Clancy, Rachel Skelly, Louise Mulrennan (TCD); Michael Byrne (UCC); Daniel Caldwell, Debbie Molloy (GMIT); Lisa Hanlon (AIT); Aoife O'Suilleabhain, Annie Hoey, Síona Cahill (USI); Clíona Saidlear (Rape Crisis Network Ireland); Maeve O'Brien (HSE Sexual Health & Crisis Pregnancy Programme), and Philip McCormack (COSC, Department of Justice).

## What is Consent? 'Feeling It', 'Saying It', 'Showing It'

The definition of consent used to guide SMART Consent is: “the freely given verbal or nonverbal communication of a feeling of willingness to engage in sexual activity” (Hickman & Muehlenhard, 1999, p. 259), ensuring that we highlight that consent is ongoing and extends across different forms of intimacy. Because the meaning of consent is critical to our goals, we will unpack that definition here before describing our research findings. Beckmann (2003, p. 198) wrote that sexual consent involves both “internal reflection and external communication”. ‘Internal reflection’ means our thoughts and feelings – the feeling of willingness referred to in the definition of consent. ‘External communication’ refers to the different ways we interact with another person, verbally and nonverbally. This leads us to say that consent is about ‘feeling it’ (your internal state of willingness), ‘saying it’ verbally (in some shape or form, often indirectly), and ‘showing it’ nonverbally (again, this can happen in many different ways).

We will review these three elements below, each of which is recognised in the research literature (Muehlenhard et al., 2016):

### (a) Feeling it. An internal state of willingness.

This corresponds to ‘internal reflection’ – when we weigh up pros / cons deliberately or judge our feelings quickly to and conclude how willing we are to do something. Willingness to agree to something is the basis for any choice you make, not just in a sexual sense. If willingness is considered more generally then it can be seen as part of the big and small decisions that shape our lives. One key factor in being or feeling willing is ‘wanting’ (the feeling or thought of being attracted to or desiring to engage in an action).

There could be a complete match between what you ‘want’ to do and what you are ‘willing to do’ sexually with a partner. ‘Wanting’ can also be distinct from ‘willing’. You may want to engage in intimacy, but decide not to consent to it. For instance, you might want to have sexual intercourse, but not be willing to do so with a partner (e.g., because of lack of trust or attraction, because you are too drunk or think your partner is too drunk, and so on). Vice versa, someone might be willing to consent to an act but also feel ambivalent about it – ‘in two minds’. A decision on willingness, the internal state about whether the person wants to take part in an action, may be called for quickly or without forethought, and shaped by contextual factors such as the partner’s persuasion or intoxication.

Going back to the definition of consent that we use, the other part of consent besides willingness (i.e., ‘internal communication’) is how willingness is communicated (i.e., external communication). ‘Saying it’ and ‘showing it’, as described below, refer to how we express willingness and how it is picked up or perceived.

### (b) Saying it. Consent as an act of explicitly agreeing to intimacy (explicit consent).

Verbal signs are one form of the external communication and signals that are taken by others to convey intentions or willingness. Because of the use of words we will say that these signs are ‘explicit’. One example is ‘affirmative consent’, a standard of clarity where a verbal ‘yes’ is given before the person’s consent to an action is presumed. A direct ‘yes’ or ‘no’ is a particularly clear form of verbal communication, whereas agreement is often couched or phrased in a shaded or nuanced way (as in ‘maybe’, ‘I might be’, ‘let’s see how it goes’, ‘do you want to get a condom’, etc.). So there is variability in how ‘explicit’ verbal agreement actually is in practice; the degree to which there is clarity may be filtered by the person’s comfort with use of clear and unambiguous language with that partner at the time, and the partner’s ability to ‘decode’ or interpret that language.

Another important point about ‘explicit’ consent is that words are just a signal. I might say ‘yes’ to something, but you can’t see into my mind what my motives are. Am I as certain and willing as my words suggest? How significant is it if your partner’s verbal agreement came after a bit of hesitation? Or if body language is not consistent with their verbal language? What if the ‘yes’ has come after urging or persuasion, after a threat to end the

relationship, or because the person feels that the social norm in this situation would be to agree. These question marks point to seeing consent as a communication process, in which two people seek a mutual understanding of the other's internal willingness and the meaning of external signs.

This is a good point to mention the research on 'miscommunication' (Orchowski et al., 2013). Some authors argue that it is perilous to argue that sexual assault can occur because one partner 'misunderstood' their partner's messages about consent. This could be taken to excuse the behaviour; that the person did not intend to commit an assault, but believed there was agreement. It can put the onus of clear communication on the other partner, assigning responsibility to the other person that s/he should have communicated more clearly. A separate issue raised in the research is 'token resistance', a rape myth where one person might believe that another person might say no but mean yes (Muehlenhard, 2011). Finally, if one partner hears and perceives unwillingness, and accepts that their partner is unwilling, but proceeds with intimacy anyway – this is non-consenting sexual intimacy.

### **(c) Showing it. Consent as behaviour that communicates agreement indirectly (implicit consent).**

The second major form of 'external communication' does not involve direct verbal communication. It draws on our ability to communicate without language, through nonverbal signs, signals and actions. This is referred to as 'implicit' as the meaning is not directly said but could be implied. For instance, someone might show personal comfort with an act of intimacy by smiling, which his/her partner could interpret to mean agreement to continuing on. Nonverbal communication also includes paralinguistic signs – how our tone of voice and other indirect verbal signals are seen as communicating information.

Once again, there are three critical issues arising:

- What is the person's underlying intention – was the 'smiling' mentioned above actually intended to communicate agreement? Perhaps it could mean something else (embarrassment, shock, not having enough time to think about another response ...) or could be just one aspect of how the person feels about what is happening (e.g., 'yes, but I have reservations about this', 'I'm just 50:50 about this', etc.)
- How easily read is the signal – nonverbal signals may be more ambiguous or open to alternative meanings compared with words.
- How does the other person interpret it – was it interpreted as intended by the other person? This draws attention to the skill of 'reading consent', combining different pieces of information into an overall assessment. The process of integrating social perception involves first registering the signs and signals, then using your own personal judgement process to weigh up these signs and reach a conclusion about their meaning.

Reading nonverbal signals is complex because there often there are multiple signals to attend to, and these cues might not even agree with one another. For instance, what if your partner takes off their top (cue 1) but their facial expression is neutral rather than enthusiastic (cue 2)?

As another complicating factor, social perception cues occur in a context. For instance, what if a smile is given only after the person is asked 'are you enjoying this?' Or if the item of clothing is taken off after a request was made. Each behaviour could mean something different if given spontaneously or in reaction to the other person.

The nature of the relationship between the people involved is another source of complexity. When two people in an established relationship read each other's nonverbal signs (accurately or inaccurately), this is in the context of a norm established between them over time. This is different to two people having a casual encounter, who do not have access to the same personalised vocabulary to help 'decode' what the person's nonverbal signals mean. Verbal clarification could be more important in a situation like that, yet because they are not as familiar with one another it might be seen as more awkward to talk about it.



Writers on consent have categorised ‘implicit consent’ into more specific types (Jozkowski & Peterson, 2014). This is helpful in allowing us to think about their implications:

- Nonverbal consent is conveyed through a reaction to the partner that suggests agreement (e.g., smiling, returning a kiss or touch)
- Active nonverbal consent is where one person conveys their consent, and seeks the other’s agreement too, by taking the lead (e.g., moving closer, touching your partner’s body, unbuttoning your clothes or your partner’s clothes)
- Passive consent is where the person does not show agreement or disagreement with their partner’s intimacy seeking behaviour (e.g., not saying no, not resisting an advance). In this case, several sources of uncertainty arise, such as whether the partner is too intoxicated / intimidated or embarrassed to respond

## The Feeling is Mutual: Consent is Shared and Dynamic

The discussion of consent definitions above does not capture the interactive, ‘shared space’ people are in when having intimacy. As an intense interaction, one partner’s ‘reading’ of the other person’s intentions and willingness could occur in a moment. It may not seem that, in the background, there is a judgement process going on to perceive signals, weigh them up, and reach conclusions about what to do next. Yet that is how people work as skilled social perceivers. On other occasions things might slow down considerably, and there is more time to think, talk, or otherwise communicate about what is happening.

The consent definition we have been discussing is framed around one person engaging in a process of giving (or refusing) consent, or seeking consent. Despite this, consent is a shared or negotiated process. It is the individual’s choice to decide what s/he is willing to do with respect to intimacy, but consent is an individual process that takes place in an interpersonal context, leading to a mutual, shared understanding of what the two people are agreeing to. Both partners give and seek agreement. For that reason we could describe consent as a negotiation, even though we normally use that word when talking about a formal procedure. Sexual scripts are an important way in which two partners come to share the same mental space with regard to expectations. Partly this is because scripts set up roles, such as the heterosexual gender role expectation for how men and women might act when seeking or giving permission for intimacy. Finally, consent is dynamic and ongoing.

## Scripts

This negotiation or process is shaped by the gender or sexual roles embedded in those sexual and interaction scripts that we have been exposed to over time. A script is a set of beliefs and expectations that guides us in how to act in a particular situation. There is a script for classroom behaviour, for going to the cinema, for a first date, and so on. These scripts are a rich library of knowledge and have lots of variations. For instance, the script for ‘eating out’ has sub-scripts for having a meal in a restaurant or ordering fast food. A script gives us guidance for the different actors involved, their roles, what scenes appear in an episode of the script, how they relate to one another, and so on. We are exposed to these through our direct experience, indirectly through our people telling us, via old and new media, and so on.

In the case of a sexual script there is the application of the more general script concept as a way to explain how people make sense of and have a common frame of reference within an intimacy scenario (Wiederman, 2015). In the case of scripts for single people getting together, we might suggest ‘friends with benefits’, a casual encounter in a nightclub, going on a date, Netflix and chill, sexting, Tinder, Grindr .... Other scripts could be identified for couples.

## Gender Roles

Scripts incorporate assumptions about the person's role. In the traditional gender script, the male is cast in the active role of seeking to move forward continually in intimacy. The female partner is in the gatekeeper role of evaluating and responding to these efforts (Sakaluk et al., 2014). Within sexual identities other than heterosexuality there are other assumptions and roles. Knowing about a script is not the same as endorsing it or believing that it is an appropriate guide for you. As individuals, we take our own perspective on how acceptable these roles are to us personally (Masters et al., 2013). For example, a man might:

- Be comfortable with the traditional gender role in intimacy.
- Not identify with it, but think that others see it as the norm.
- Actively reject it and consider it inappropriate.

Scripts and roles have significant implications for consent. They trigger expectations for us about what each person is likely to want, potential willingness to progress to a certain level of intimacy, how they are expected to show or seek consent, etc. The traditional gender role script suggests the man will be the main person to show active nonverbal consent, showing willingness and seeking more intimacy. If that were to happen, the female partner's role would be to react to these efforts and manage the situation. The two people involved might be ok with this. We could also foresee in some cases that the woman could feel uncomfortable to act in response to the other partner, rather than having an equal say in setting the scene for how the intimacy will play out.

## Dynamic and Ongoing

Because intimacy usually unfolds and develops, consent is dynamic rather than being a discrete, one-off event. Each person's overall willingness to be intimate with the other person might change as things unfold. Willingness might also depend on what form of intimacy is involved. One person might be up for kissing and touching, the other might be willing to do these but also to have penetrative sex as well. With reference to the scripted nature of intimacy, the script for sexual intercourse typically involves progression through several behaviours in the same encounter (e.g., kissing / touching, genital touching, oral sex, penetrative sex). Thus, Humphreys and Brousseau's (2010) measure of sexual consent attitudes includes several items that assess the acceptability of asking for consent regardless of the form of intimacy involved.

## Conclusion

Having introduced the background to the SMART Consent workshops, describing what the workshops involve, and unpacking the meaning of consent, the following sections present findings from the SMART Consent team's research in 2016-2017. An analysis of the context in which consent workshops take place is followed by a summary of the effectiveness of the consent workshop, including qualitative feedback from workshop participants. Finally, the effectiveness of two efforts to integrate the workshop with existing third level institutional initiatives is described.



A scenic mountain landscape featuring a calm lake in the middle ground, surrounded by dense evergreen forests and steep, rocky mountain slopes. The foreground is a lush, green meadow with various wildflowers. A semi-transparent white rectangular box is overlaid on the upper half of the image, containing the title text in a purple serif font.

# Consent in Context: Student Surveys

This section describes the findings from two online surveys of students that we carried out in one Irish university in the 2016-2017 academic year. These surveys were completed in the course of the NUI Galway Student Project Fund project that we are carrying out. The aim of the surveys was to explore consent beliefs and behavioural intentions, as well as related issues and perceptions that contribute to the context in which sexual consent takes place. We used survey measurement tools that have been developed internationally in the past few years to assess personal, educational, and social factors that impact on consent. The surveys also presented applied examples of consent scenarios to students to study how consent is perceived in complex relationship, same-sex, drinking, and non-drinking contexts marked by some degree of ambiguity or ambivalence.

The purpose of the surveys was to highlight and prioritise issues of key importance for us in the design and delivery of consent workshops and messaging on a sustainable basis. We included a number of recently developed measures of attitude and self-reported behaviour to enhance our understanding of the mindset and previous experience of students who may take part in workshops. This is consistent with the American College Health Association (2016) recommendation to meet audiences where they are, in terms of attitudes and behaviours, so as to match new initiatives with their readiness and engagement needs. We also wanted to use surveys to obtain research findings that can be developed into new activities and awareness-raising components of consent workshops and related messaging. Scenarios covering consent for same-sex partners, young adults in a relationship, and low levels of drinking were tested in order to increase the variety of scenarios we can avail of in future.

Survey 1 was carried out during Semester 1. As part of a programme of survey research conducted in NUIG, email addresses for all undergraduate students were obtained with permission of the college authorities. Approximately 6,000 students were emailed an invitation to take part in the survey via SurveyMonkey, and 1,040 began the survey. It took approximately 25 minutes to complete the survey and there was a gradual attrition of respondents with each rating scale. A total of 632 students completed the survey. Survey 2 took place in Semester 2. Approximately 3,000 students were emailed the invitation to take part in the survey and 503 students began it. It took 20 minutes or so to complete this survey. Of the students who commenced the survey, 425 completed the first set of quantitative measures. There was a drop off in students who proceeded to the next section, which consisted of three consent vignettes and related quantitative / qualitative items. A total of 314 students completed this second half of the survey. The summaries presented in this section give an overview of the main findings of the two surveys, based on the number of students who completed each scale.

Survey demographics are set out below. Two-thirds of the students who took part were female and one-third male. Some students did not identify with either gender category or gave a different gender identification (0.8% of the total in Survey 1, 0.2% in Survey 2). Participants predominantly identified with a heterosexual orientation (84% in Survey 1, 90% in Survey 2). The next largest group comprised students who identified as bisexual. Reflecting the student composition generally, some mature students took part in the survey, but the majority were aged 21 or less (71% in Survey 1, 64% in Survey 2).

There was a notable difference in the proportion of students in First Year between the two surveys. Due to the availability of email addresses for the Semester 2 survey, there was a smaller proportion in Year 1 for this survey (10%) compared with Survey 1 (28%). The samples in both surveys were equally split between students who were single and those in a relationship. There were similar proportions of students reporting being sexually active in the past month (70% in Survey 1, 67% in Survey 2). This was described on the survey form as including sexual intercourse, oral, anal, or penetrative sex.

We also included items from the AUDIT measure of drinking behaviour (Babor et al., 2001), which regards risky single occasion drinking (or 'binge drinking') as occurring when someone drinks 6 or more standard drinks (10 grams of alcohol) in one sitting. Responses were comparable across the two surveys. Some students reported never drinking this much (Survey 1: 15%, Survey 2: 12%), while one quarter engaged in binge drinking less than monthly, over one third engaged on a monthly basis (Survey 1: 35%, Survey 2: 39%), and one quarter reported binge drinking weekly or more often.

	<b>Percentage of Students in Each Category</b>	
	<b>Survey 1</b>	<b>Survey 2</b>
<b>Gender</b>		
Male	66.6	66.2
Female	32.6	33.6
Other identification	0.8	0.2
<b>Sexual orientation</b>		
Heterosexual	83.7	89.5
Gay	3.0	1.6
Lesbian	0.8	0.2
Bisexual	8.4	7.2
Asexual	1.1	0.2
Pansexual	0.9	1.0
Other	2.1	0.4
<b>Age category</b>		
21 or less	71	64
22-29	24	31
30+	5	5
<b>College Year</b>		
1	28	10
2	21	33
3+	51	57
<b>Relationship status</b>		
Single	51	50
In a relationship	49	50
<b>Sexually active in past month</b>		
Yes	70	67
No	30	33
<b>How often 6 or more standard drinks on one occasion:</b>		
Never	15	12
Less than monthly	26	25
Monthly	35	39
Weekly or more	24	24

The findings are presented below by scale to provide a descriptive overview of the attitudes, experiences, and responses of the students who took part.

## Positive Attitudes to Consent

We included one of the sub-scales from the Sexual Consent Scale-Revised devised by Humphreys and Brousseau (2010), which assesses beliefs, attitudes, and behaviours regarding consent. The scale consists of five separate factors, each with an associated set of items, with items rated on a 1-7 Likert scale (from 'strongly disagree' to 'strongly agree').

- Positive attitude toward establishing consent (11 items, e.g., 'I feel that sexual consent should always be obtained before the start of any sexual activity')
- Perceived behavioral control (11 items, e.g., 'I think that verbally asking for sexual consent is awkward')
- Sexual consent norms (7 items, e.g., 'I believe it is enough to ask for consent at the beginning of a sexual encounter')
- Indirect consent behaviors (6 items, e.g., 'Typically I communicate sexual consent to my partner using nonverbal signals and body language')
- Awareness of consent (4 items, e.g., 'I have heard sexual consent issues being discussed by other students on campus').

We used the 11 items of the positive attitude toward establishing consent sub-scale in our online survey (n=632). In addition, we devised a perceived social norms variation on this sub-scale for use in this survey. We wanted students to tell us both what their own attitude was toward each item and what they believe most other students think about the same items. The social norms variation on the scale presented the positive attitude questions prefaced by 'Most other students'. This allowed us to identify whether the survey respondents saw other students as holding similar or different norms to themselves. The mean item scores (out of 7.00) are presented below for both of the versions of the positive attitude scale completed by the respondents – the personal norms version developed by Humphreys and Brousseau and the social norms version that we devised. One of the items ('not asking for sexual consent some of the time is okay') is reverse scored, whereas the other items are positively phrased.

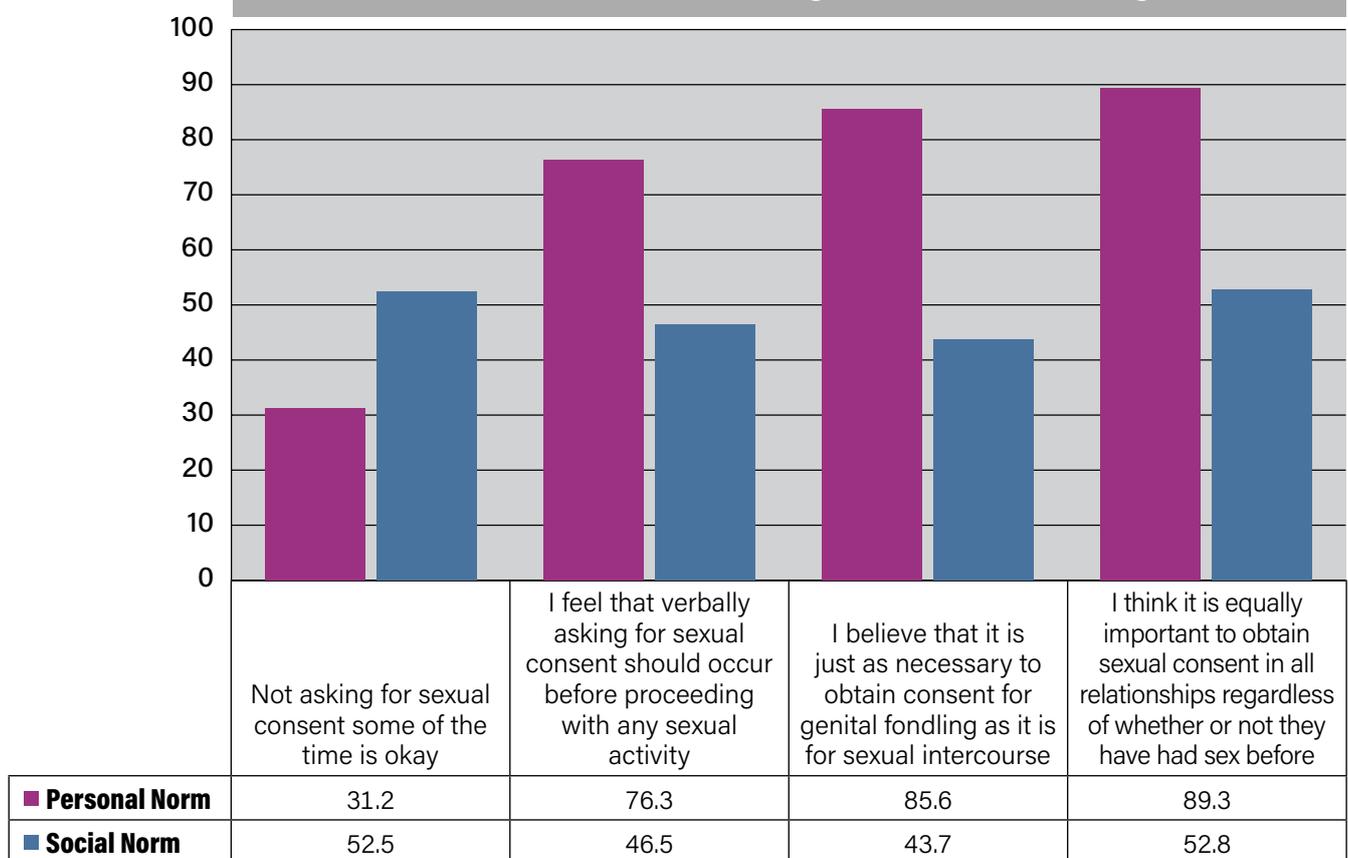
<b>Personal Norm Item (<b>'Most other students ...'</b> for Social Norm Version)</b>	<b>Personal Norm</b>	<b>Social Norm</b>
Not asking for sexual consent some of the time is okay (Reverse scored item)	3.29	4.40
I think that consent should be asked for before any kind of sexual behaviour, including kissing or petting	4.79	4.61
Most people that I care about feel that asking for sexual consent is something I should do	5.34	3.59
I feel that verbally asking for sexual consent should occur before proceeding with any sexual activity	5.54	4.25
When initiating sexual activity, I believe that one should always assume they do not have sexual consent	5.54	4.31
Before making sexual advances, I think that one should assume "no" until there is clear indication to proceed	5.79	4.32
I believe that it is just as necessary to obtain consent for genital fondling as it is for sexual intercourse	5.97	4.13
I feel it is the responsibility of both partners to make sure sexual consent is established before sexual activity begins	6.20	4.72
I think it is equally important to obtain sexual consent in all relationships regardless of whether or not they have had sex before	6.27	4.52
I believe that asking for sexual consent is in my best interest because it reduces any misinterpretations that might arise	6.31	4.93
I feel that sexual consent should always be obtained before the start of any sexual activity	6.38	4.75



The mean item scores convey a more positive attitude than was the case with the original validation sample of 372 undergraduate students in Canada. For instance, the mean score among our respondents for the item 'I feel that verbally asking for sexual consent should occur before proceeding with any sexual activity' was 5.54 out of 7.00, whereas the mean score in the Canadian validation sample was 4.17. The mean scores attributed to other students in our survey (i.e., the perceived social norm associated with 'most other students') was similar to the personal norm identified among the Canadian sample. For instance, the mean score for the social norm version of the item 'When initiating sexual activity, I believe that one should always assume they do not have sexual consent' was 4.31, compared with the Canadian students' mean personal norm score of 4.66.

Overall, the personal norm scores were very positive among our online respondents. The next table presents several individual items in terms of the percentage of students who agreed with them (i.e., a rating between 5-7). Whereas 31% of students agreed that 'not asking for sexual consent some of the time is okay', 53% reported that most others students thought that not asking for consent sometimes was okay. Over three-quarters of students agreed with the three other items in the table below (that sexual consent should be verbally agreed before any sexual act, that consent is just as necessary for fondling as for sexual intercourse, and that consent is equally important regardless of relationship status). By comparison, half (or less than half) of the students reported that, in their view, most other students agreed with the same items. The disparity between personal attitudes and perceived attitudes of other students is significant and could impact on personal decision-making.

**Personal Norms and Perceived Social Norms for Positive Attitudes to Consent: Percentage of students in agreement**



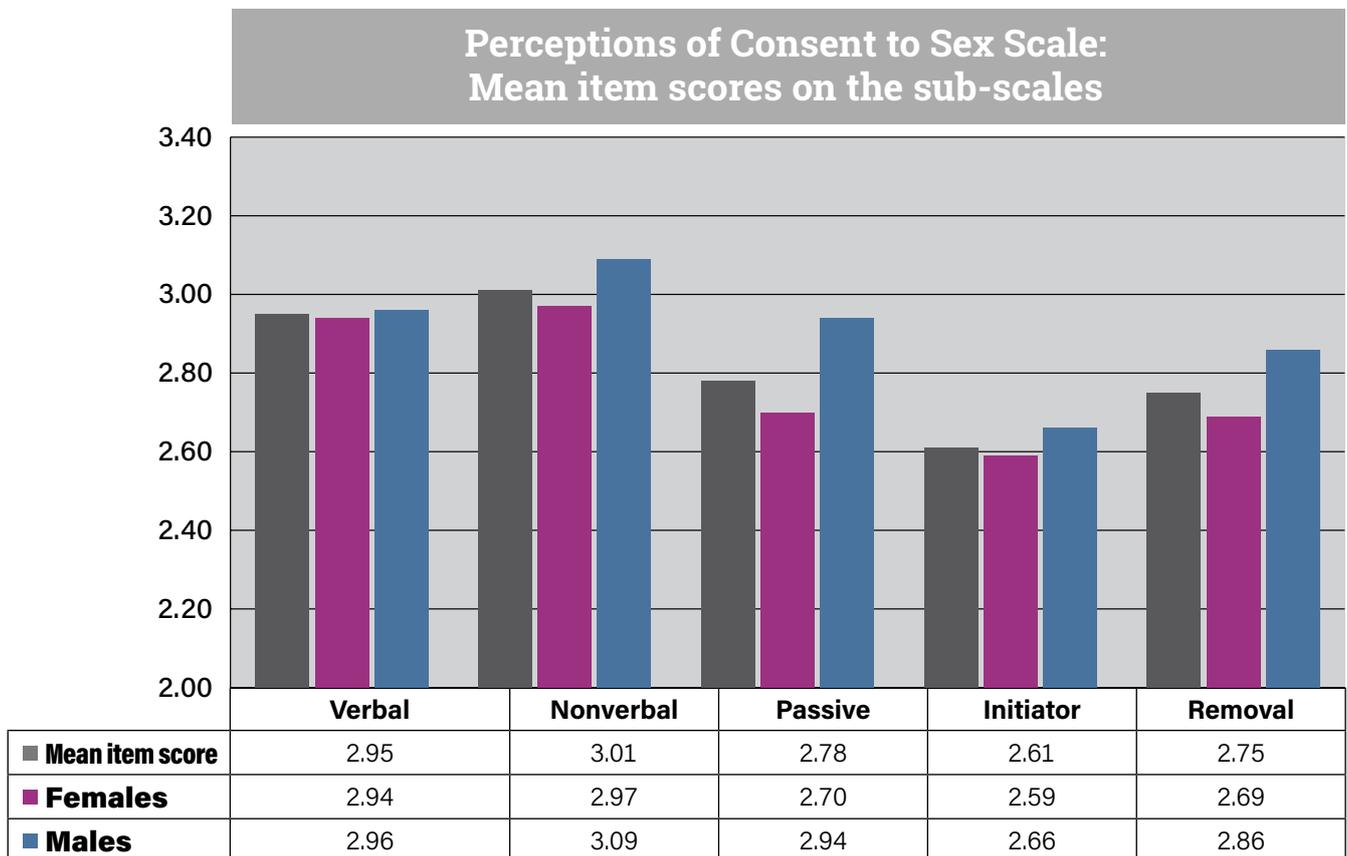
## Consent Behaviours

Jozkowski and Peterson (2014) validated the Perceptions of the Consent to Sex Scale as a tool to allow adults to self-report the behaviours they typically engage in to indicate consent to sexual intercourse. They assessed its psychometric properties with 698 U.S. college students, identifying five different clusters of behaviours in the process:

- Verbal cues (10 items)
- Nonverbal signals (13 items)
- Passive behaviour (10 items)
- Initiator behaviour (7 items)
- Removal behaviour (4 items)

We included the 44-item scale in our online survey (n=632), asking respondents to rate the list of possible behaviours in response to the opening question: ‘In general, how would you let your potential sexual partner(s) know if you were going to consent or agree to engage in intercourse with them?’ Each item is rated on a 4-point scale from ‘strongly disagree’ to ‘strongly agree’.

The chart below shows the mean score across the sample for each of the five clusters of consent behaviours, with mean scores also listed by gender. The mean item scores for two of the factors, Verbal cues and Nonverbal signals, were approximately 3 out of 4 (i.e., a rating of ‘agree’), with little difference by gender. The mean item score for the Passive and Removal behaviour factors was around 2.75 out of 4, with males showing a tendency to exhibit slightly more agreement with these factors. The mean scores for the Initiator behaviour factor were somewhat lower, at 2.61 out of 4.00, with little evidence of a gender difference. Thus, using this metric, all of the forms of consent behaviour were endorsed, with males showing slightly more agreement on two of the five factors.





The percentage of students who agreed (i.e., a score of 3 or 4) with selected individual items is presented in the table below. The table concentrates on a selection of items where there was a difference between males and females. Although there were some differences, there were comparatively few items where the difference in agreement levels by gender was 10% or more. For instance, more men than women agreed they would ask the partner if they wanted to go back to their place in order to show their own consent to sex (81.1% compared with 66.7%). Other items suggesting an active, leading role for the man included ‘take my partner on a date’, ‘ask my partner if they are interested in engaging in sexual intercourse’, and ‘initiate sexual behaviour’; in all cases the agreement level for men was at least 10% higher for men than for women. While this is consistent with the scripted stereotype of the man pushing for intimacy, the active role of women is illustrated by the finding that over half of the women agreed they would use the same strategies to show their consent.

As noted above, men had higher scores in general on the Passive behaviour set of items, as reflected in small differences in the rate of agreement that they would ‘not say no’ (56% compared with 51%) and ‘let the sexual activity progress to the point of intercourse’ (85% compared with 77%).

Item	Percentage of Females Agreeing	Percentage of Males Agreeing
Move my partner’s hands to my pants or lower body	48.60	43.40
Not say no	51.00	55.80
Take my partner on a date	58.10	69.90
Initiate sexual behaviour	65.90	76.20
Ask my partner if he/she wanted to go back to my place	66.70	81.10
Ask my partner if he/she wants me to get a condom	66.90	74.70
Ask my partner if they are interested in engaging in sexual intercourse	71.70	80.60
Let the sexual activity progress to the point of intercourse	77.00	84.50
Say it is okay to engage in sexual activity	85.20	75.20

The lower rate of endorsement of consent initiating behaviours is illustrated in the table below. Less than half of the students agreed that they would move their partner’s hands to their pants or lower body to show consent, while just over half would just keep moving forward until stopped. An initiating item with a less assertive phrasing (‘make a move and check’) was endorsed by nearly three-quarter of the students as a means to show they wished to have sex.

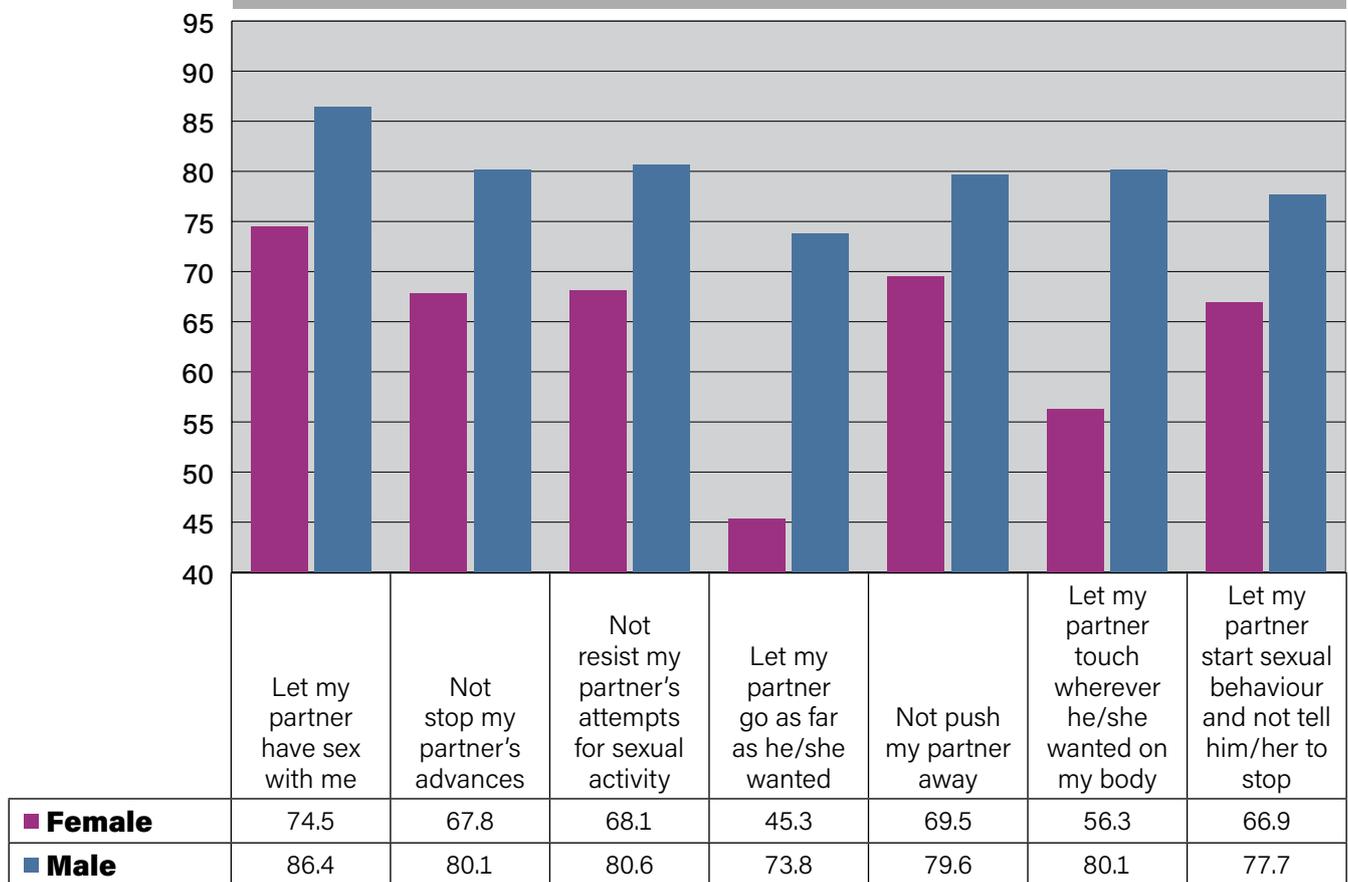
Item	Percentage
Make a move and check my partner’s reaction	72.8
Just keep moving forward in sexual behaviours or actions unless my partner stopped me	54.2
Move my partner’s hands to my pants or lower body	46.9

The rate of endorsing nonverbal signals of consent was higher than for any other form of displaying consent. This is illustrated in the items below where over 90% of students report that they would show comfort with having sex through their behaviour. More specific strategies received high rates of agreement as well – such as moving closer or touching the partner’s arms or legs.

Item	Percentage
Move closer to my partner	84.4
Let my partner know through my actions to show comfort with the behaviour	91.2
Touch my partner’s body such as their legs and/or arms	79.9

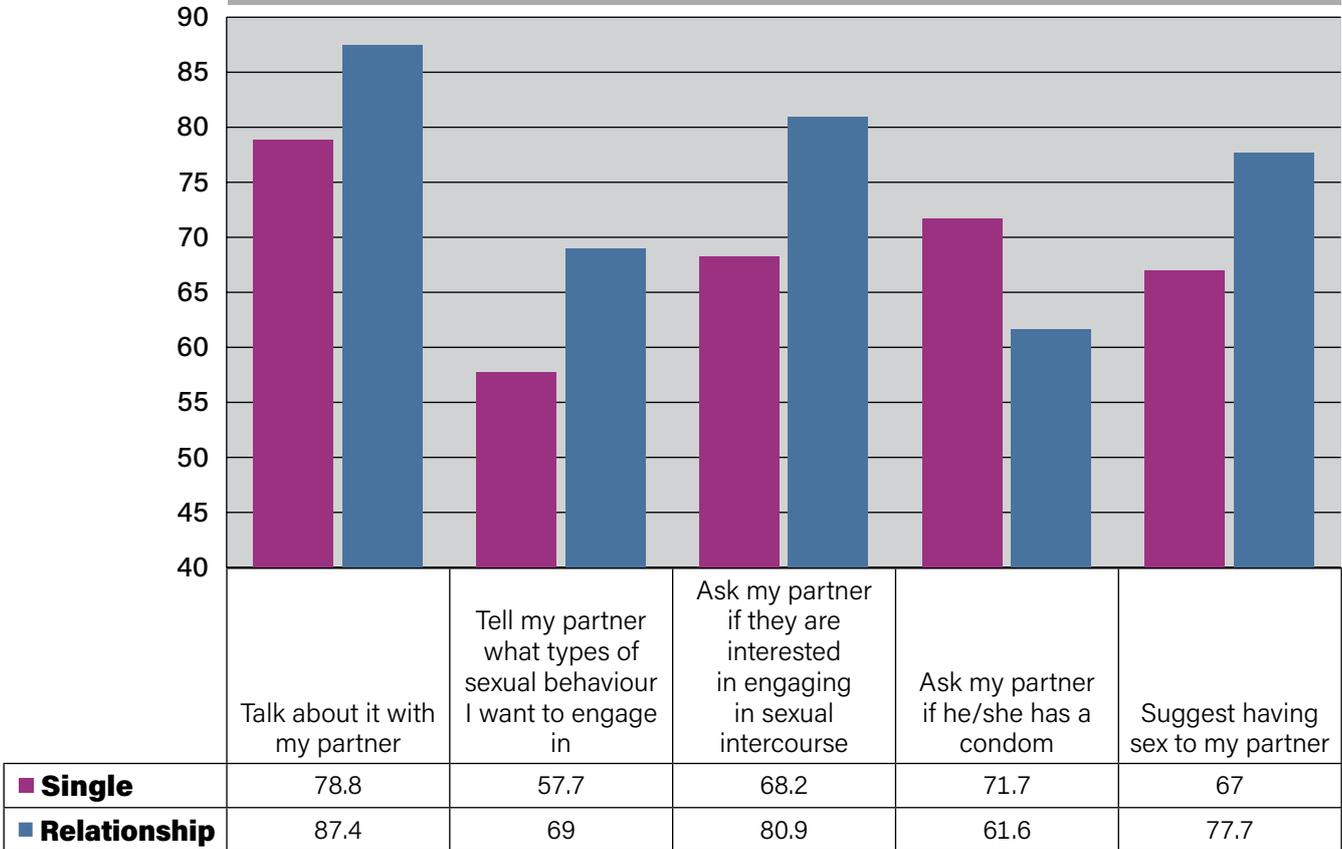
There was a small but consistent difference by gender in agreement with passive forms of showing consent to sex. This is seen in the next table which displays the percentage of men and women who agreed they would adopt passive behaviours. The difference in rate of agreement is around 10% for several items (e.g., 'let my partner start sexual behaviour and not tell him / her to stop'), with some items yielding larger differences (e.g., 'let my partner go as far as he / she wanted' with a difference of over 30% in agreement rates between the genders; 'let my partner touch wherever he / she wanted on my body' with a difference of 24% in agreement rates). These differences are consistent with a stronger role for women as gatekeepers in the traditional sexual script (Wiederman, 2015), where they are assumed to control and restrict access to sex, and to be seen in a negative light if they give sex too often or 'easily'.

Passive Consent Items: Percentage agreement among each gender



With respect to verbal consent items, the key difference we noted stemmed from relationship status. These differences are not pronounced but typically amounted to a difference of 10% in agreement rates by relationship status. Although a majority of single students agreed that they would use individual verbal consent strategies, their rate of agreement was lower than among students in relationships. This is illustrated by ratings of the item on asking the partner if they are interesting in having sex (68% of single students agreed they would use this strategy, compared with 81% of students in a relationship).

**Verbal Consent Items:  
Percentage agreement by relationship status**



### Confidence in Sexual Communication

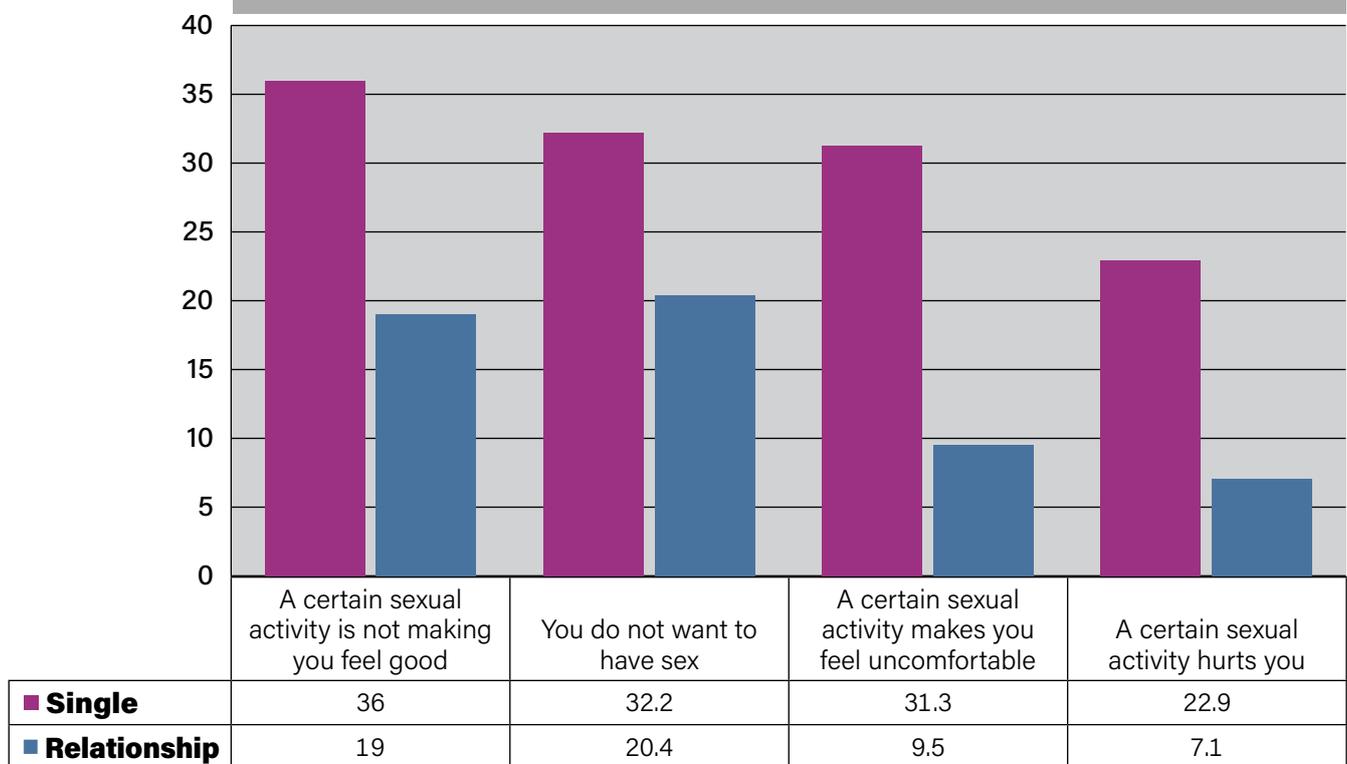
Consent involves expressing preferences for what the person would like to do and not like to do sexually. This aspect of consent taps into self-efficacy, meaning the belief that one can do or enact a particular behaviour. Feeling confident about your ability to do the action entails a sense of confidence in the ability to do it. We can look at self-efficacy as a continuum of confidence to engage in sexual communication, from the person not believing that they can do it through to confidence that they can communicate their preferences to a sexual partner.

We used a new scale to assess self-efficacy, developed by Quinn-Nilas et al. (2016) who validated the Sexual Communication Self-Efficacy Scale with UK adolescents in order to assess how confident adolescents and young adults are in engaging in different forms of sexual communication. Their measure incorporates five factors: contraception communication, positive sexual messages, negative sexual messages, sexual history, and condom negotiation.

We used two of the sub-scales in our survey, assessing how confident survey participants were in communicating positive sexual messages and negative sexual messages (n=477). Positive messages refer to communication of preferences and desires to enhance sexual experiences, whereas negative messages refer to situations where there is a problem or issue that should be addressed. The participants picked an option to say how easy or difficult they found examples of positive and negative sexual communication.

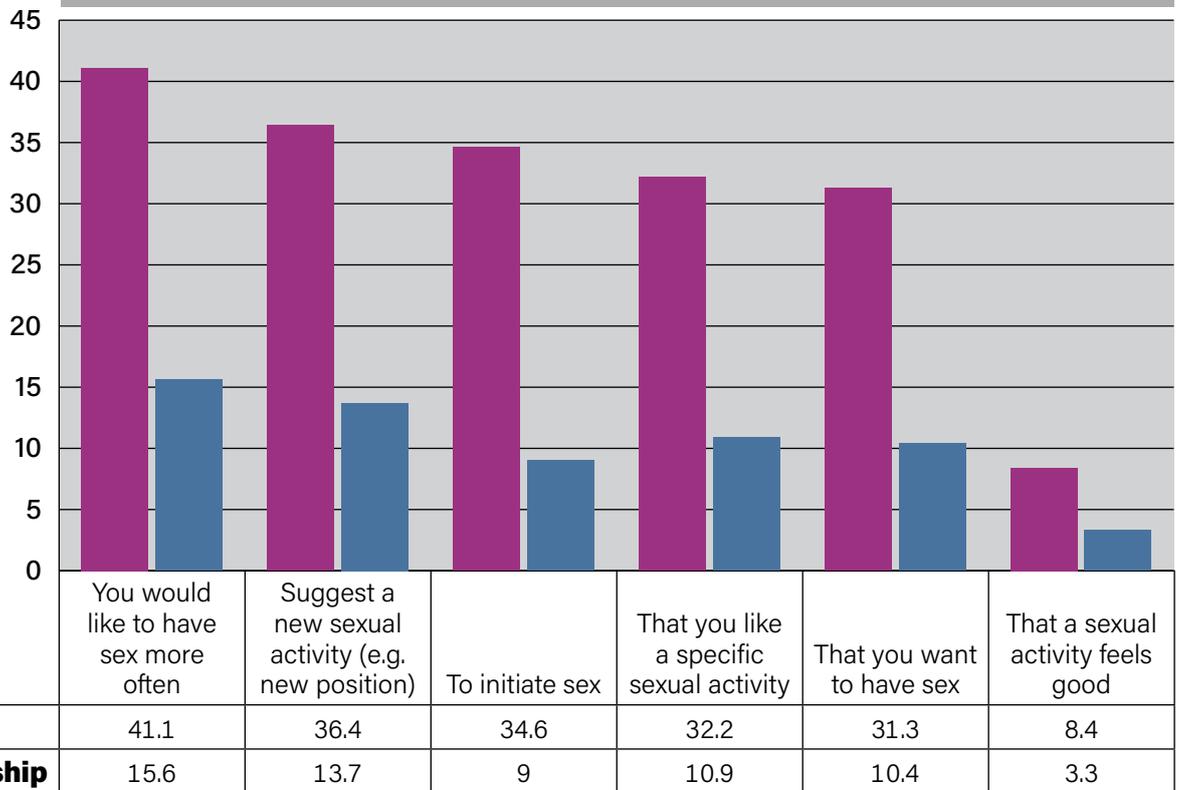
The key differences that we found within the student group occurred between participants who were single and those in a relationship. The findings are presented below, highlighting the percentage of participants who found it 'difficult' or 'very difficult' to communicate on a particular topic. The first table on negative sexual messages shows that participants not in a relationship were more likely to find it difficult to communicate a problem or issue. For instance, over a third of the single participants (n=240) said they would find it difficult or very difficult to tell a partner that a certain sexual activity is not making them feel good, compared with one-fifth of students who were in a relationship (n=237).

**Confidence to Engage in Sexual Communication with Partner,  
% students (single / in a relationship) reporting 'difficult' /  
'very difficult' to tell partner ...**



The difference between single students and those in a relationship grew larger on items referring to positive sexual communication. Over a third of the single students reported it would be difficult or very difficult to say they would like to have sex more often, compared to one in ten of the students in a relationship. Taken together, the responses to the Sexual Communication Self-Efficacy Scale suggest that a considerable proportion of students, especially those not in a relationship, indicated difficulty with forms of communication that are critical to consent.

**Confidence to Engage in Sexual Communication with Partner, % students (single / in a relationship) reporting 'difficult' / 'very difficult' to tell partner ...**



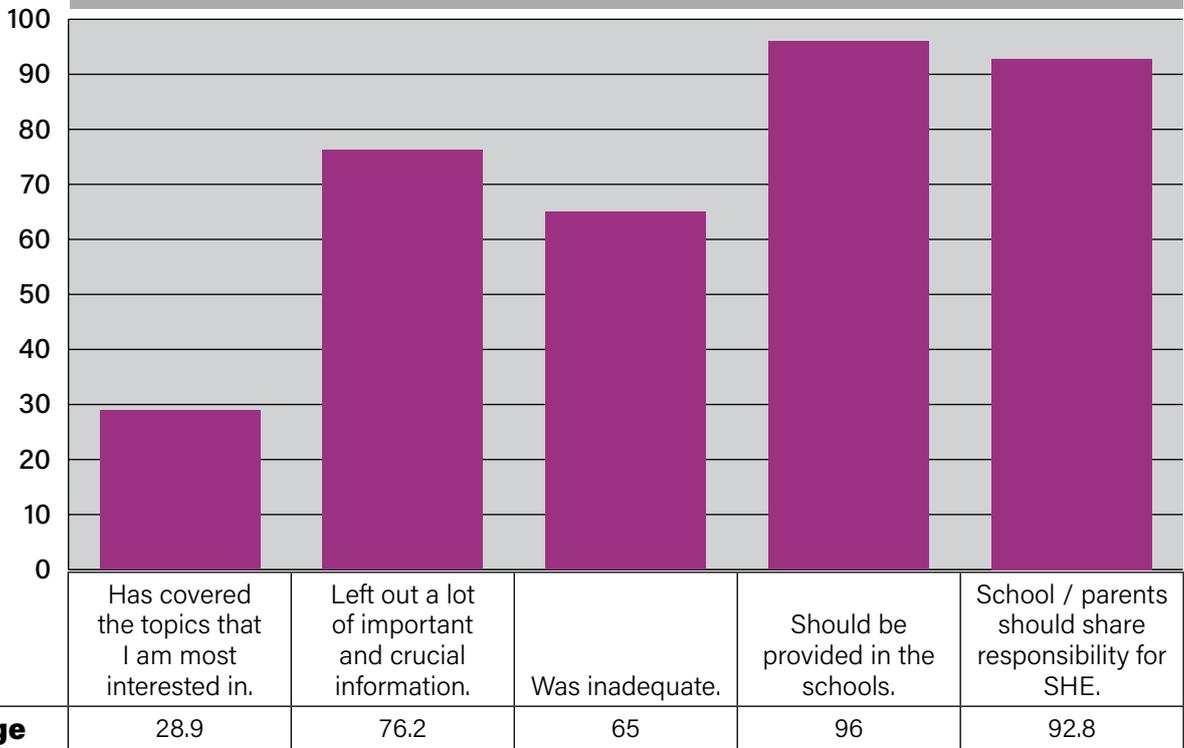
## Satisfaction with Sexual Health Education

Talking about consent with a partner takes place in the context of previous opportunities to have grown confident about sexual communication. Given the demographic profile of the college students, for most people this highlights the sexual health education received during secondary school.

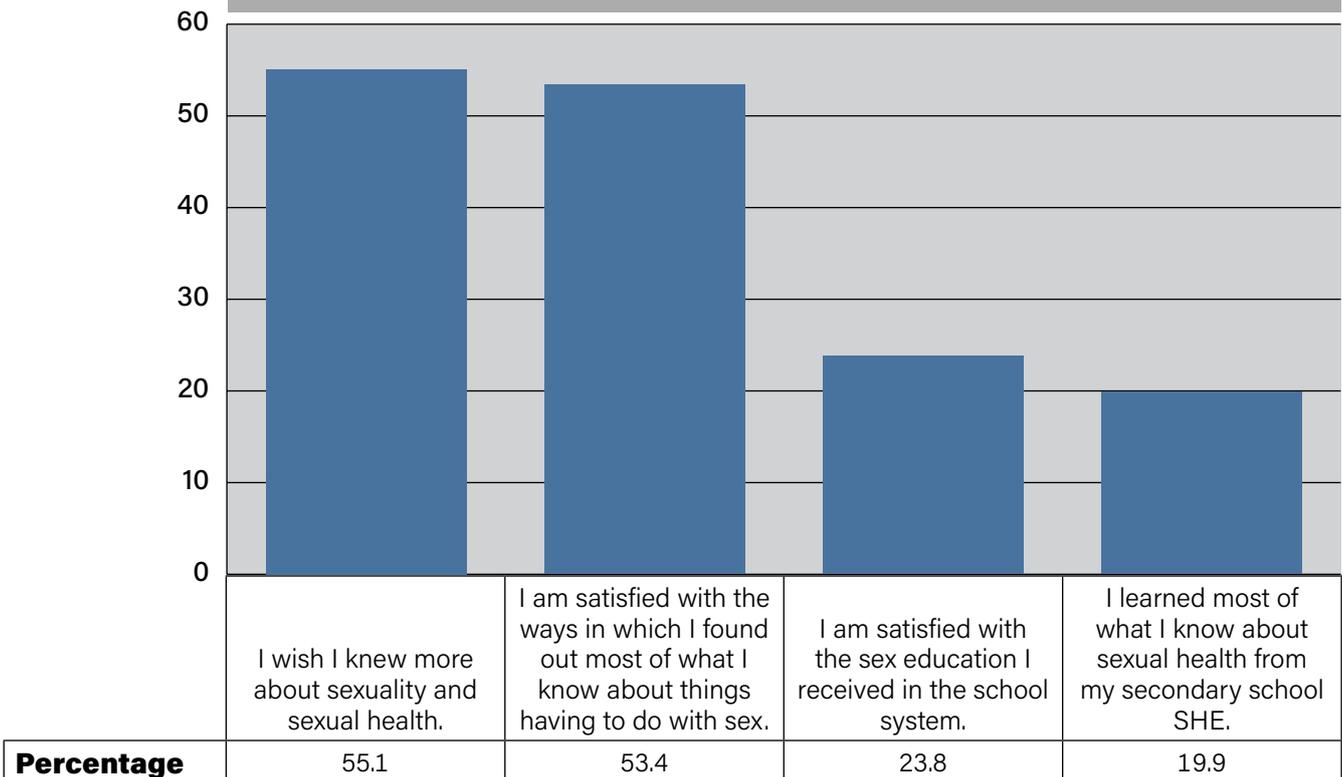
We used the General Satisfaction with Sexual Health Education scale, as reported by Meany (2009), to measure perceptions and attitudes toward experiences of sexual health education at school. The measure was originally devised by Byers et al. (2003) and adapted by Meany (2009), consisting of nine items. The items were originally used with a sample of undergraduate students in Canada to identify perceptions of high school sexual health education. The items are scored on a 1-7 Likert scale, from strongly disagree to strongly agree.

Edited item labels are presented below, alongside the percentage of students in our online survey who agreed with each statement (i.e., selecting the 'slightly', 'moderately', or 'strongly' agree statements) (n=446). The findings demonstrate that the students agreed that sexual health education should be covered in schools, but that their own experiences at school were largely unsatisfactory. Only 29% of students agreed that their sexual health education covered the topics they were most interested in, while 65% thought their sexual health education at school was inadequate. Only one-fifth indicated they had learned most of what they knew about sexual health from school, while over half were satisfied with the ways in which they had found out about sex (i.e., for the most part outside school).

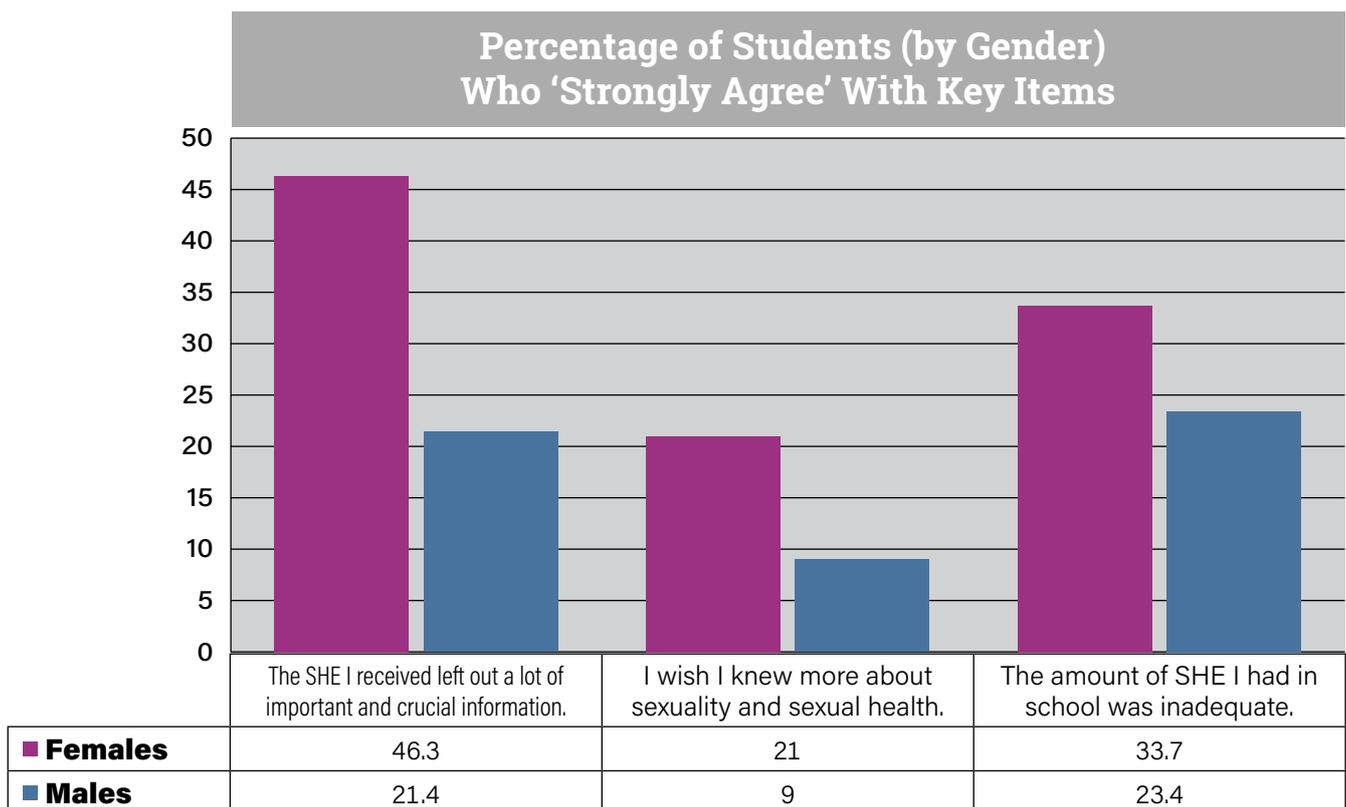
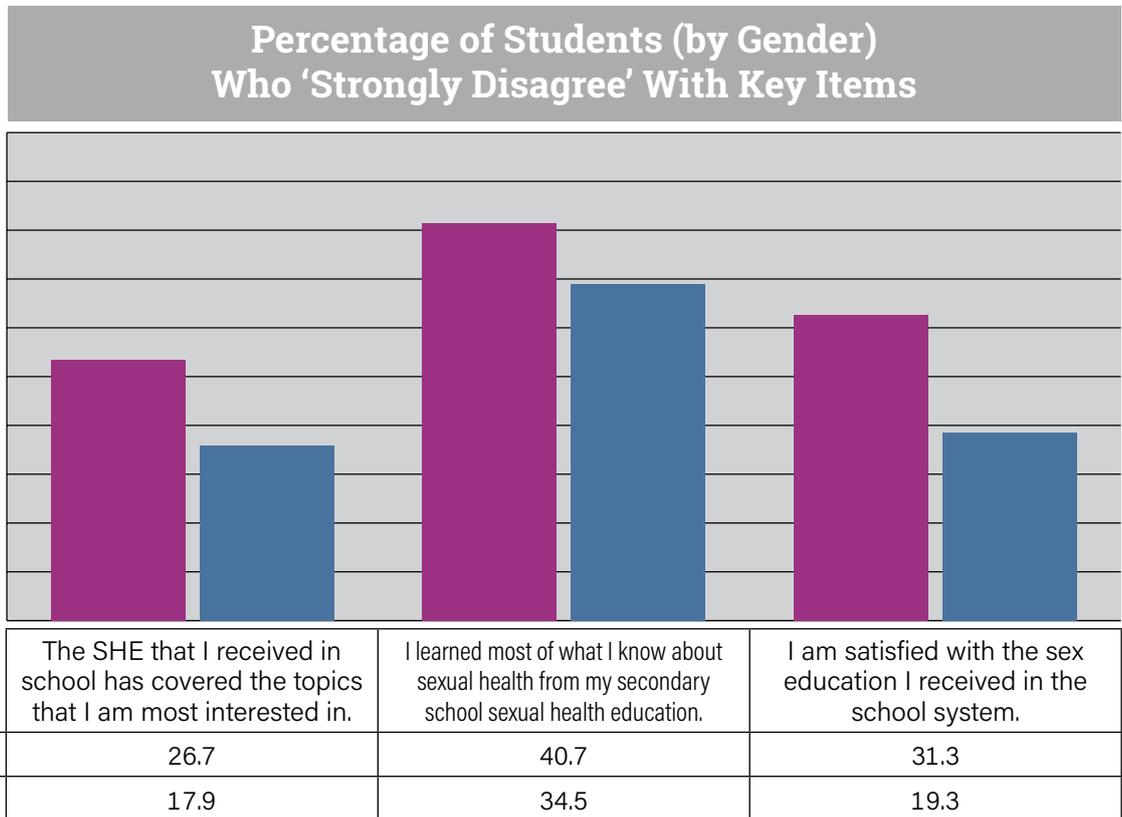
Percentage of Students Agreeing ('slightly', 'moderately', or 'strongly') with Sexual Health Education Statements



Percentage of Students Agreeing ('slightly', 'moderately', or 'strongly') with Sexual Health Education Statements



There were some gender differences in responses to these items, which are presented below, presented in terms of percentage of each gender who 'strongly disagree' with each item. For instance, nearly one-third of women (n=300) strongly disagreed that they were satisfied with the sex education received at school (compared with one-fifth of men, n=145). More than four in ten women strongly disagreed that their sexual health education at school had left out important information (21% of men agreed).



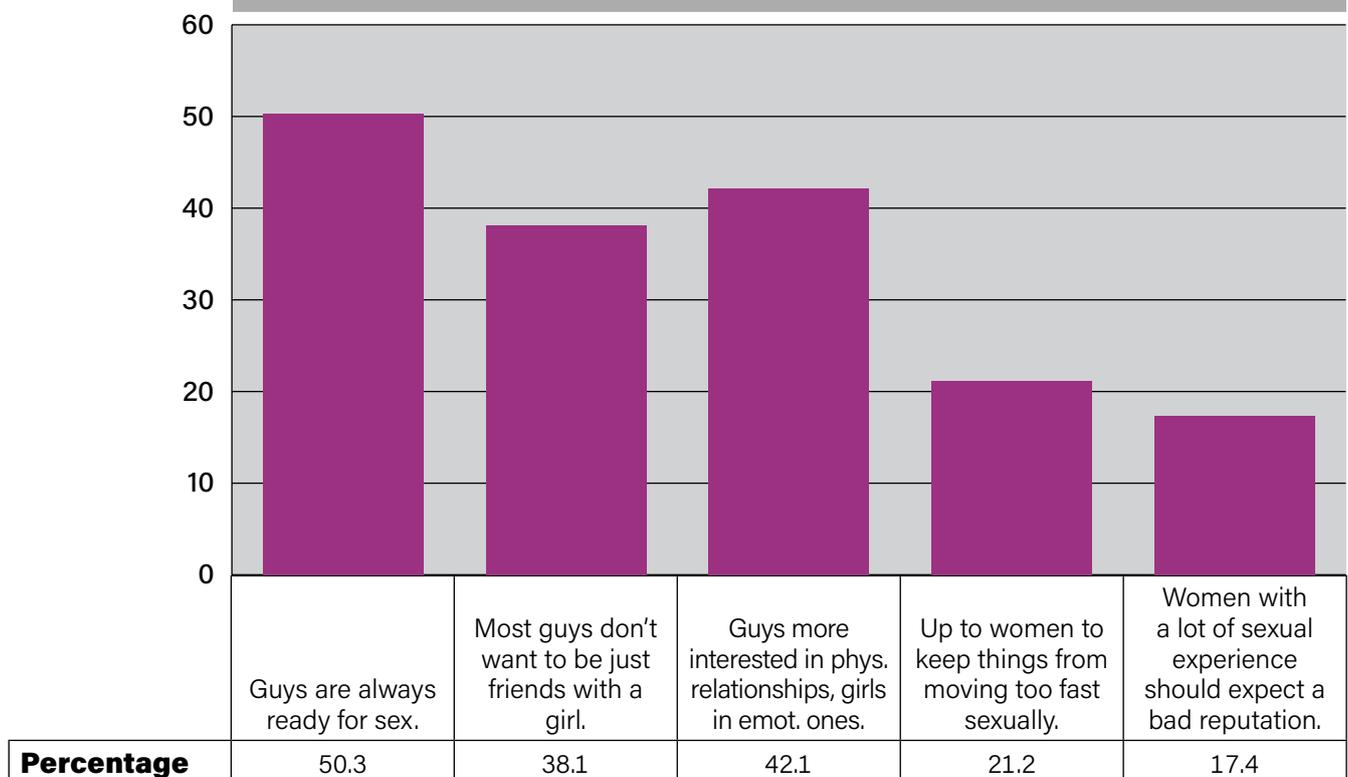


## Heterosexual Sexual Scripts

Communication about consent is likely to be affected by the extent to which the traditional gendered sexual script is adopted, one in which women are deemed gatekeepers who determine the degree to which men achieve sexual intimacy. The conventional script portrays men as continually seeking sex, while women are presumed to be more motivated by relational motives. We used a new scale, the Heterosexual Scripts Scale (Seabrook et al., 2016) to assess endorsement of traditional scripts. This measure was validated with a sample of university students in the U.S. It comprises four sub-scales that reflect different components of the traditional script (courtship and commitment; men as powerful initiators; men value women's appearance; and sex defines masculinity, women set sexual limits). All of the items are scored on a six-point Likert scale (strongly disagree-strongly agree).

We used the factor referring to 'sex defines masculinity, women set sexual limits' in our survey. The table below presents the percentage of students who agreed ('slightly', 'moderately', 'strongly') with the five items (wording edited in the table). Gender or relationship-based differences were not strongly evident. A majority of the participants (n=425) agreed with the item 'guys are always ready for sex', and two other items were endorsed by four in ten of the participants ('most guys don't want to be just friends with a girl', 'guys are more interested in a physical relationship and girls are more interested in emotional relationships'), and one-fifth of the students agreed with the two remaining items ('it is up to women to keep things from moving too fast sexually', 'women with a lot of sexual experience should expect a bad reputation').

**Heterosexual Scripts Scale (Seabrook et al., 2016):  
Factor 4: Sex Defines Masculinity, Women Set Sexual Limits;  
Percentage of students who agree with the items**

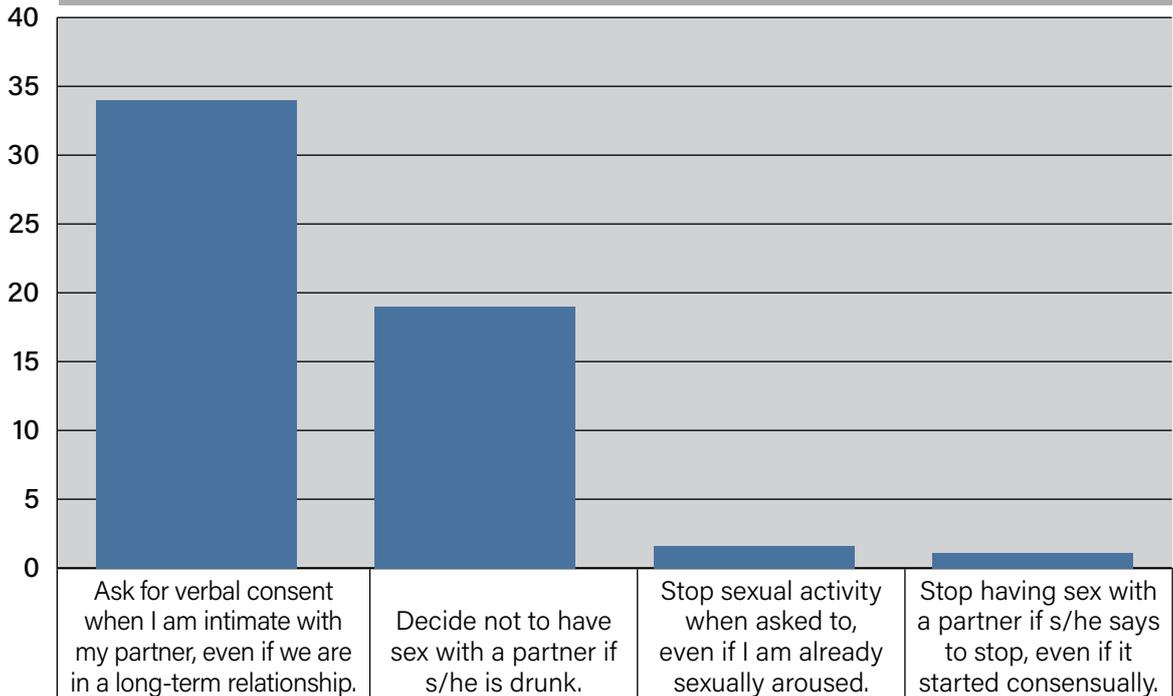


### Bystander Attitudes – Consent Items

The Bystander Attitudes Scale-Revised (McMahon et al., 2010) was devised as a 16-item measure of bystander attitudes concerning sexual violence and assault. In reviewing the content of this scale, we identified four items that refer particularly to consent-related attitudes. We included these items in our online survey (n=425), scored on a 1-5 scale from ‘not likely’ to ‘very likely’. The table below shows the percentage of students who selected the ‘not likely’ option.

Less than two percent of the participants endorsed the items that referenced not stopping sexual activity when asked to do so. Despite this, one-fifth of the participants said it was unlikely for them to decide not to have sex with a partner if s/he is drunk, and one-third said it was not likely that they would ask for verbal consent. Thus, there was almost no support for beliefs related to having limited control over sexual impulses or the acceptability of rejecting partner requests to stop sexual activity. However, there was more openness to having sex with a drunk partner and to proceeding with sex without verbal consent.

**Consent-Related Bystander Attitude Items (McMahon et al., 2010): Percentage of students who say they are not likely to engage in behaviours**



<b>Percentage</b>	34	19	1.6	1.1
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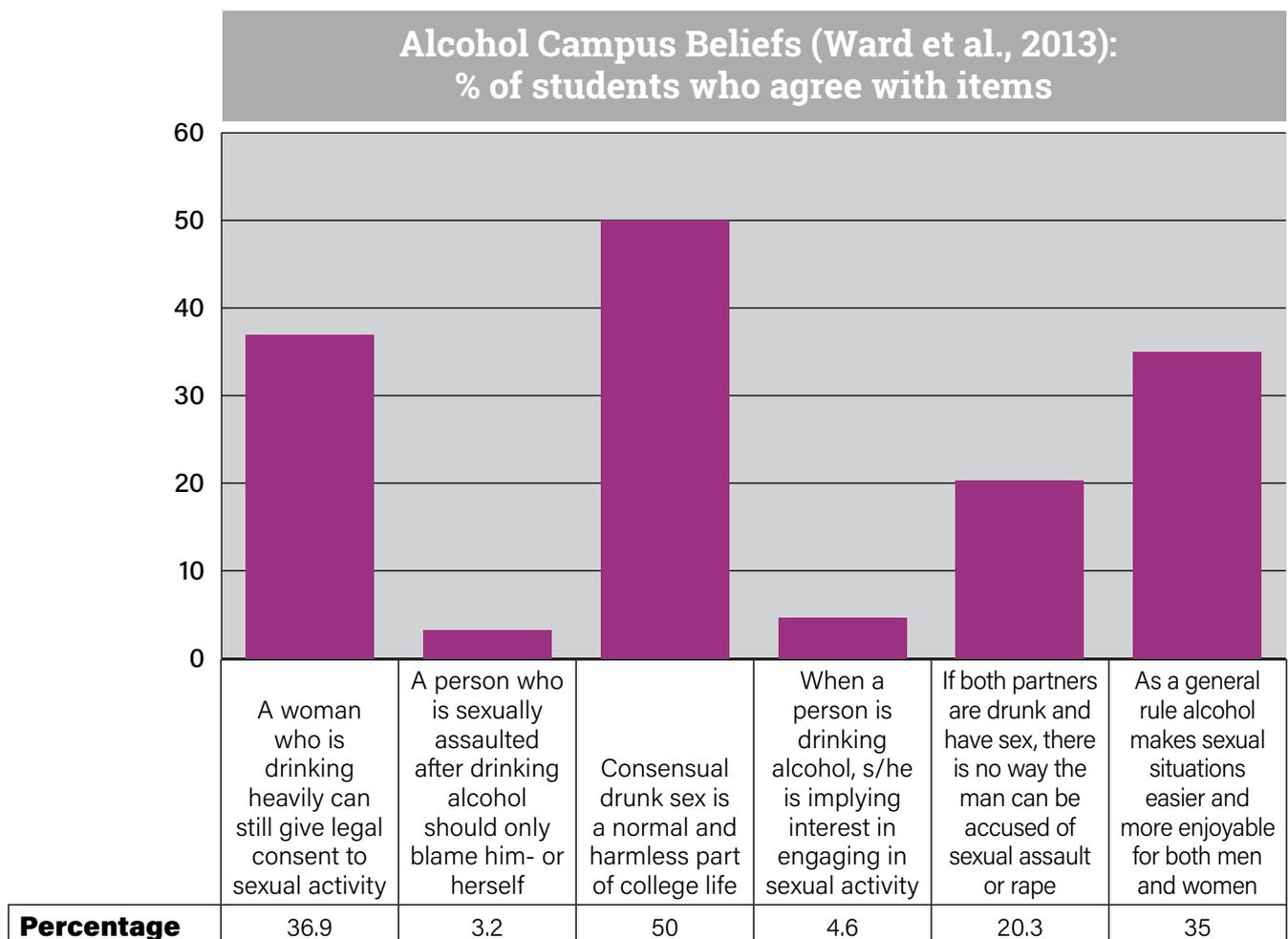


## Beliefs about Alcohol Use and Consent

Ward et al. (2013) introduced the Alcohol and Sexual Consent Scale as a means to assess attitudes to sexual consent in the context of alcohol consumption. Given the degree to which alcohol use is linked to intimacy and casual hooking up, it is critical to understand how young adults perceive alcohol use in consent scenarios. The scale comprises two sets of items, scored on a 1-7 scale (anchored by 'not at all agree' and 'very much agree').

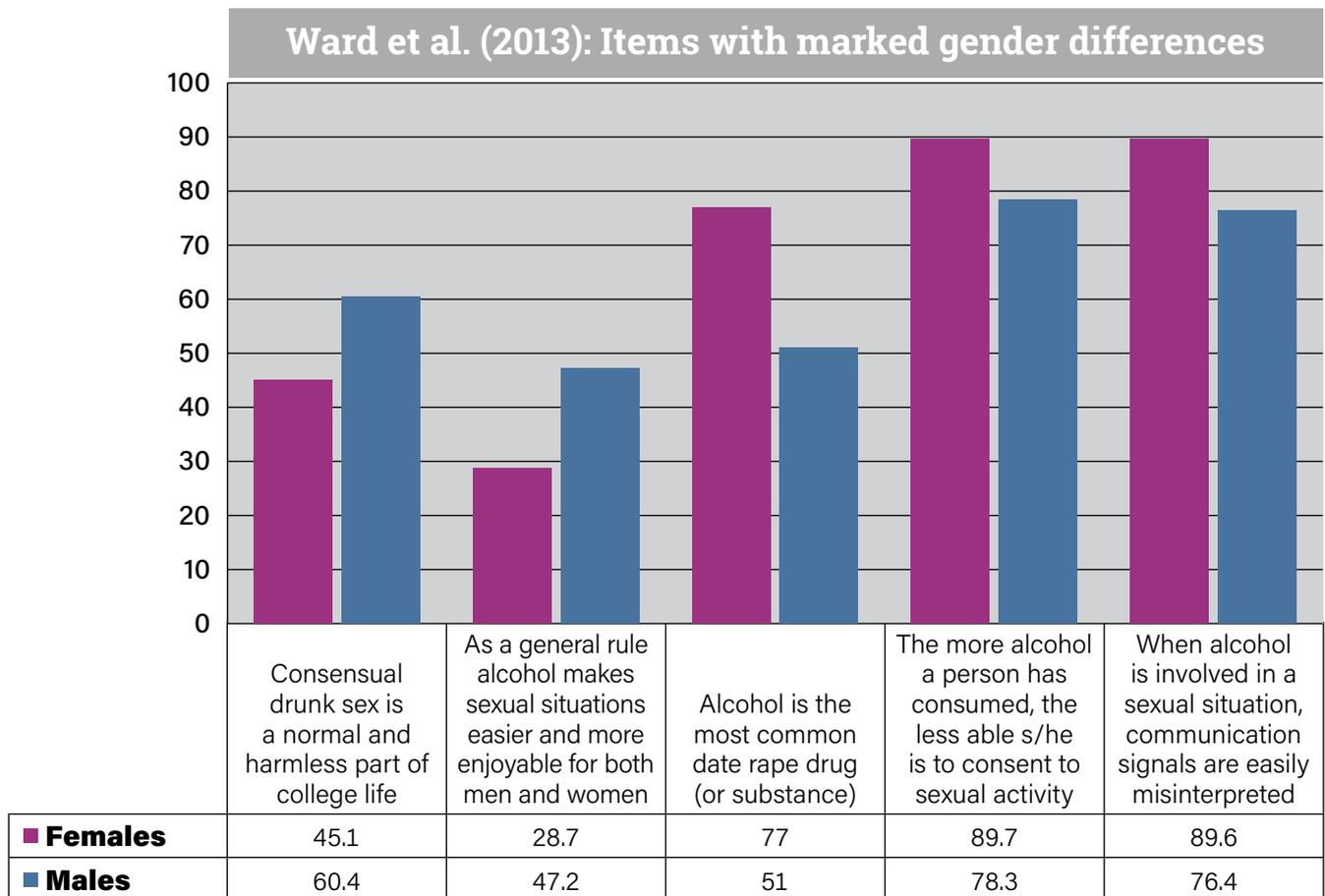
One set of items in the scale refers to alcohol campus beliefs, which sets out stereotypical beliefs about alcohol use and drunkenness being acceptable facets of the script for achieving intimacy. The other refers to campus programming, meaning awareness of myths and inaccurate beliefs regarding links between alcohol use and vulnerability to sexual assault. We used both sets of items in our online survey (n=320).

The first table presents findings from the online survey responses to Alcohol Campus Beliefs items in terms of the percentage of students who agreed with each of the items. Responses to these items fell into three categories. Fifty per-cent of participants agreed with the item that consensual drunk sex is a normal part of college life. Between one-fifth and one-third of participants endorsed alcohol as part of the normal script for intimacy (i.e., that alcohol makes sexual situations more enjoyable, that a woman drinking heavily can still give consent, that a man cannot be accused of sexual assault if both partners were drinking). There was little support for two items that portray alcohol as central to sex (a person who is sexually assaulted when drunk can only blame themselves, by drinking alcohol the person is conveying interest in sexual activity).





Gender differences in the endorsement of alcohol-related consent beliefs were evident for several of the items in Ward et al.'s (2013) scale. There was a gap of 10% or more in the percentage of male and female students who agreed with items such as 'consensual drunk sex is a normal and harmless part of college life', extending to a gap of nearly 20% in endorsement of the item about alcohol contributing to enjoyable sexual situations. These items demonstrate that women, in particular, were less persuaded of a positive link between alcohol and consent. Nevertheless, a majority of men agreed that alcohol contributes to misinterpretation of communication signals and an inability to give consent.



## Consent Scenarios

This section introduces three vignettes presented on an online survey with 329 students in 2017 (220 females, 109 males). The vignettes are intended to bring to life and to contextualise many of the factors that have been touched on in the discussion of survey responses. The impact of gender stereotypes, sexual scripts, alcohol use, consent behaviours, relationship status, and internal willingness are all implicated in the vignettes. By discussing the ratings that students made of these vignettes we seek to show how they interpreted and worked through the issues and complexities that arose from multiple consent-related factors converging in the scenarios.

The three vignettes were designed drawing on expectations from sexual scripts (e.g., a casual hook up) and were written with specific forms of consent behaviour embedded in the text (Jozkowski & Peterson, 2014). The students who responded were asked to read each vignette in turn and answer the questions that followed. Two of the vignettes were followed by quantitative rating items, and the third included open-ended, qualitative items as well.

The third scenario built on an earlier one we used in 2015 in an online survey with 155 students. In that case, the scenario depicted a young man and woman (Kate and George) who were acquainted but had no experience of sex with one another. One critical feature of this scenario is that Kate is depicted in a rather passive role (George takes off her clothes, she does not resist). We adapted that scenario in 2017 by changing the relationship status – now the students were depicted as having been in a relationship for three months. This allowed us to compare responses as a function of relationship status.

The next scenario portrayed a casual encounter in which alcohol features quite significantly. There does not appear to be force or coercion applied in this scenario involving Neil and Carol. They appear to have an enjoyable time and there is some indication of a verbal exchange relevant to consent to sex. We were interested here to identify how much of an issue arose due to the high level of drinking involved – did students believe that it was credible for the vignette characters to consent to sex when highly intoxicated?

The final scenario involves two young gay men, Ciaran and Joe, who have become friends recently. One invites the other to his flat after an evening out at the cinema, an evening that could be interpreted as a date but is not explicitly identified as such. This scenario does not feature alcohol use to a great extent. It does include the scripted expectation for what might be involved if one person is invited back by the other person. In the scenario, Ciaran invites Joe to his flat. Joe uses initiator consent strategies to try to achieve intimacy. Ciaran does not want this to happen and tells him no. In this vignette we wanted to add a same-sex consent scenario to the SMART Consent materials, as well as a vignette where there is relatively little alcohol involved, and to explore expectations associated with inviting a partner back home after an evening out.

## Neil and Carol

The text of the vignette presented in the online survey was as follows:

*Neil is a 21 year-old third year student. One night he was out in a nightclub celebrating the end of the exams with male friends. He and his friends had been celebrating in the pub and drinking since 1PM. By midnight he had had the equivalent of about 10 pints of beer, when he bumped into Carol, also 21, who is in one of his classes at college. She had also been out celebrating with her friends since the early afternoon.*

*She had been drinking vodka and shots (the equivalent of 8 pints of beer altogether). They started talking at the bar. Neil bought Carol a drink. They got on well together and there had been some flirting before in college. He knew that he and Carol lived in the same student accommodation, so he offered to share a taxi with her when the nightclub closed, back to the apartment complex. Neil started kissing Carol and touching her. She moved his hands lower on her body. They took a break and had another three rounds of drinks before the nightclub ended.*

*In the taxi on the way home at 3AM Carol closed her eyes and dozed off for a few minutes. When they got to Carol's apartment, Neil woke Carol up and they went into his flat. He made her tea and put on some music. They were having a good time laughing and joking together. He took out a bottle of whiskey and they each had a few generous shots. Both at this stage were a bit unsteady and slurring their words. Neil spilled the tea all over the table and Carol nearly fell off her chair getting up to go to the bathroom. Then they went to his couch and started kissing again. Soon they had each removed their clothes. Through his actions, Neil made it clear he wanted to have sex with Carol. She asked him to put on a condom first. He did so and they had sex.*

The vignette was followed by 13 follow up items to record participant reactions to it, each scored on a five-point scale from 'strongly disagree' to 'strongly agree'. Illustrative examples are presented below. These are categorised by gender as gender status had a bearing on the responses given to a number of the items. The table records the percentage of males and females who agreed with the items. For example, more women than men agreed that the two young adults in the vignette would be likely to experience regret the next day (although about half of the male respondents agreed that there would be regret).

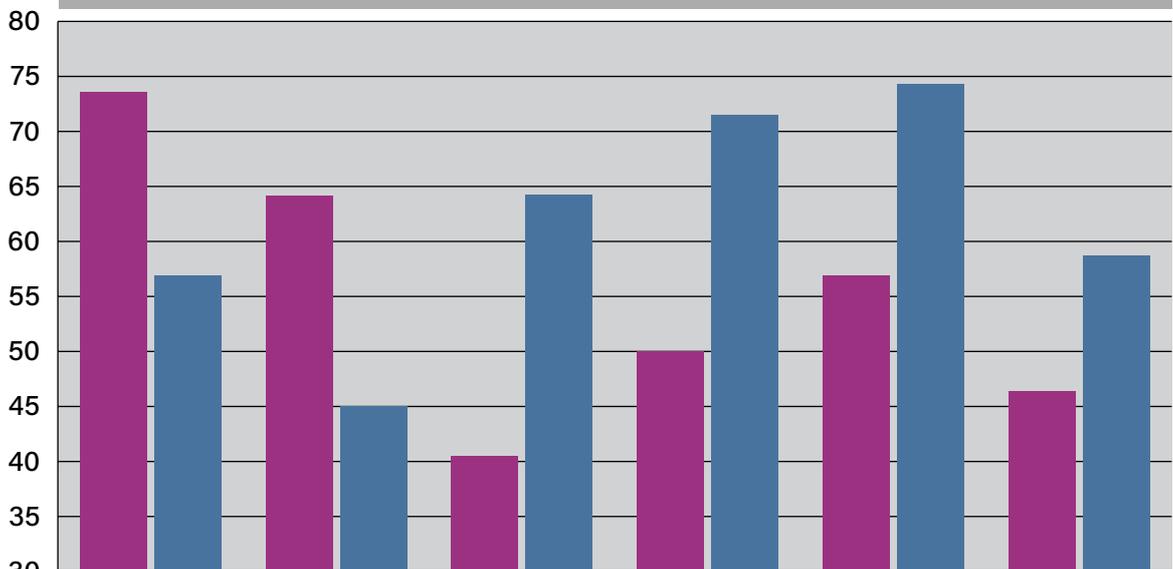
The ratings for the next four items in the table below demonstrate a different pattern, with males now indicating more agreement than females. They appeared more tolerant of the sexual encounter in terms of acceptability. There was a less striking difference in the perception of whether Carol gave consent to the sex that took place – just under half of the women agreed that she gave consent while just under six in ten of the men who responded agreed that she gave consent.

Overall, the responses made to these items show considerable ambivalence in how the students responded to this vignette. This can be interpreted as resulting from the multiple information sources embedded in the vignette. There were signs of willingness as well as a level of heavy drinking that would compromise the capacity for decision-making. In terms of signs of willingness, Neil and Carol knew each other and appear to have established mutual attraction before meeting on the evening of the scenario. That evening, Neil initiated intimacy (kissing and touching her), and Carol appears to have responded positively (moving his hands onto her lower body). There was a positive atmosphere when they went back to his place, they began kissing again and each removed their clothes. Throughout this time there is no reference to verbal consent. When Neil makes it clear non-verbally that he would like sex, Carol asks him to put on a condom. We see different signs corresponding to consent, but do not get an indication of either person's internal state or willingness to have sex. Nor is there an unambiguous statement or request. Taken together, there is some ambivalence as to each person's internal state.

The scenario also includes numerous signs of intoxication. They meet at midnight, having been drinking continuously during the day. Further drinking takes place and Carol is tired or under the influence by 3AM when she falls asleep in a taxi. They seem to be enjoying the night out however, and are laughing and joking when they get to Neil’s apartment. More alcohol is consumed, and various signals are given of them being unsteady.

The resulting judgements that the students made to gauge the meaning of the scenario show that a variety of interpretations are plausible. This is the underpinning for the conclusion that half of the students agreed that Carol gave consent to sex while half did not.

**Neil & Carol Vignette: Gender differences in % of students who agreed with follow-up items**



	Carol could regret this event the next day.	Neil could regret this event the next day.	Neil's behaviour toward Carol was appropriate.	Neil was respectful toward Carol.	Carol was respectful toward Neil.	Carol gave her consent to having sex.
■ <b>Females</b>	73.6	64.1	40.5	50	56.9	46.4
■ <b>Males</b>	56.9	45	64.2	71.5	74.3	58.7

## Ciaran and Joe

The text of the vignette presented in the survey was as follows:

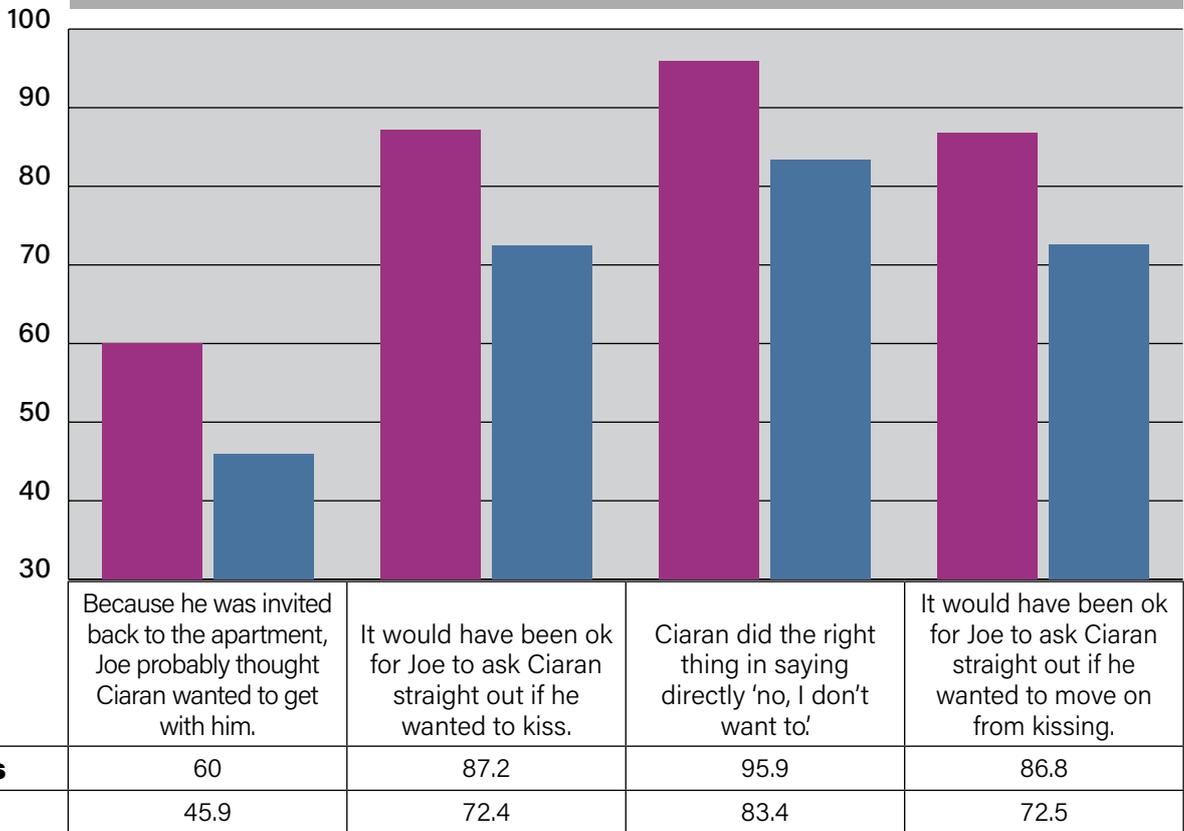
*Joe (19) is single and in 2nd year at college. He has been an active member of one of the university societies since joining college. He is outgoing and enjoys meeting new people through the society. Like Joe, Ciaran (18) has recently come out to his friends as gay. He is a 1st year student, is single, and just recently joined the student society.*

*Joe and himself hit it off straight away. They had a good laugh together after the society event where they meet. Joe suggested going to the cinema after college the next day to see a new movie. The film wasn't great but they have a good time anyway. They walk to the pub after the cinema, joking about the holes in the plot of the movie. They have a couple of pints and end up having a good talk about life in general. Around 11PM Ciaran invites Joe back to his apartment for coffee and Joe agrees.*

*Ciaran challenges Joe to play FIFA football on the Xbox. After playing for a while Joe moves closer to Ciaran and touches his leg. He starts kissing him and they both move to the couch. Joe then moves his hands down and starts touching Ciaran intimately over his jeans. Ciaran continues kissing but pushes Joe's hands back. After a few minutes Joe moves his hands down again and tries to unzip Ciaran's jeans. Ciaran says 'no, I don't want to.' Joe said he thought Ciaran was into it and apologises. Ciaran says that's ok. They go back to playing Xbox for a short while before Joe goes home, but next day at college the atmosphere between them is not the same as it had been.*

The vignette was followed up by 12 questions scored on a five-point scale of agreement. The four examples below demonstrate some gender-based differences. In each case the percentage of women who chose an agreement option ('agree', 'strongly disagree') is higher than it is for the men. The first item implicates the script-based expectation for having intimacy after being invited back to a partner's home. Sixty percent of female participants agreed with this interpretation, nearly 15% more than male participants. The same gender gap is seen in the other items below, albeit with female agreement with the items nearly universal. These items refer to agreement that it is acceptable to use verbal consent strategies.

**Joe & Ciaran Vignette: Gender differences in % of students who agreed with follow-up items**



This vignette is less ambiguous than the Neil and Carol scenario with respect to the capacity to give consent. The drinking is restricted to 'a few pints,' with the implication that both retain the capacity to make decisions. The tone of the first half of the scenario is of two people finding a spark between them, which continues on their first evening out (they hit it off, they laugh together, and have the same sense of humour). Ciaran invites Joe back to his apartment at 11PM after they go out to the cinema, which according to the conventional sexual script could suggest to Joe that Ciaran is interested in having intimacy.

A key ambiguity is whether this is a first date or an evening out. Joe appears to categorise it as a date where intimacy could happen. Ciaran appears open to kissing, which Joe takes as a sign to continue in initiating further levels of intimacy. Ciaran then uses a verbal strategy to put an end to the intimacy. It seems that they had different perceptions of the intimacy, which the nonverbal signals between them had not clarified. The atmosphere the next day is not as good as it had been. In this context, an overwhelming majority of students see it as preferable to have sought verbal consent.

## Kate and George

The text of the vignette as presented online was as follows:

*Kate is a 19 year-old second year student; she studied hard and did well in all of her exams since moving to Galway to come to college. She has a part-time job in the cinema. The young people who work there get on well and they all went for a night out coming up to Christmas. One of Kate's housemates worked at the cinema too so all the girls met in their place first before meeting up with the guys in town. Kate had the equivalent of four pints of beer there before going out (a mixture of a few cans of cider and some spirits). They met the guys in the pub at 10PM and Kate met up with George (20 years old).*

*Kate and George were going out together for the past 3 months. Kate thought he was a nice guy and found him attractive. Along with the rest of the guys, George had been drinking in the pub since about 6PM. He had about four pints to drink. George was a student too in a different college. They sat together in the pub. The evening went well, Kate and George each had another 3 pints, and then most of the group went back to Kate's house. He and Kate started kissing when they got there.*

*They were soon touching each other. Kate and George went into her bedroom for some privacy. George took the lead in becoming more intimate, he unzipped Kate's pants and took her top off, then did the same himself. There wasn't much conversation or talk about what they were doing. Kate did not resist as George kept moving forward in sexual behaviours and actions. He had a condom and put it on. Then he had sex with Kate.*

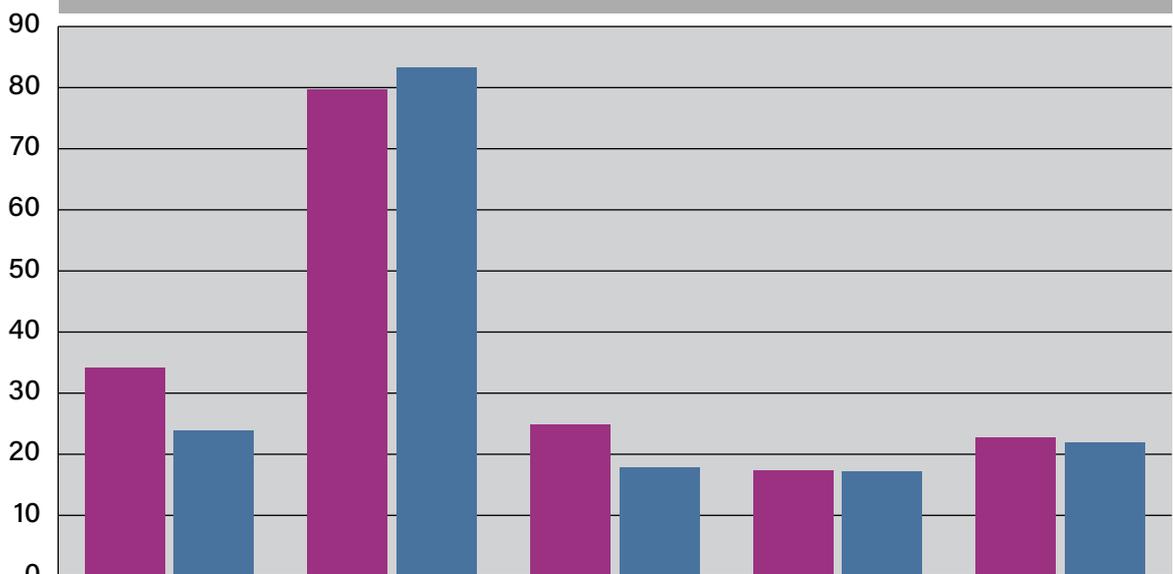
In responding to the quantitative items presented following the vignette on Kate and George, the students conveyed the interpretation that George's behaviour was not acceptable, that Kate lacked control, and that she was not consenting to having sex with him. The questions presented after this vignette followed the same wording and format as those used in a BA in Psychology student project carried out by Julie Breen in 2015. Each item had a distinctive response format (e.g., 'How appropriate was George's behaviour?', with a 1-5 scale for responses from 'not at all appropriate' to 'highly appropriate'). This was to facilitate comparison between responses to the 2015 version (in which George and Kate were single) and the 2017 version (above, in which they had a three month relationship).

There were few differences in the responses made to the items regardless of whether students read the version of the vignette in which Kate and George are single or the vignette version where they are in a relationship. The largest difference was in the percentage of students who saw George's behaviour as appropriate (34% when they were in a relationship, 24% when they were single).

The only difference in text between the two versions of the vignettes is where it states that Kate and George had been going out together for the past three months. Apart from minor differences, this seems to have had little impact on the interpretations made of consent in this scenario. They each had the equivalent of seven pints of beer, so could be assumed to be drunk. There appears to be mutuality of intimacy when they return to her house (he and Kate start kissing together, they were soon touching each other).

They went into her bedroom. At this point George becomes the initiator of further intimacy – he took the lead and undressed her. There was little talk and she did not resist, while he continued to take the lead. This framing of the bedroom intimacy raises the prospect that she was sleepy, drunk, or not enthusiastic about what was happening. It is unequal rather than evenhanded or mutual in how the intimacy developed. In the earlier vignette, Carol asked Neil to put on a condom, whereas in this vignette George appears to be the decision-maker behind putting on his condom. He then appears to objectify her ('he had sex with Kate'). It is clear from the ratings given by the students that, regardless of whether or not nonverbal strategies may develop within a relationship, for us as observers there are signs of unwillingness and lack of mutuality in this event.

**Kate & George Vignette: Comparison of 'relationship' version with 'single' version, % of students who gave a rating of 4 or 5**



	Appropriateness of George's behaviour	Degree of control George had in the encounter	George's respect for Kate	Kate's level of control	Whether Kate gave her consent to have sex
■ Relationship	34.2	79.7	24.9	17.3	22.7
■ Single	23.9	83.3	17.8	17.3	22

## Defining Consent

We included an open-ended item on consent in our survey in order to understand how students define sexual consent. The participants (n=317) wrote what consent meant to them. The responses can be compared to the sexual consent definition we use from the research literature. The most frequently cited definition is from Hickman and Muehlenhard (1999, p. 259), which describes consent as referring to “freely given verbal or non-verbal communication of a feeling of willingness to engage in sexual activity”. Elsewhere in this report we refer to this meaning that consent involves ‘feeling it, saying it, and showing’ the sense of wanting to have intimacy. We also acknowledge that consent has other components not referred to explicitly in this definition, which we have attempted to incorporate in the SMART acronym (that consent is ongoing, relevant across different types of relationships, sexual identifications, and forms of intimacy).

We should acknowledge that the students’ responses on the online survey may not be fully comprehensive of their understanding; it is what they chose to include within an online survey format. Nevertheless, it is instructive to identify patterns in the immediate responses given in a request to list what consent means. Reviewing the open-ended comments given by students, the most frequently cited elements associated with consent are that it can be verbal and nonverbal. The other components of the definition appear more sporadically.

Here we present an illustrative set of responses to the item about the meaning of consent. The direct responses are presented along with a coding of the responses according to Hickman and Muehlenhard’s (1999) definition. We also identify those additional components of consent present in the open-ended responses that are not directly addressed in the accepted definition.

In the first set of responses below, Participant 1 presents an interpretation of consent that focuses on its role in preventing non-consent and vulnerability. Participant 2 also references non-consent, while writing about agreement and permission to engage in sexual intimacy as well. The use of the term ‘permission’ features in several of these student definitions, a subtle difference to the use of terms such as ‘agreement’ that entail a more mutual communication and exchange. Nevertheless, ‘permission’ also entails clarity and certainty. Participant 3 refers to agreement, and in enlarging on this refers to trust, listening, and respect, thereby conveying a sense of mutuality.

Participant 4 also refers to permission, but in this case the permission is given by both people rather than just by one person. This participant clarifies that consent refers to any form of intimacy, not just sexual intercourse and also privileges verbal consent (“ideally”). By comparison, Participant 5 refers to how nonverbal consent is more prominent, not necessarily because it is clearer, but as people might feel less “awkward”. Participant 6 invokes nonverbal consent as well, but refers to how its use is contextual, depending on the situation. This participant also talks about the role of alcohol as an impairment of the ability to read the partner’s signals, which can be compounded if the partner feels uncomfortable (similar to “awkward” as described by Participant 5). Participant 6 goes on to describe the role of the partner, as they see it, in asking the partner to stop if uncomfortable, and the responsibility of the partner to stop if asked.

Student	Definition of Consent
1	Consent is extremely important. Consent is the only thing that permits respect for your partner in sexual encounters, and without it sex becomes rape, a crime. Students can often find themselves in situations where they might be vulnerable, and so educating young people in consent and sex is particularly important.
2	Consent means giving someone permission to perform sexual acts with you. It can be given verbally or implied through sexual actions. Conversely, there is no consent when the person explicitly says so, at which point the other person must stop immediately.
3	For me consent is both people agreeing to a sexual activity, but also to give consent to someone is to trust them to listen to you (e.g. if you want to stop because it hurts/or you're not enjoying it) and also respect you as a person (e.g. not try to take advantage of you when drunk/tired)
4	Consent is when permission for something to happen is given by each person involved. Consent should ideally be given verbally and in terms of sexual consent, any intimate action or anything involving touching a person needs consent.
5	I think a lot of time consent is something that is inferred through actions. A lot of people would feel awkward if they verbally ask for consent as it may initiate a yes or no definitive answer without the other partner thinking further about it.
6	It is the act of making a person feel/ giving them permission to move forward in a sexual activity. I don't feel that it always has to be verbal consent, it entirely depends on the situation. The vibe a person gives off whether they want to engage in sexual activity or not can be equally as telling as verbal consent. Obviously alcohol can diminish a person's ability to be able to read how a person feels, including themselves and when the other person feels uncomfortable expressing how they feel, this is when the controversial topic arises. It entirely depends on the situation that the two people are in, there are a lot of variables up to the point where someone initiates some form of sexual activity, and I feel if one person is not comfortable it shows respect to both people if they ask to stop. It is from this point if the other person does not stop the sexual activity that it is not consensual sex.

The next illustrative set of responses begins with Participant 7, who refers to mutuality (that consent should come from both people), and privileges consent as Participant 4 did. Participant 8 also invokes mutual agreement (“both partners agreeing”), alongside consent being freely given (when decisions are not affected by alcohol), and identifies that consent is an ongoing process. While acknowledging that nonverbal consent is valid, Participant 9 focuses on describing how verbal consent is preferable. Participant 10 references three sources of consent – verbal agreement, which this participant identifies as not always feasible; verbal expression of non-consent; and nonverbal consent. Participant 10 identifies some of the complexity involved in consent, mentioning both “grey area” and “complicated”. Participant 11 references verbal consent, but also invokes how, for them, ‘not saying no’ might mean consent as well. Finally, Participant 12 draws on several of the elements included in the definition of consent – verbal, nonverbal, and given freely – framed in terms of “communication” and “agreement”.

Student	Definition of Consent
7	Consent is preferable from both part[ies] and given verbally before any sexual activity, however the most important is to speak up [about] non-consent and for it to be respected.
8	Both parties agreeing to partake in sexual activity, having capacity to do so (e.g., not drunk), and consent being an ongoing dynamic thing which can be withdrawn at any point
9	To me consent means giving permission to someone, in my view it can be given verbal or non verbal (smiling, laughing, etc., showing you're interested / like something, but non verbal can sometime be hard to pick up on and maybe misunderstood). I think consent should always be asked in casual encounters or relationship and especially in sexual consent should be asked verbally.
10	Consent to me is complicated. There doesn't always have to be the question 'is it okay if I...!' as sometimes you both get carried away in a moment but it was consensual. Sexual consent is very much a grey area but if a person says no then they do not give their consent. However if they don't depending on their behaviour they may or may not have given consent through their body language.
11	If someone asks you if you want to do something and you say yes, that's consent. But I also think if you don't say no to something, it could also be taken as consent as you didn't give your opinion on it.
12	Consent is a verbal or non verbal communication that a person gives freely which signals agreement that something should take place. The communication must be clear and consent given free from any undue influence.



Next, we chart the responses from these 12 participants onto Hickman and Muehlenhard’s (1999) definition. Each participant response is content analysed in the table below, with the shaded boxes referring to which components of the definition are present. For instance, Participant 1 did not directly invoke any of the elements, while Participant 2 mentions verbal and nonverbal consent.

Student	Freely Given	Verbal	Nonverbal	Willingness	Sexual Activity
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

It was also apparent that the participants referred to other elements of consent besides those in the Hickman and Muehlenhard definition. From the table below we can see that the most commonly invoked elements of this kind were ‘non-consent’, ‘permission’, and ‘mutuality’. Occasional references are made to ‘ongoing’, ‘relationship status’, and ‘not saying no’. Of these, ‘not saying no’ is controversial, as the person might not say no due to various reasons that do not equate with willingness or wanting to have intimacy, such as intimidation or incapacitation. ‘Non-consent’ indicates a link to sexual violence and assault, taking into account non-agreement rather than agreement.

Student	Mutual	Non-Consent	Ongoing	Relationship	Not Saying No	Permission
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Although not cited very frequently by the participants here, the inclusion of contextual factors such as relationship status and consent as an ongoing process highlight the importance of going beyond the Hickman and Muehlenhard definition. The importance of considering relationship status is described by this survey participant, who had attended a SMART Consent workshop:

I've taken the consent workshop and the meaning of consent has somewhat changed because of that for me. ... I believe sexual consent is very different in a long-term committed relationship. Not that it means that sex can or should happen anytime without any questions when in a relationship, but couples definitely develop other ways of communicating than direct "do you consent to this sexual act, yes or no?" questions, every time. "Yes" and "no" can both be communicated in different, even non-verbal ways. Another aspect that is a little different between one night stands and long-term relationships, is the "enthusiasm" part. I agree that ideally both parties would consent and be enthusiastic about the prospective sex, however sometimes in a relationship, you might want to give your partner the pleasure of sex when they want it, even if you yourself are tired and not super enthusiastic right at that moment. I would still consider sex in that situation consensual. Also in the workshop most scenarios involved alcohol. That's largely eliminated from the consent equation when two adults live together in a committed long term relationship. Most sexual encounters then occur sober.

## Summary of Survey Findings

Finally in this section we draw together the main conclusions emerging from the survey findings that we have presented. The two surveys, with over 1,000 students participating, provide a strong base of evidence for further development of the SMART Consent workshops. They also have a more general relevance, in identifying issues that require additional responses among third level institutions.

**Sexual Consent Scale-Revised (Humphreys & Brousseau, 2010):** Using the Positive Attitude to Establishing Consent sub-scale, we found that the students who took part in our survey endorsed seeking verbal consent and consent for different forms of intimacy. All but two of the 11 items received a mean score of 5.00 or more out of 7.00. We also included an adapted version of the positive attitude sub-scale, in which we substituted "Most other students ..." for "I", thereby enabling us to assess perceived social norms. Although the mean score on each of these items (bar one) was above the mid-point of 4.00, none of the items received a mean score of 5.00 or more. This difference between personal norms and social norms is especially clear when we identify the percentage of students who agree with each item (i.e., who gave a rating of 5, 6, or 7). For instance, three-quarters reported that they themselves agreed that verbal consent should precede any sexual activity, but less than half agreed that 'most other students' thought this way too.

**Perceptions of the Consent to Sex Scale (Jozkowski & Peterson, 2014):** We included all five components of this measure intended to assess self-reported behaviours for giving consent to sexual intercourse. The mean score for each component was over the scoring mid-point, and suggests a broad acceptance of each of the strategies described in the scale. Nonverbal and verbal behaviours were endorsed to the strongest extent, followed by passive and removal strategies. Initiator behaviours were endorsed to the least extent, but were still broadly acceptable. Taken together, the scale responses indicate that the participants were comfortable with a varied repertoire of consent strategies. Over 70% would directly ask their partner if they were interested in having sex, or would let sex progress to the point of intercourse, or would use nonverbal signals to show their comfort with sex.

Behaviours that received lower rates of endorsement were still quite common; over 50% would 'not say no', 'just keeping moving forward in sexual behaviours or actions unless my partner stopped me', or 'let my partner go as far as she / he wanted'. We also noticed some gender-related differences in endorsement of consent strategies, particularly in relation to passive consent behaviours. These were consistent with the 'female gatekeeper' role in the heterosexual sexual script (Wiederman, 2015), whereby the woman reserves access to sexual intimacy and the man attempts to pursue intimacy. Thus, 74% of men agreed that they would 'let my partner go as far



as he / she wanted', compared with 45% of women, and 80% of men agreed they would show consent to having sex by letting their partner touch wherever they wanted on their body (compared to 56% of women). Finally, there was some evidence for differences in consent behaviour style by relationship status, especially in regard to students in relationships being more open to verbal consent strategies.

**Sexual Communication Self-Efficacy Scale (Quinn-Nilas et al., 2016):** More students saw it as 'easy' than as 'difficult' to engage in communication with their partner about negative sexual messages. Yet the percentage of single students who reported difficulty was in excess of 30% for three of the four items (that a sexual activity is not making you feel good; that you do not want to have sex; that an activity makes you feel uncomfortable). Similarly, a majority of students saw it as 'easy' to engage in positive sexual message communication, but again more than 30% of single students reported difficulty (five out of six items). These findings suggest the need to support students to achieve greater levels of self-efficacy in sexual communication.

**General Satisfaction with Sexual Health Communication (Meany, 2009):** Students agreed that it is important to offer sexual health education in schools. In reflecting on their own experiences, however, there was a widespread view that their sexual health education had been inadequate, that it had left out important information, and was not the prime source of information about sexual health. This dissatisfaction was particularly marked among female students. One important implication of this with regard to consent workshops is that many students have had limited previous exposure to being in a group to discuss sexual intimacy. This might have an impact on openness to attend workshops. The second important implication is that many students may have limited awareness of aspects of sexual health education including reproductive health and avoidance of STIs.

**Heterosexual Scripts Scale (Seabrook et al., 2016):** Of the five items included from Seabrook et al.'s scale, only one was endorsed by over 50% of the online survey respondents ('guys are always ready for sex'). Two others were endorsed by 38%-42% of the participants (guys don't want to be just friends; they are more interested in physical relationships and girls in emotional ones). Similar to the point raised about the findings from the self-efficacy in sexual communication scale, the responses to the heterosexual scripts scale suggest the need to support students in working through the basis for sexual scripts and the implications for sexual health and consent.

**Alcohol and Consent Scale (Ward et al., 2013):** The Alcohol and Consent Scale incorporates two sets of items, one referring to 'alcohol campus beliefs' and the other to 'campus programming'. The former describes acceptance of negative or incorrect beliefs (e.g., a man cannot be accused of sexual assault if both partners are drunk and have sex), and the latter refers to positive messages and awareness (e.g., alcohol use makes someone more vulnerable to sexual assault). There was a high rate of agreement with the campus programming beliefs, suggesting an openness and support of accepting that drinking is linked to non-consent. This was mirrored in responses to several of the items (e.g., 3.2% agreed that a person who is sexually assaulted after drinking alcohol can only blame him/herself).

Nevertheless there was a high level of acceptance of alcohol as being central to how sexual relationships and encounters develop – for example, half of the students saw consensual drunk sex as a normal and harmless part of the college experience. In addition, there was some incompatibility in responses – although 86% agreed that the more alcohol someone consumes the less they are able to consent to sexual activity, 37% agreed that a woman who has been drinking heavily can still consent to sex. This, combined with the acceptance of alcohol as part of getting together sexually, suggests some ambivalence in attitudes to alcohol and consent. In addition, it was notable that there were some gender differences in responses to the Ward et al. (2013) items – particularly in regard to the use of alcohol in sexual encounters – with men more likely to see this as acceptable.

## Consent Vignettes

The ratings made of the vignette featuring heavy drinking (**Neil and Carol**) showed that a majority of the students viewed the scenario as acceptable – over half viewed each person as respectful of the other. Yet there was also evidence of ambiguity in the interpretation made of the scenario. The students recognised the issues that arise from the association of alcohol and consent, and a majority believed that each person in the scenario could regret what happened the next day. Only half thought that Carol gave her consent to having sex with Neil. Another feature of responses to this vignette was the appearance of gender differences in ratings. More men than women viewed the scenario of heavy drinking, sex, and consent as acceptable.

The ratings made of the same-sex consent scenario featuring **Ciaran and Joe** demonstrated the value of including LGBT vignettes within the consent scenario methodology. It also helped to illustrate the sexual script in which there can be an embedded expectation that inviting someone home means that an invitation to sexual intimacy is also given. This scenario situated consent in a low alcohol environment as well. Over half of the participants thought that Ciaran inviting Joe home would have resulted in Joe believing that Ciaran wanted to be intimate with him. The responses also illustrate the acceptability of using verbal consent as a means to manage intimacy in a casual encounter. Large majorities of students agreed that it would have been ok to ask about kissing, to ask about moving on from kissing, and that it was right for Ciaran to say “no” clearly when he did not want to proceed. There was some evidence of a gender difference in this regard, with women being more likely to men to agree that it was ok to ask whether the partner wanted intimacy to take place.

The ratings made of the **Kate and George** scenario in our 2017 survey were compared with ratings made by students in a 2015 study. The difference between the two scenarios was the 2015 version portrayed them as engaging in a casual encounter while they were portrayed as being in an existing relationship in the more recent version. The ratings were similar across the two versions. Approximately one in five students in both groups saw George’s behaviour as appropriate and respectful. A similar proportion saw Kate as being in control and that she gave consent. The issue underlying this perception was that George was seen as controlling. Kate’s involvement was passive, consisting of her not resisting. This appears to have been seen as an unacceptable dynamic for sexual intercourse by the majority of students who responded to this consent scenario.

## Student Definitions of Consent

The open-ended definitions provided by students on one of our online surveys identified 11 components linked to consent. This was illustrated in a sub-set of definitions that we discussed as illustrative examples. The five components included in the Hickman and Muehlenhard (1999) research definition mapped on to the definitions that students provided, with verbal and nonverbal components especially likely to feature. By comparison, the ‘willingness’ component of the definition was less discussed (i.e., an internal state of wanting to or being prepared to engage in intimacy). In addition, consent was typically linked to sexual intercourse. These areas suggest priorities for enhanced awareness among student groups.

We also identified six other components of consent described by students in their definitions. The concept attracted associations with ‘permission’ and with ‘non-consent’. These are interesting links given the attempt to position consent as a positive form of agreement, and because permission implies a more narrow, one-way approach to agreement. ‘Mutuality’ was introduced by students in definitions, albeit uncommonly. Some students referenced ‘not saying no’, a interpretation that highlights passive consent rather than positive approaches. There were also occasional references to the contextual features of consent that are central to the SMART Consent workshop – that consent is ongoing and is relevant to all forms of relationships.





Randomised Controlled  
Trial Study of the  
SMART Consent Workshop

This section of the report outlines the findings from an evaluation funded by the Irish Research Council and HSE Crisis Pregnancy Agency Research for Policy & Society programme. The aim was to assess whether the workshop promoted more positive attitudes and understandings of sexual consent among third level students. A pilot randomised control design was employed with students from four third level institutions. The findings suggest that SMART Consent is a positive addition to current strategies attempting to foster greater understanding of consent and promote positive sexual health attitudes among students.

The objectives of the pilot, randomised control design was to assess the effectiveness of the SMART Consent programme at promoting positive consent attitudes and behaviours among college students, in comparison with a sexual health workshop.

The major research aims are highlighted below:

1. To investigate the effectiveness of the SMART Consent workshop in promoting positive attitudes and behaviours toward consent over time.
2. To compare the effectiveness of SMART Consent in changing perceptions of consent, in comparison to a Sexual Health programme.
3. To explore students' own perceptions and feedback (acceptability) of the SMART Consent workshops.

## Methodology

Contacts were made with third level institutions across the Republic of Ireland. Initial points of contact in each institution included student unions, academics, and student services. Students were then recruited from within each participating third level institution. The study was advertised in each institution drawing on strategies that included (depending on the college): posters/fliers, all-student emails, in-lecture 'shout-outs'. Workshops were held at specified times and dates in each participating third level institution and students were asked to sign up for one of the allocated time slots in advance of the workshop.

In order to compare the effectiveness of SMART Consent, students were randomly selected on the day to take part in either a SMART Consent workshop or a Sexual Health workshop. The Sexual Health workshop was designed to act as an active comparison group for students in the SMART Consent workshops. The content of this workshop is modelled on an existing second level sexual health education service programme provided by the AidsWest charity. That workshop mirrors the length of the SMART consent workshop (e.g., 120 minutes) and focuses on generating peer discussions pertaining to sexual health topics. Specifically, the workshop promotes the World Health Organisation's definition of sexual health (WHO, 2006) and includes interactive activities and peer-led discussions designed to increase knowledge and awareness of the causes, symptoms and treatments of sexually transmitted infections. Students also discuss various methods of contraception.

Students in both the Sexual Health and SMART consent workshop were asked to complete an evaluation questionnaire. All students in both groups completed the pen-and-paper evaluation questionnaire before taking part in the workshop and again after completing the workshop. Demographic information including students' age, gender, nationality, sexual orientation and relationship status were all collected at baseline. In addition, students were asked to indicate whether they had ever previously attended a sexual consent workshop/class. The evaluation questionnaire also contained measures reflective of students' attitudes and behavioural intentions toward consent, primarily Humphreys and Brousseau's (2010) Sexual Consent Scale-Revised and the Perceptions of the Consent to Sex Scale (Jozkowski & Peterson, 2014). The sub-scales of the Sexual Consent Scale included were the measures of Positive Attitudes Toward Consent, Behavioural Control, and Perceived Attitudes of Other Students. Three of the sub-scales included in the Perceptions of the Consent to Sex scale were included, as this assesses self-reported behavioural intentions to engage in Verbal, Non-Verbal, and Passive forms of conveying consent to engage in sexual intercourse. Several items were written specifically for the questionnaire on consent preparedness.

One additional section was included in the post-workshop questionnaire only, to assess overall satisfaction with the workshops. These included items about enjoyment of the workshop, perceived usefulness, satisfaction with the workshop facilitators, engagement with the workshop, and perceptions of workshop quality. Students rated these items on a 5-point scale, where higher scores reflect higher satisfaction with the workshops. Students were also asked to rate the usefulness of each individual workshop activity on a scale of 1 ('not at all useful') to 5 ('very useful'). Students were also asked to provide feedback on open-ended questions.

## Participants

One university and three Institutes of Technology within the Republic of Ireland agreed to facilitate this research. This resulted in a total of 319 (130 male; 189 female) third level students, aged between 17-59 years ( $M = 21.62$ ,  $SD = 5.90$ ). A total of 86% of the sample was aged between 17-25 years. More than half (58%) were in their 1<sup>st</sup> year in college; 9% in 2<sup>nd</sup> year; 8% in 3<sup>rd</sup> year; 22% in 4<sup>th</sup> year, and 2% were postgraduate students. Overall, 165 students (64 male, 101 female) took part in a SMART Consent workshop and 154 students (66 male, 88 female) were randomly allocated to take part in the Sexual Health (comparison) workshop. A large majority (85%) identified as Irish. Students were studying a range of topics, including Arts, Engineering, Social Care, Hotel Management, Health & Leisure, Nursing, and Psychology.

Approximately 93% of students identified as heterosexual, while 1% identified as gay, 4% as bisexual, and 2% as 'not sure' or 'other'. Over half (55%) identified as being single and 45% reported being in a relationship. Nearly three-quarters (73%) of students reported having engaged in sexual activity with a partner in the past month (including kissing, genital fondling, oral or penetrative sex). Finally, 10% of participants indicated that they had previously received some form of education or training in relation to consent.

## Summary of Pre/Post Workshop Statistics

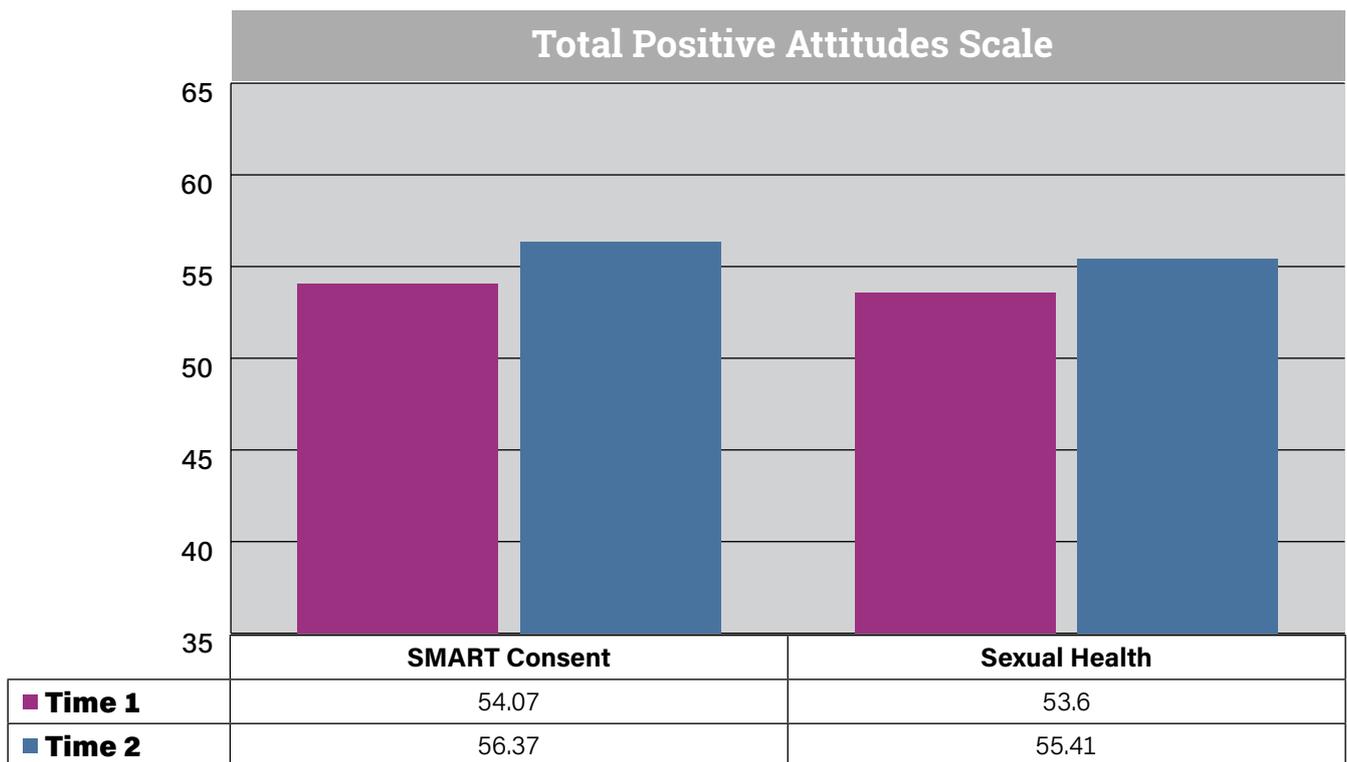
Descriptive statistics, including means, standard deviations, reliability, skewness and kurtosis scores for all consent attitudes and intentions assessed at Time 1 and Time 2 in the evaluation questionnaire are presented below. An attrition rate of approximately 6% was observed in students between Time 1 and Time 2 responses. Overall, the majority of measures showed acceptable kurtosis and skewness levels at both Time 1 and Time 2. Only the Non-Verbal consent scale showed a small degree of skewness at both Time 1 and Time 2. However, estimates of normal distribution are known to be sensitive to sample size and it is often observed that large sample sizes may result in non-normally distributed data (Tabachnick & Fidell, 2007). All scale items showed acceptable levels of Cronbach's alpha (i.e.,  $\alpha > .70$ ), indicative of good reliability.

Before taking part in a workshop, students reported relatively high intentions of engaging in all three forms of consent communication included in the questionnaire (passive, verbal, and non-verbal). They showed positive attitudes on the measure of positive attitudes and relatively low ratings on the lack of behavioural control scale, suggesting that they perceived themselves as having a relatively high degree of self-efficacy.

The table below shows the mean ratings for the SMART Consent and Sexual Health groups at Time 1 and Time 2. As a result of random variation, the scores of the Sexual Health group exceeded the SMART Consent group on most of the baseline measured, although not to a significant extent statistically.

	SMART Consent		Sexual Health	
	Mean	SD	Mean	SD
<b>Time 1</b>				
Non-Verbal Consent	42.36	7.68	44.05	7.36
Passive Consent	28.90	7.46	29.19	7.48
Verbal Consent	31.52	6.41	33.22	5.91
Lack of Behavioural Control	30.00	13.01	30.48	12.85
Positive Attitudes Towards Consent	54.07	12.68	53.60	13.52
<b>Time 2</b>				
Non-Verbal Consent	44.42	7.98	44.72	7.15
Passive Consent	26.26	7.17	27.39	6.16
Verbal Consent	33.69	5.53	33.61	5.43
Lack of Behavioural Control	30.92	13.58	30.36	13.62
Positive Attitudes Towards Consent	56.37	13.10	55.41	13.68

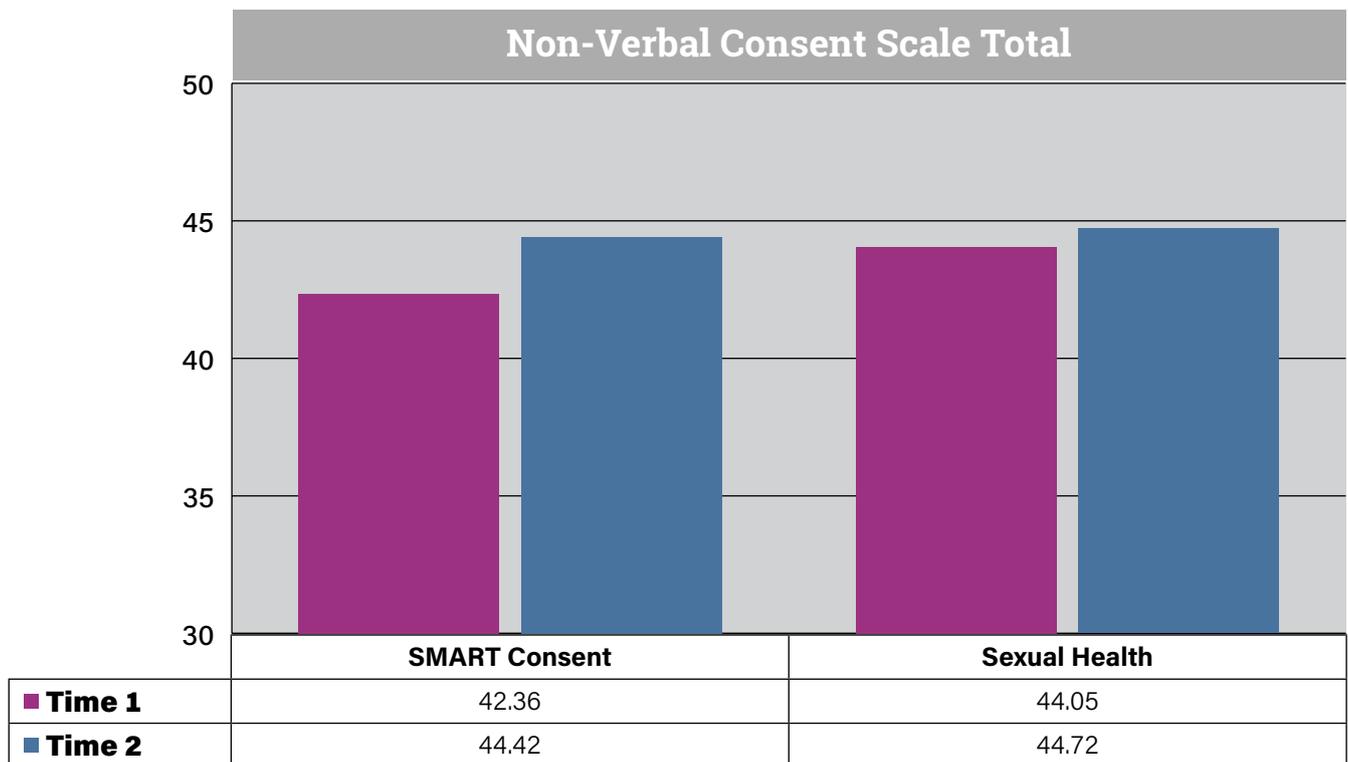
The mean scores on the Positive Attitudes toward Consent scale are shown below. They demonstrate that both the SMART Consent and the Sexual Health groups had increased scores on this scale after the workshop. Only students in the SMART consent group showed significantly more positive attitudes after completing the workshop ( $t[133] = -2.65, p = .009$ ). Students who attended the sexual health workshop showed no significant changes in their Time 1 to Time 2 responses ( $t[139] = -1.43, p = .16$ ). This was illustrated in the percentage of students in the SMART Consent group who agreed with the item 'When initiating sexual activity, I believe that one should always assume they do not have sexual consent' (i.e., giving a rating of 5-7), which increased from 55% to 65%. Similarly, 30% of students pre-SMART Consent workshops agreed that 'I think that consent should be asked before any kind of sexual behaviour, including kissing or petting,' rising to 48% among this group post-workshop.



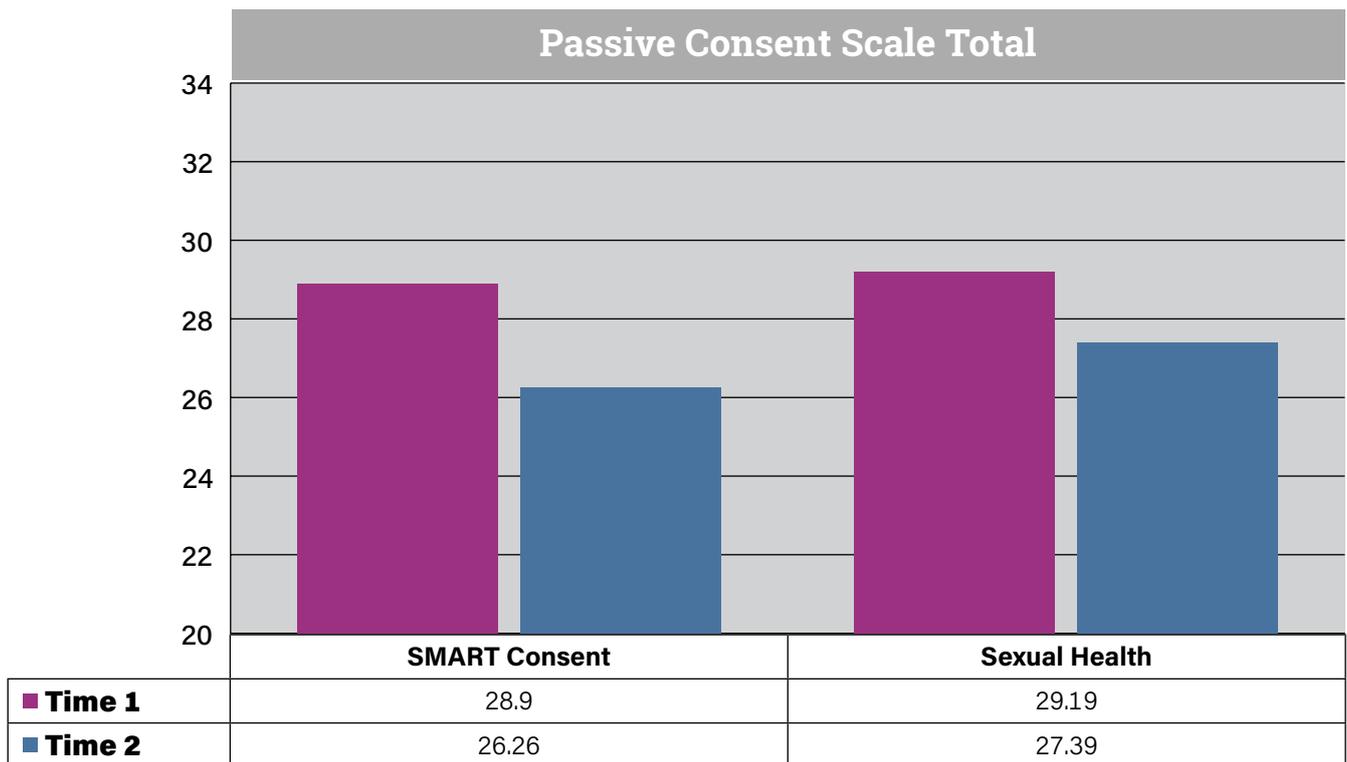
Lack of perceived behavioural control (i.e., barriers to consent) was measured using 11 indicator items, summed to produce a scale total. The percentage of students in each group who agreed or strongly agreed with each item was low. For example, 19%-26% of students indicated that they would have difficulty asking for consent because it may 'spoil the mood' or because a partner may think they were weird (Time 1). With respect to Pre/Post-Workshop changes on this factor, neither group showed significant changes in their Time 1 and Time 2 perceptions of behavioural control. This indicates that neither workshop significantly influenced students' perceptions of behavioural control.

Scores on the Nonverbal consent factor on the Jozkowski and Peterson (2014) Perceptions of Consent to Sex scale were compiled from the 13 indicator items, each of which was rated on a 1-4 scale by students (from strongly disagree to strongly agree). There was a very high level of endorsement of these items both pre- and post-workshop in both SMART Consent and Sexual Health conditions. In general, more students endorsed higher intentions on these items at Time 2 than Time 1. In the SMART Consent group, the rate of agreement for the item 'I would use body language or signals' went from 76% to 93%, and the rate of agreement for the item 'I would use nonverbal cues or gestures' went from 68% to 87%.

The figure below shows students' overall mean endorsements on the non-verbal consent scale. As can be seen in this figure, in comparison to their Time 1 responses, students in the SMART consent workshop showed significantly greater intentions to engage in non-verbal consent communication at Time 2 ( $t=-3.21, p.002$ ). The students in the sexual health group initially showed a significant change from Time 1 to Time 2 ( $t=-2.29, p.02$ ), but this is non-significant when taking account of the family-wise error rate.



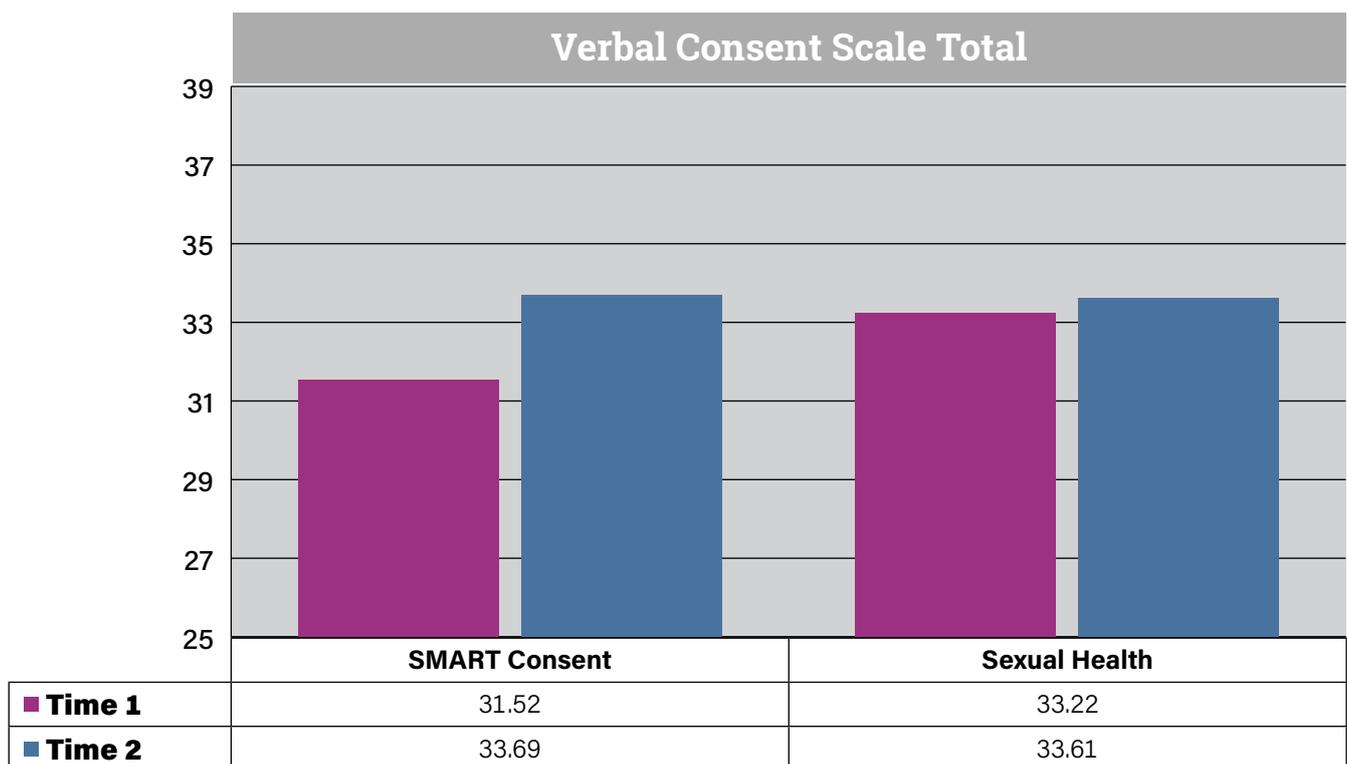
Intentions toward engaging in passive consent behaviours were measured using 10 indicator items, summed to produce a scale score reflecting greater intentions to engage in passive forms of communicating consent to have sexual intercourse with a partner. High percentages of students agreed or strongly agreed with a number of the items, such as “I would let my partner have sex with me”, “I would continue with sexual activity”, and “I would let the sexual activity progress to the point of intercourse”, while the rate of high endorsement on other Time 1 items was moderate. A review of the mean scores on this scale indicates that both the SMART consent ( $t=5.69, p.001$ ) and Sexual Health ( $t=4.88, p.001$ ) groups showed significantly lower intentions to engage in passive consent behaviours after taking part in the workshop.





Intentions toward engaging in verbal consent practices and behaviours were measured using 10 indicator items, summed to produce a scale score reflecting greater intentions to engage in verbal consent communication. Relatively large percentages of students across both groups in the study indicated strong intentions to engage in verbal consent behaviours with their partners. Although already high at Time 1, the percentage of students endorsing these behaviours rose after having completed the workshops (Time 2). The percentage of SMART Consent participants who agreed 'I would tell my partner what types of sexual behaviour I want to engage in' went from 72% to 86%, while the percentage who agreed 'I would verbally communicate my interest in sexual behaviour' also went from 72% to 86%.

Students in the SMART Consent group showed significantly greater intentions to engage in verbal consent communication after taking part in the workshop ( $t=-4.29, p.001$ ). However, no significant changes were observed between the Time 1 and Time 2 responses for students who attended the Sexual Health workshop ( $t=-1.78, p.08$ ). Additionally, significant differences between the groups were observed taking Time 1 baseline scores into account. Specifically, after controlling for Time 1 effects and for missing data using a full information maximum likelihood model, students in the SMART Consent condition showed greater intentions to engage in verbal consent at Time 2 than students in the sexual health group ( $b = -.07, B = -.19, p = .03, 95\% \text{ CI}; -.13, -.01$ ).



Several items were developed for the evaluation survey to assess self-perceptions of preparedness to engage in consent ('Consent Preparedness'). Each was rated by students on a 1-7 scale from 'strongly disagree' to 'strongly agree'. On the first item, 'I have all the skills I need to deal with sexual consent issues', the percentage of students in the SMART Consent group who agreed (i.e., a rating of 5-7) went from 68% (pre-workshop) to 83% (post-workshop). The equivalent percentage among the Sexual Health group was 75% (pre-workshop) and 83% (post-workshop). Statistically, students in the both the SMART Consent ( $t=-6.18, p.001$ ) and Sexual Health ( $t=-3.76, p.001$ ) groups felt significantly more skilled at dealing with consent after taking part in a workshop. The mean score for participants in the SMART Consent workshops went from 5.11 to 5.81, while the mean score for Sexual Health workshop participants went from 5.40 to 5.87.

The percentage of SMART Consent workshop participants who agreed (i.e., a rating of 5-7) with the next preparedness item, 'I feel well informed about sexual consent,' went from 71% to 86%. The equivalent figures for the Sexual Health group were 77% (pre-workshop) and 86% (post-workshop). Both the SMART Consent ( $t=-6.83, p.001$ ) and the Sexual Health ( $-3.98, p = < .001$ ) group reported feeling more informed about consent after taking part in the workshop. The mean score for the SMART Consent group went from 5.31 to 6.13, while the mean score for the Sexual Health group went from 5.61 to 6.07.

The third item referring to preparedness was 'In general, I feel comfortable discussing sexual consent issues.' The percentage of SMART Consent participants who agreed with this item (i.e., a score of 5-7) went from 71% pre-workshop to 81% post-workshop. The equivalent for Sexual Health workshop participants was 73% (pre-workshop) and 78% (post-workshop).

Students in the SMART Consent ( $t= -3.86, p.001$ ) and Sexual Health ( $t=-2.88, p.006$ ) group reported feeling significantly more comfortable discussing consent after completing the workshop. The mean score in the SMART Consent group went from 5.25 (pre-workshop) to 5.70 (post-workshop), and the mean score in the Sexual Health group went from 5.39 (pre-workshop) to 5.72 (post-workshop).

### Perceptions of Workshop Quality

The extent to which students liked or disliked the workshops were assessed using five individual indicator items, which students rated on a scale of 1-5. The percentage of students from the SMART Consent and Sexual Health groups, who agreed/strongly agreed with each quality review item (i.e., scores ranging from 4-5), are outlined below. Overall, a large percentage of students gave high endorsements on all five quality review items – indicating that the majority of students in both workshops enjoyed the workshop; found it useful; felt supported by the facilitators; engaged with the workshop activities and rated the overall quality of the workshop was high.

	<b>SMART Consent</b>	<b>Sexual Health</b>
Did you enjoy the workshop today?	85%	86%
Did you find the workshop useful?	89%	83%
Did you feel supported by the facilitators?	80%	83%
How much did you engage with the workshop activities?	91%	88%
Overall, how would you rate the quality of the workshop?	88%	90%

The mean scores on the 5-point scale among SMART Consent workshop participants ranged from 4.27 to 4.57. The equivalent figures for the Sexual Health workshop ranged from 4.26 to 4.59. No significant differences were observed between workshop groups on any indicator of quality. This indicates that students in both the SMART Consent and Sexual Health workshops perceived the workshops favourably.

The table below indicates the percentage of students in the SMART Consent group who gave a rating of 4 or 5 to the activities included in the workshop. The greatest endorsement was linked to the activities relating to the definition of consent, discussion around the language of sex (the 'icebreaker' activity), and the activity in which students learned about and discussed statistics on what other students think about consent. The activity that attracted the lowest endorsement in terms of usefulness was the Possible Phrases activity, which received high ratings from 67% of the participants. This is reflected in the mean rating for this activity (3.93). The mean ratings of the other activities was above 4.00, and the mean ratings of five of the activities was between 4.29-4.31.

<b>SMART Consent</b>	
Ice Breaker – Language of Sex Exercise	84%
Student Definition of Consent	84%
Research Definition of Consent	87%
Vignette 1 – The Martin and Aoife Story	79%
Vignette 2 – The Claire and Jim Story	79%
Possible Phrases Activity	67%
The Grey Area – Role of Alcohol	76%
The Grey Area – Social Norms/Expectations	78%
Information on What Other Students Think about Consent	83%
SMART Consent Acronym	78%

The students who took part in the Sexual Health workshop also appraised the activities in this workshop in a positive manner. As can be seen in the below table, the majority of students gave high ratings to each component of the Sexual Health workshop activities. The largest ratings were observed for the activity relating to the transmission of STIs. The mean scores for each of the activities in the Sexual Health workshop were uniformly very high, ranging from 4.37-4.48.

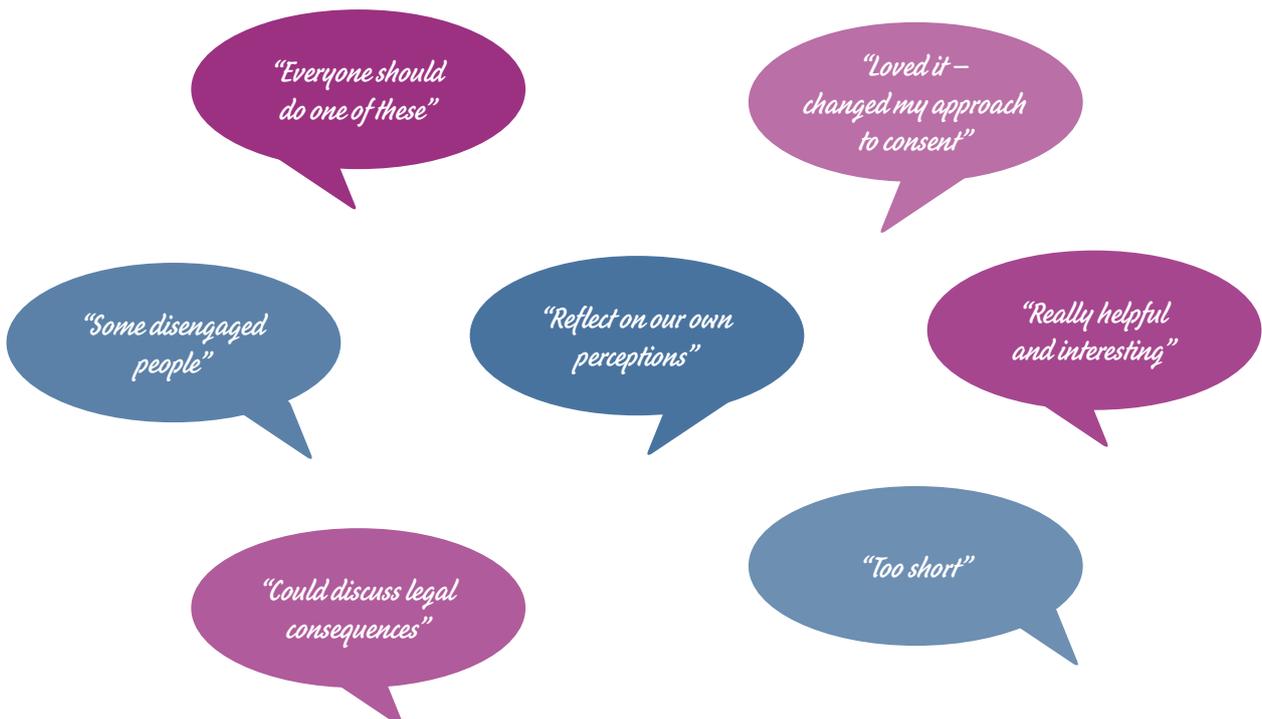
<b>Sexual Health</b>	
Ice Breaker – Language of Sex Exercise	83%
Definition of sexuality	84%
ABC Corners – Responsibility for Contraception	85%
STI Game – Transmission of STIS	90%
Brainstorm About STIs – Symptoms, Causes & Treatment	85%

## Qualitative Feedback

Students in each workshop were asked to respond to three questions seeking qualitative feedback from them about their experience in the workshop. Over 100 students who took part in the SMART Consent workshop responded to an item about what they liked about the workshop (n=106). Illustrative examples are highlighted here:



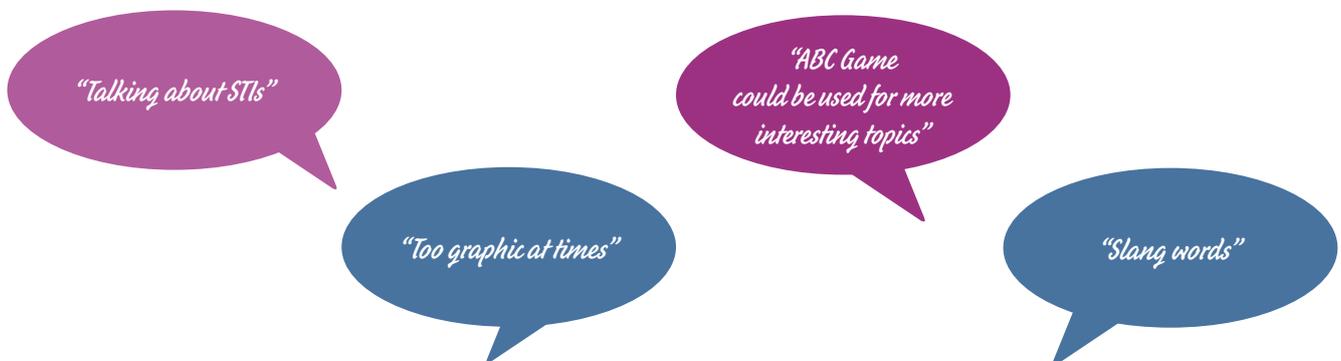
Thirty-four students responded to a question about whether there was anything that they did not like. The majority noted that there was nothing they disliked about the workshop. A similar number of students also responded to a question about ‘general comments’. Examples of responses are provided below:



The same questions were put to students who had taken part in the Sexual Health workshop. A total of 112 students responded to the question about what they liked:



Twenty-six students responded to the question about whether there was anything they disliked about the workshop. The majority noted that the descriptions of STIs and terminology sometimes made them feel uncomfortable:



Finally, 27 students responded to an invitation to give general comments:



## Follow Up Interviews

Individual interviews were conducted with eight students (3 female; 5 male) who had participated in the workshops. Four had attended a sexual health workshop, three attended a consent workshop, and one student had attended both. The latter student had attended the Sexual Health workshop as part of the RCT study in Semester 1, and had elected to go to the SMART Consent workshop when it was held as part of NUIG SHAG Week in Semester 2. Interview times ranged between 35 and 60 minutes, the modal length was an hour. Each interview was audio-recorded and professionally transcribed. The interview included questions asking about the experience of the workshop and questions asking all students about their experiences of sexual health education and about other students' views on consent workshops.

## Context

Students were asked about the extent of their sex education in order to put their experiences of the workshops in context. Some reported no sex education during their school career but most described receiving a limited amount of information at school:

*Barely talked about. I think we did. You know you went through it in biology, but completely from an anatomical perspective. There was no discussion of sex per say. And other than that, nothing.* (Consent, Ciaran)

School sex education did not include discussion about consent:

*I think I had something in primary school that more focused on our sexual development, and what was going to happen to our bodies. The issue of consent, no. I don't think. That definitely wasn't covered. ...Like sexual development and our reproductive systems and all of that kind of stuff. In secondary school, no. It was never discussed.* (Consent, Beth)

## Workshops

The students were highly positive about the atmosphere in both workshop formats. Several spoke of being nervous going into the workshops as they did not know what to expect. However, students consistently described a comfortable ambience:

*The only word that kind of comes to mind is relaxed.* (Consent, Ciaran)

The groups were experienced as inclusive, participatory and respectful:

*The group sizes were really good. Everyone got involved, and no one felt excluded.* (Consent, Anna)

*It was nice like. Everyone was helping and everyone was participating, and everyone was laughing and bringing jokes and stuff.* (Sexual health, Frank)

*And like it was really good, because we got... Not everyone agreed, and we all listened to each other's opinions. And it got into like a big debate. So it was really good.* (Consent, Anna)

*I think it's brilliant overall. It's absolutely. And no matter what you think you know. No matter what age you are. No matter whether you had a sexual experience or not previously. I think it's brilliant.* (Sexual health, Ethan)

The format of the workshops was perceived to contribute to the positive atmosphere:

*The overall thing I thought was just really good. Especially the way it was laid out like, and the activity, the icebreaker. Get everyone comfortable. Then go into topics and discussion, and then we'd feel more open to talk about it and debate. I thought it was really good.* (Consent, Anna)

And the students felt that their involvement was valued:

*And it wasn't anything like a lecture. We sat on the ground, and we were eating pizza. They were as involved as we were. It wasn't... Obviously there was a structure to it, but it wasn't necessarily led by them. Our input was just as valuable. Not even as valuable, because I think they wanted to hear what we had to say more. And it was just like this relaxed conversation that we had about consent, with a group of peers. And I'd never had it before. And it just kind of changed your perspective on things. (Consent, Beth)*

This positive atmosphere was attributed, by many, to the personality and skill of the facilitators. Students commented on the facilitators' ability to put the participants at their ease and to normalise the discussion of issues that most had never spoken about before:

*The girls, the two people that were doing it with us, they were really really friendly. They made everyone really comfortable. ... So I never really kind of had that, to be able to talk to anyone about it. And I think it's just because it's easier to talk to your friends, people your own age to talk about this stuff. So I think it actually was helpful that they were a little bit older, and they were so open about it. They weren't in this conservative mind-set about that kind of stuff. They just explained to everyone that it's normal. This is okay. It's the complete normal thing to talk about. (Sexual health, Daisy)*

## Activities

Students spoke positively about the activities included in both workshops. Here this student discusses the social norms estimation task (a walking debate format where students choose a point along a thick piece of rope marked with percentage statistics), referring to it as a powerful way to raise awareness about prevailing social norms and in order to reconsider their own ideas

*The statistics, yeah. I thought that was really good, because the perception that most people had, or the assumption of the perceptions were usually way off. And were kind of frightening. You know, I'd be the first to admit, I was away off with some of them. Kind of going oh my God, that's the actual? That's what the statistics show on that? So that was very good, because I think it was a fun activity, but it was also, I think it was very revealing for people, and for me especially. But other people I could see where kind of flabbergasted as well, kind of going my God! (Consent, Ciaran)*

The consent workshops included an activity which required students to work in small groups to discuss two scenarios and work through whether consent was present. The students found this activity stimulating and challenging:

*There was kind of a grey area in the scenario, was consent given or not. We had to discuss whether it was, and how it could have been maybe more clearly given. Yeah, it was kind of thought provoking. I think the scenario was really realistic. (Both groups, Henry)*

*The stories were put together well. I thought the two vignettes. Is that what they're called? I thought they were put together well, because they weren't very blatant, or they weren't very obvious. You had to think for a minute and kind of go wait, where is this line of consent? (Consent, Ciaran)*

The students found the scenarios credible and welcomed the fact that they were perceived to be gender balanced.





## Impact

Students described leaving the sexual health workshops enthused and eager to share their new knowledge:

*I suppose just talking with, say, friends and what not about sex like. I felt a bit more informed about dangers, potential dangers. And I would have maybe informed them as well. They mightn't have taken it seriously (Both groups, Henry)*

The information they received about STIs was said to be particularly impactful and significant

*Well because we were actually, I don't know why. We were excited coming out of it, just because we'd been informed about so much stuff. Because as I said before, we hadn't really experienced anything like it before. We came out of it, and literally... Our brains were like this because we just had found out so much information about it all. So no, I explained to him. I was like 'oh my God' you know. About this and this, these different STIs. (Sexual health, Daisy)*

Students who attended the consent workshops identified that they felt empowered by the experience

*Yeah maybe just like in myself, I'm more confident about like what consent should be, and what it actually is. Even to just define it, or to play around with words that other people think this is what it is. You know just too even discuss it like that. You kind of become more sure of yourself or something. It takes a kind of different meaning for you. (Consent, Beth)*

And this empowerment extended beyond sexual consent and may resonate in other aspects of their lives:

*I thought it was a little bit easier, especially in the short term afterwards for me to sort of say no. But not necessarily to do with sexual consent, but just in general if that makes sense? (Sexual health, Gary)*

Putting the conversations about consent in context, students described that it was not usually a topic of conversation among the students or their peer groups:

*No. It wouldn't be talked about at all. (Consent, Anna)*

*I've never had a conversation about consent really. .... Why is it so difficult for us, and me as well, to talk about things like consent? There is still a huge taboo about it. (Consent, Beth)*

Sexual consent was said to be something that was not negotiated verbally but implied through actions or gestures or through the production of a condom:

*Pull out the condom. Maybe just go for it. Thumbs up, or that kind of way. (Sexual health, Daisy)*

Verbal consent was characterised as too formal and some students identified that seeking verbal consent would lead to a loss of momentum or spontaneity:

*Whether people are embarrassed to say it, or they think that they'll lose their chances with whoever if they start getting into consent, that kind of way.... It's kind of not with the flow. ... You kind of have to take a minute and be like okay, I'm gonna have to ask for consent now. You know that kind of way? I think that's the way it kinda goes. (Sexual health, Daisy)*

Others identified that although verbal consent may be appropriate in the early stages of a relationship, this can change depending on the stage of a relationship:

*I think it has to be definitely verbally given. But when you're say in a relationship with someone for a long time, obviously the ways you give consent might change because do you need to say? Every time you're gonna have sex, do you have to say are you up for this? Do you wanna have sex? We're gonna have sex now like. You know. Is there ways. Maybe when you're with a partner for a long time, if she smiles at you when you take out a condom, is that a form of consent? It's a complicated matter definitely. You know. I think there are different ways of giving consent. That's what I took from the workshop I suppose. (Both groups, Hank)*

## Barriers to attending

Students had no reference point for workshops on either sexual health or sexual consent and their preconceptions were identified as a potential barrier to attendance. They were clear that they were not interested in a didactic lecture about their sexual behaviour and did not want to find themselves in a position where they may have to disclose details about themselves

*First of all, ashamed to go there. And secondly, you don't know what to expect. Or you might be asked for some personal details or something. (Sexual health, Ethan)*

*Maybe people might be afraid that they'd be asked personal questions, and mightrn't want to share those. (Sexual health, Daisy)*

It was suggested that students would avoid a workshop on sexual health because they would prefer not to have the information:

*Because I think a lot of people don't want to know about stuff like that as well, because they might... They don't want to know about consent or sexual, like STDs and stuff, because maybe they just want to remain oblivious like. They just feel better that way. (Both groups, Henry)*

Likewise, several students proposed that people may actively reject sexual consent workshops either because of a lack of awareness about the importance of the issue:

*I'm afraid that coming to a consent workshop is more like, I don't need to go to that, because I know what consent is, and I'm never going to rape someone. Therefore I don't need to go. And like 'oh are you a sicko because you need to go?' It's not... I don't think anyone's going to identify it as something that helps you explore your own sexual identity. Which it was. What you believe is right and wrong, and stuff like that. I think it's more going to be viewed as don't do. Rape is wrong, and you might do it, so you need to come and talk about this. (Consent, Beth)*

Or because of a fear that their own behaviour may come under scrutiny and be labelled negatively:

*the lad might not want to go to an event like this, because he might feel it would label him as the predator like. (Both groups, Henry)*

*I'm gonna learn that I just raped a few people or something like that. So I'd rather avoid it (Sexual health, Ethan)*

## Recruiting students to attend workshops

Peer recommendation was identified as an important way of building momentum to successfully recruit students to workshops on sexual consent. Students were said to respond to the interest of others in an event or an issue and may be attracted to attend out of curiosity:

*If people see the more people going, it may seem more interesting or whatever. That's definitely a factor yeah. Even if I didn't have a clue what it was, if I saw a load of people going I'd be like 'oh what's this'?* (Sexual health, Daisy)

It was suggested that students needed to be persuaded that it was of personal relevance to them:

*We're in the world, and we need to know this stuff now. It's not for the future anymore. It's relevant to our lives now.... I felt that it was a proactive move I suppose, because I would learn stuff that would benefit me I suppose.* (Both groups, Henry)

Most of the attendees went to the workshops on their own, without the company or support of friends. This was identified by some as a barrier:

*It was because I had no other girls there with me. So that actually probably is an issue with people. I would think that maybe they'd want a bit of support going in. Maybe want another person going in with them, rather than going in by themselves.* (Sexual health, Daisy)

However, other students expressed the contrary opinion and suggested that they would find it easier to express themselves in the company of strangers.

A few students identified that they would respond to encouragement from teaching staff:

*I do take things that lecturers take into consideration. And maybe if it's to do with a certain topic that we're doing, if they happen to mention it, that there is a whatever workshop going on in this if you're interested, which may link up to some of the criteria that we're learning here, would be a good idea.* (Sexual health, Daisy)

However, social media was the most frequently suggested method particularly if it was designed to build momentum towards the workshops as an event:

*Well like a lot of events, say nightclub events. I know it's not in college as such, but it's marketed towards students. They make event pages on Facebook, and someone clicks "going" and when you see all your friends that click they're going, it makes you wanna go too. So it's very effective.* (Both groups, Henry)

Some suggested that the workshops should be embedded into course curricula:

*That's the only way to catch them. Because if you put a poster, they will just look at the poster and be like 'ah no, let's go play soccer. We can use this time, like you know.* (Sexual health, Frank)

Overwhelmingly, students said that the workshops should be mandatory for students and most considered that they should form part of the induction process.

*I don't think it should be an option. I think when you're in first year in college, you should have to go to that workshop. And that's a very hard line to take. I'm acknowledging my own biases there as well when I say that. But I think it's so important. It's so so important, and yet... See then, I don't think if it's an option, because it's such a new kind of concept as well, that people are like why do I need to go to this. I'm not going to rape anyone. Or I know what yes and no means and whatever. Whereas I don't know. You would have to change everyone's perceptions on what they're getting in for. And I don't think you can do that until they've done a workshop.* (Consent, Beth)

## Conclusion

The findings of this comparative, multi-institutional study of the SMART Consent workshop show that participants benefited from taking part. Specifically, students who took part in the SMART Consent workshop showed more positive behavioural intentions (verbal, nonverbal, passive consent), more positive attitudes toward establishing consent, and greater subjective consent preparedness. The only outcome not to show significant changes were students' perceptions of behavioural control in dealing with consent – this may suggest that the workshop content would benefit from the inclusion of activities that specifically target self-efficacy in dealing with difficult situations.

Students who took part in the Sexual Health workshop showed significantly changed scores on the passive consent and consent preparedness measures. However, it is important to note that when compared with the questionnaire ratings given by students who took part in the Sexual Health group, and taking Time 1 (i.e., pre-workshop) rating scores into account, students in the SMART Consent workshop only showed significant changes in their intentions to engage in verbal consent.

This pattern of findings may be explained by several factors. Firstly, the baseline ratings given on the attitudes and behavioural intentions scales suggest that students were already positively disposed toward sexual consent. While there were statistically significant changes in many of the measures of these attitudes and intentions, the measures used may require more sensitivity. Other measures could have been included, such as the measures of perceptions of alcohol and consent (Ward et al., 2013) reported elsewhere in this report.

An unintended finding of this study is that a Sexual Health workshop could have a significant impact on consent-related attitudes, perceptions, and behavioural intentions, despite not including explicit content on these issues. The Sexual Health workshop was originally designed as a 'control' against which to compare the SMART Consent workshop. However, the highly engaging and informative nature of the Sexual Health workshop led to students increasing their ratings on several of the questionnaire scales. Considered in the context of the survey findings included elsewhere in this report on perceptions of school-based sexual health education, it is clear that there is a gap not alone for consent-related engagement experiences, but also for more general coverage of positive sexual health promotion as well.

The feedback that students gave about the quality and usefulness of the workshops suggests that both groups of students who took part in the workshops viewed them very favourably as stimulating and satisfying experiences. The students in the SMART Consent workshop commented on the openness of the workshop delivery, enjoyed engaging with other students in discussing vignettes, and were stimulated by the discussion of survey findings that provide an insight on peers in a more general sense. Meanwhile, students who took part in the Sexual Health workshop commented extensively on learning from the information presented on sexually transmitted infections and appeared to find this information helpful.

The research study demonstrated some promising results for the utility of SMART Consent in promoting positive attitudes and intentions toward consent among college students. The pre-/post workshop changes are consistent with those reported through the student orientation and extracurricular activity initiatives where SMART Consent was embedded during 2016-17. However, the findings also suggest that workshop development should be an ongoing and dynamic process that takes student feedback into account when designing new activities.

The surveys conducted in 2016-2017 have already implemented some of the recommendations for novel materials and varied vignettes. With regard to the measures used to assess workshop effectiveness, the surveys have also shown the potential to expand the range of assessment tools employed in workshop evaluation. The qualitative interviews demonstrate that students themselves recommend having a mandatory or embedded approach to the inclusion of consent workshops. However, it is notable that the students interviewed found the sexual health workshops should also be made more widely available. Finally, therefore, consideration should be given to a combined sexual health and sexual consent promotion approach.



The background of the slide features a close-up, shallow depth-of-field photograph of several roses. The roses are in various shades of pink and light orange, with some petals in sharp focus on the left side and others blurred in the background. A semi-transparent white rectangular box is centered horizontally and vertically, containing the title text in a purple serif font.

# Integrating Consent Workshops into Third Level Institutions

This section describes two projects designed to explore how consent workshops can be integrated or embedded in existing initiatives and engagement opportunities. The projects took place in two different universities during 2016-17 (the target student audiences are referred to here as 'Group 1' and 'Group 2'), supported by the Confederation of Student Services in Ireland (CSSI). It is clear that large scale roll out of consent workshops would involve having access to a set of facilitators. Group 1 and Group 2 were supported by two different models of facilitator support.

Group 1 took place through partnership of the SMART Consent team with the Students Union and student support services in the institution. We piloted a training programme to prepare peer student facilitators and interested staff members. This option is attractive as a model to support cost-effective sustainability of workshops. It also prepares peer facilitators through training and mentoring that enables them to be advocates within their peer group over the course of the year. Subsequent to this project we worked with a Service Learning in Psychology group at NUIG to further develop the structured training and preparation programme for SMART Consent workshop facilitators.

The Students Union pre-selected Group 1 facilitators on the basis of having suitable skills and experiences. The facilitators then received one day training prior to First Year orientation sessions. Half of the training day consisted of disclosure training given by Dublin Rape Crisis Centre staff who have long standing expertise in this area. The other half day was to support SMART Consent workshop facilitation. The students and staff were circulated prior to training with an extensive background document on consent. The training event involved a discussion of the key concepts underpinning SMART Consent and working through the activities included in the workshop.

Workshop delivery was underpinned by a detailed manual devised for this purpose, which set out the rationale, content, timing, and scripting for each workshop activity. Students and staff members worked as facilitator pairs. The content of the SMART Consent workshop was adapted for the target audience of first years entering student accommodation. The Students Union led on the coordination of each workshop and the assignment of students to scheduled workshops. This institutional work, supported by an organising committee, is outside the scope of this report, but demonstrates the level of commitment involved and required. Approximately 450 students took part in the workshops over the course of a week, with 215 questionnaires returned to the SMART Consent team for analysis.

The target audience for Group 2 comprised students taking part in a four-week extra-curricular bystander intervention programme. The inclusion of SMART Consent was negotiated with the programme providers. This necessitated the editing of the workshop to a 50-minute format by reducing the number of activities included. There were 104 students in the bystander intervention preparation programme who took part in the SMART Consent session on one evening during Semester 1. The students were assigned to one of three workshop groups, run concurrently by facilitator pairs from the SMART Consent team. The six facilitators were part of a pool who contributed to workshop provision over the course of the year. Their background included post-doctoral research, sexual health promotion, counselling, and two postgraduate research students whose research was in relevant areas. This model demonstrates a different strategy for workshop delivery that is supported by having the continuity of access to a pool of experienced facilitators.

## The Evaluation Questionnaire

The workshop participants completed a two-page evaluation questionnaire to record:

- Workshop participant demographics (age, gender identification, and relationship status).
- The impact of taking part in the workshop and evaluation of workshop content.

Page 1 of the evaluation questionnaire was completed pre-workshop and Page 2 was completed when the workshop was finished.

Six items were devised for use in the brief evaluation. These were intended to represent Consent Preparedness. Those items were based on perceptions of self-efficacy (e.g., 'I have all the skills I need to deal with sexual consent') and personal ability to manage sexual consent (e.g., 'I'd find it difficult to talk about sexual consent with a romantic partner'). The items are rated on a 1-5 disagreement / agreement scale. A reliability analysis was conducted to assess the items (Cronbach's  $\alpha = .656$ ).

One sub-scale from Humphreys and Brousseau's (2010) Sexual Consent Scale – Revised was included in the evaluation questionnaire, the 'Positive attitude toward consent' sub-scale. It comprises 11 items and in the source article was rated on a 7-point scale of agreement. Five of the items focus specifically on attitudes toward verbalising sexual consent (e.g., 'I feel that verbally asking for sexual consent should occur before proceeding with any sexual activity'). Six items specifically focus on obtaining consent before any sexual activity or intimacy (e.g., 'I feel that sexual consent should always be obtained before the start of any sexual activity'). Ten of the items are phrased so that agreement indicates a positive attitude, while one of the items is reverse scored ('Not asking for sexual consent some of the time is okay').

Two revisions were made to the format of the sub-scale. Each original item led off with phrasing such as 'I feel that ...' or 'I believe that'. For brevity the phrasing was simplified (e.g., 'I feel that sexual consent should always be obtained before the start of any sexual activity' became 'Sexual consent should always be obtained before the start of any sexual activity'). For consistency with the Consent Preparedness measure, a 1-5 scale of agreement was used for the revised Positive Attitude sub-scale (from "strongly disagree" to "strongly agree").

On Page 2 the participants were asked to rate the Usefulness of each of the activities included in the SMART Consent workshop, on a 5-point scale from 'not useful' to 'very useful' (i.e., 'relevant, interesting, impact'). They were also asked to rate their overall impression of the workshop ('overall, I had a positive experience', on a 1-5 disagreement / agreement scale).

Two small text boxes were included on Page 2 for any other comments ('what worked best about the workshop', 'any suggestions / problems').

## Demographics

Responses from 215 students in Group 1 and 104 students in Group 2 were analysed. The breakdown in terms of age is presented in the table below. Group 1 had a profile of 66% aged 18 or younger, given that it comprised students in First Year, compared with 21% Group 2 participants in this age category.

	<b>Group 1</b>	<b>Group 2</b>
<b>Age</b>	<b>Percent</b>	<b>Percent</b>
17	4.7	1.9
18	61.2	19.2
19	31.3	31.7
20	2.3	16.3
21+	0.5	30.8

The majority of students in each group were females (60.1% in Group 1, 60.9% in Group 2). Two participants in Group 1 and six in Group 2 did not choose either the 'male' or the 'female' category on the questionnaire. The vast majority of respondents in Group 1 were not in a relationship (82.2%), while 9.8% reported being in a relationship of more than one year and 7.9% reported a relationship that was less than one year. By comparison, 64.5% in Group 2 were single, 15.5% in a relationship less than one year, 14.5% more than one year, 5.5% did not say.

## Student Feedback on the Workshop Exercises

Students were asked to rate each part of the workshop on a 1-5 scale to say how useful they found each exercise. The mean scores are shown below ('n/a' refers to where an activity was not included in a particular group). Eight of the exercises received a mean rating of 4 out of 5 by the group as a whole (see Table below). The mean score for male and for female students is also shown, with fairly negligible gender differences.

	<b>Mean Group 1</b>	<b>Mean Group 2</b>	<b>Male Mean Group 1</b>	<b>Female Mean Group 1</b>	<b>Male Mean Group 2</b>	<b>Female Mean Group 2</b>
<b>Group Contract</b>	3.67	4.10	3.71	3.65	4.06	4.13
<b>What is Consent - Everyday examples</b>	3.99	n/a	3.99	4.02	n/a	n/a
<b>Post-It Notes - What is Consent</b>	4.03	4.34	3.91	4.11	4.26	4.37
<b>Definition of Consent</b>	4.35	4.42	4.26	4.42	4.37	4.48
<b>Vignette - Martin &amp; Aoife</b>	4.20	4.51	4.12	4.28	4.34	4.59
<b>Vignette - Martin &amp; Aoife, Changed Context</b>	n/a	4.37	n/a	n/a	4.11	4.51
<b>Vignette - Claire &amp; Jim</b>	4.26	n/a	4.30	4.24	n/a	n/a
<b>Consent Phrases</b>	3.59	n/a	3.39	3.70	n/a	n/a
<b>Grey Area of Consent</b>	4.20	4.58	4.16	4.24	4.46	4.66
<b>Social Norms - Rope Task</b>	4.45	n/a	4.43	4.48	n/a	n/a
<b>Feedback on Student Survey</b>	n/a	4.39	n/a	n/a	4.26	4.49
<b>Rating of overall experience</b>	4.46	4.72	4.42	4.50	4.59	4.78

The Consent Definition activity was among the most positively appraised parts of the workshop (59.5% of Group 1 gave it the maximum rating of 5, "very useful"), along with the Social Norms activity (68.2% of Group 1 gave it a maximum rating). The lowest rated task was the Consent Phrases activity (31.6% of Group 1 gave it a maximum rating).

The participants were asked to indicate their agreement whether the workshop was a positive experience overall. The percentage of students in each category is displayed below:

	<b>Group 1 Percent</b>	<b>Group 2 Percent</b>
<b>Disagree</b>	1.7	0.0
<b>Neutral</b>	9.2	4.2
<b>Agree</b>	30.1	19.8
<b>Strongly Agree</b>	59.0	76.0

## Consent Preparedness

The Consent Preparedness questions answered by the students comprise six questions scored on a 1-5 scale pre-workshop and post-workshop (minimum score 6, maximum score 30). These items assess personal feelings of self-efficacy and appraisals of social norms. Taken together, these comprise a measure of consent preparedness. Higher scores indicate more positive self-perceptions.

Scores on the individual Consent Preparedness items pre-workshop were somewhat above neutral point. These scores shifted positively after the workshop. Ratings on 5 of the 6 individual items changed significantly among Group 1, while ratings given on 3 of the 6 individual items changed significantly for Group 2. One point to bear in mind is that Group 2 has a lower sample size and therefore more conservative significance estimates in statistical analysis. There was a significant change in scores on the six preparedness items when they were compiled together.

The responses are tabulated below for each group of students. A paired samples t test was used to analyse whether answers to the consent preparedness questions changed significantly from pre- to post-workshop. An analysis is also given of the answers to individual questions to identify which aspects of preparedness changed most.

Among Group 1, the mean total score for the six items rose from 22.29 (pre-workshop) to 24.72 (post-workshop), statistically significant at the p.000 level. For Group 2, the equivalent figures were 22.60 (pre-workshop) and 24.84 (post-workshop), also significant at the p.000 level. These figures suggest that the students in both groups were positive about their preparedness overall, as the maximum score possible was 30.00.

The table below shows that the mean score for each item increased from the pre-workshop ratings to the post-workshop ratings. Ratings for two items were reverse scored, and in the table below have been changed so that more positive ratings are indicated by higher scores. Given that a score of 3 represents a 'neutral' rating, the initial mean pre-workshop item rating was slightly-somewhat positive. The largest change was in the item 'I feel well informed about sexual consent', where the mean rating among Group 1 students rose from 3.81 to 4.63 (out of 5.00) and the equivalent for Group 2 was a rise from 3.79 to 4.68. The pre/post difference was significant for five out of six items among Group 1 participants, and for three items out of six among Group 2 participants.

Pre / Post-Workshop	Item	Group 1 Mean	Sign. Pre / Post Difference	Group 2 Mean	Sign. Pre / Post Difference
Pre	I have all the skills I need to deal with sexual consent	3.72	t=11.81, p.000	3.85	t=6.89, p.000
Post		4.36		4.44	
Pre	My peers think that sexual consent is an important issue	3.92	t=6.44, p.000	4.25	t=1.53, p.128
Post		4.30		4.36	
Pre	I feel well informed about sexual consent	3.81	t=12.62, p.000	3.79	t=8.8, p.000
Post		4.63		4.68	
Pre	I would be confident talking about sexual consent with my peers	3.83	t=4.72, p.000	3.79	t=4.29, p.000
Post		4.14		4.20	
Pre	People my age would think that talking about consent with a partner is odd (Reverse scored)	3.20	t=1.39, p.166	3.18	t=.751, p.454
Post		3.30		3.27	
Pre	I'd find it difficult to talk about consent with a romantic partner (Reverse scored)	3.82	t=2.4, p.015	3.79	t=.932, p.353
Post		4.00		3.90	

The tables below illustrate the distribution of Group 1 students' ratings on three individual items. The percentage of students who strongly agreed with the item 'I have all the skills I need' grew from 17.8% (pre-workshop) to 48.0% (post-workshop). The percentage who strongly agreed that 'my peers think consent is an important issue' increased from 29.9% to 46.6%. Finally, the percentage of students that strongly agreed that they felt well informed about consent was 64.7% post-workshop, compared with 22.9% pre-workshop.

<b>I have all the skills I need to deal with sexual consent</b>		
	<b>Percent Pre-Workshop</b>	<b>Percent Post-Workshop</b>
Strongly Disagree	0.9	1.0
Disagree	9.4	1.0
Neutral	24.4	7.8
Agree	47.4	42.2
Strongly Agree	17.8	48.0

<b>My peers think that sexual consent is an important issue</b>		
	<b>Percent Pre-Workshop</b>	<b>Percent Post-Workshop</b>
Strongly Disagree	0.5	0.5
Disagree	6.5	1.0
Neutral	24.3	12.7
Agree	38.8	39.2
Strongly Agree	29.9	46.6

<b>I feel well informed about sexual consent</b>		
	<b>Percent Pre-Workshop</b>	<b>Percent Post-Workshop</b>
Strongly Disagree	1.4	0.0
Disagree	7.9	0.0
Neutral	22.9	2.0
Agree	44.9	33.3
Strongly Agree	22.9	64.7

## Single males and single females

A large majority of students in Group 1 described themselves as single (82.2%). As such, for analysis purposes, sub-group analysis focuses on single males and single females. The mean Consent Preparedness score became significantly more positive for single males from pre-workshop to post-workshop (Group 1:  $n=68$ ,  $t=6.60$ ,  $p.000$ ; Group 2:  $n=27$ ,  $t=4.73$ ,  $p.000$ ), and for single females (Group 1:  $n=98$ ,  $t=8.36$ ,  $p.000$ ; Group 2:  $n=41$ ,  $t=6.49$ ,  $p.000$ ), as shown in the table below.

		Single Males		Single Females	
		Group 1 Mean	Group 2 Mean	Group 1 Mean	Group 2 Mean
Pre	Consent Preparedness Total	21.37	21.82	22.55	21.98
Post	Consent Preparedness Total	24.02	24.33	25.09	24.66

Examples of the distribution of the Group 1 single male students' self-perceptions are given below, to illustrate some marked changes in the ratings given after the workshop. Among single males in Group 1, 11.8% strongly agreed that they had all the skills needed to deal with sexual consent pre-workshop, rising to 48.8% post-workshop. The percentage strongly agreeing that peers think consent is an important issue rose from 18.8% to 40.2%, and the percentage strongly agreeing that they felt well informed about sexual consent went from 22.4% to 61.0%.

<b>I have all the skills I need to deal with sexual consent</b>		
	Percent Pre-Workshop	Percent Post-Workshop
Strongly Disagree	1.2	2.4
Disagree	10.6	2.4
Neutral	21.2	7.3
Agree	55.3	39
Strongly Agree	11.8	48.8

<b>My peers think that sexual consent is an important issue</b>		
	Percent Pre-Workshop	Percent Post-Workshop
Strongly Disagree	1.2	0.0
Disagree	8.2	1.2
Neutral	36.5	18.3
Agree	35.3	40.2
Strongly Agree	18.8	40.2

<b>I feel well informed about sexual consent</b>		
	Percent Pre-Workshop	Percent Post-Workshop
Strongly Disagree	3.5	0.0
Disagree	5.9	0.0
Neutral	21.2	2.4
Agree	47.1	36.6
Strongly Agree	22.4	61.0

## Positive Attitudes to Consent

This section explores the survey respondents' ratings on the 11 items taken from the Humphreys and Brousseau (2010) Positive Attitude to sexual consent sub-scale. The 11 items are normally compiled together for a total score. The content of the items refers to two issues, namely:

- Attitudes toward verbalising sexual consent (five items, e.g., 'I feel that verbally asking for sexual consent should occur before proceeding with any sexual activity'), and
- Obtaining consent before any sexual activity or intimacy (six items, e.g., 'I feel that sexual consent should always be obtained before the start of any sexual activity').

Some attention is also given here to individual items, to identify which aspects of positive attitudes changed following workshop participation.

The table below shows that, pre-workshop, the mean Group 1 score on the 11 items was 45.58 (out of a maximum possible score of 55.00). This equates to a mean item score of 4.14 out of 5.00. This suggests a generally positive attitude initially. Group 2 figures were very similar. There was a gain in positive attitudes ratings post-workshop, with a mean Group 1 total score of 46.57 (mean item score of 4.23). This represents a significant change in scores ( $t=2.82$ ,  $n=197$ ,  $p.005$ ). There were also statistically significant changes in the two groups of items in the positive attitudes sub-scale, namely the items referring to verbal consent ( $t=2.37$ ,  $n=198$ ,  $p.02$ ) and the items referring to seeking consent for all acts of intimacy ( $t=2.60$ ,  $n=197$ ,  $p.01$ ). Group 2 scores followed a similar pattern, with significant changes in both sets of items and in the overall positive attitudes score.

Pre / Post Workshop	Scale	Group 1 Mean Score	Group 2 Mean Score
Pre	Positive Attitude Total (Items on Verbal consent)	19.58	19.66
Post		20.04	20.16
Pre	Positive Attitude (Items of Consent for all acts of intimacy)	25.98	25.76
Post		26.52	26.48
Pre	Positive Attitude Total	45.58	45.39
Post		46.57	46.64

The positive attitude scores are analysed below by gender in terms of single students. Group 1 single females' overall positive attitude scores did not change significantly from pre-workshop to post-workshop. There was one significant difference for Group 2 single females, for the set of items referring to gaining consent before all forms of intimacy ( $n=42$ ,  $t=2.41$ ,  $p.02$ ).

Single men's positive attitude scores did change for Group 1 and for Group 2 participants. For single men, there were significant changes in the verbal consent items (Group 1:  $n=66$ ,  $t=2.73$ ,  $p.008$ ; Group 2:  $n=28$ ,  $t=3.06$ ,  $p.005$ ), consent for items referring to consent before intimacy (Group 1:  $n=66$ ,  $t=2.42$ ,  $p.02$ ; Group 2:  $n=28$ ,  $t=2.98$ ,  $p.006$ ), and the positive attitude items overall (Group 1:  $n=66$ ,  $t=2.75$ ,  $p.008$ ; Group 2:  $n=28$ ,  $t=3.92$ ,  $p.001$ ).

Pre/Post Workshop	Scale	Single Males		Single Females	
		Group 1 Mean Score	Group 2 Mean Score	Group 1 Mean Score	Group 2 Mean Score
Pre	Positive Attitude Total (Verbal consent items)	19.22	19.00	19.82	20.37
Post		20.22	20.18	20.00	20.62
Pre	Positive Attitude (Consent for all intimacy items)	25.33	25.18	26.45	26.10
Post		26.39	26.75	26.81	27.02
Pre	Positive Attitude Total	44.55	44.18	46.33	46.42
Post		46.61	46.93	46.84	47.64

The table below displays the mean scores for each item from the Positive Attitude sub-scale, for the full student group in Group 1 (n=201) and Group 2 (n=105), for Group 1 single males (n=67) and single females (n=98), and Group 2 single males (n=28) and single females (n=42). One \* indicates a pre-/post-workshop difference that is significant at the p.05 level, \*\* indicates significance at p.01, and \*\*\* shows significance at p.000.

			Single Males		Single Females	
	Group 1 Mean	Group 2 Mean	Group 1 Mean	Group 2 Mean	Group 1 Mean	Group 2 Mean
Sexual consent should always be obtained before the start of any sexual activity	4.53	4.41	4.36	4.36	4.64	4.45
	4.55	4.55	4.45	4.64	4.62	4.67
Asking for sexual consent is in my best interest because it reduces any misinterpretations that might arise	4.53**	4.50	4.51	4.36*	4.54**	4.60
	4.71	4.65	4.67	4.64	4.72	4.71
It is equally important to obtain sexual consent in all relationships regardless of whether or not they have had sex before	4.49	4.45	4.35	4.29*	4.61	4.48
	4.47	4.50	4.41	4.57	4.55	4.60
Verbally asking for sexual consent should occur before proceeding with any sexual activity	3.89*	3.99**	3.88	3.86	3.91**	4.21**
	3.69	3.71	3.96	3.82	3.53	3.81
When initiating sexual activity, you should always assume you do not have sexual consent	3.72***	3.81*	3.59***	3.75*	3.77*	3.79
	4.00	4.05	4.07	4.25	4.00	4.10
It is just as necessary to obtain consent for genital fondling as it is for sexual intercourse	4.38**	4.30**	4.25**	3.96**	4.49	4.43**
	4.56	4.54	4.51	4.43	4.65	4.67
Most people that I care about feel that asking for sexual consent is something I should do	3.85***	3.90**	3.70***	3.86*	3.92***	4.00
	4.19	4.19	4.09	4.11	4.25	4.14
Consent should be asked before any kind of sexual behaviour, including kissing or petting/ shifting	3.62*	3.48***	3.52*	3.21**	3.64	3.61*
	3.77	3.88	3.82	3.86	3.75	3.93
It is the responsibility of both partners to make sure sexual consent is established before sexual activity begins	4.50**	4.50*	4.42	4.32*	4.59	4.57
	4.68	4.65	4.60	4.64	4.74	4.67
Before making sexual advances, you should assume 'no' until there is clear indication to proceed	4.33	4.29	4.31	4.50*	4.32	4.38
	4.23	4.19	4.31	4.21	4.22	4.33
Not asking for consent some of the time is ok (Reverse scored)	3.68	3.78	3.60	3.71	3.81	4.02
	3.66	3.74	3.67	3.75	3.72	4.05

At the whole group level, there are seven significant differences among the 11 items among Group 1 participants, on items corresponding to asking about consent to avoid misinterpretations, assuming sexual consent is not present, that consent is necessary for any level of intimacy, that peers consider consent to be important, and that both partners share the responsibility of achieving consent. There were six item differences on pre/post scores among Group 2 participants, on all of the same items as Group 1 with the exception of "Asking for sexual consent is in my best interest because it reduces any misinterpretations that might arise".

Due to the small number of participants when divided by gender and relationship status, there are fewer significant differences apparent for the single male or single female group. Both genders displayed a significant pre-/post-workshop difference in ratings on items concerning peer perceptions of the importance of consent and that consent should not be assumed. There were significant pre-workshop / post-workshop changes for single females on four items (Group 1) and three items (Group 2). The equivalent for single males was four items (Group 1) and eight items (Group 2).

## Qualitative Feedback

Students were provided with two text boxes on the post-workshop evaluation sheet to record any written feedback. Similar patterns were noted among Group 1 and Group 2 feedback statements, with examples from Group 1 feedback given below. Over 100 individual comments were made in response to the item 'what worked best about the workshop', and over 50 individual comments were made in response to 'any suggestions / problems'. Some students made more than one comment.

The positive comments ('what worked best') referenced many of the workshop activities and components:

*'Scenarios', 'post-it notes', 'rope task', 'changing roles questions', 'The SMART acronym all really encompasses the elements of consent', 'the everyday examples', 'the scenarios clearly show what consent is', 'working through scenarios'*

*'Research', 'the statistics were quite interesting', 'questioning norms', 'statistics were surprising', 'I loved the stats on consent', 'learned about what others feel', 'breaking social stigmas', 'Being made aware of what consent is', 'The point of what we think is reality among our peers re alcohol sex drugs isn't really happening'*

The format of the groups was remarked on in a number of the positive comments given:

*'Small group discussions', 'semi-circle formation', 'talking', 'interaction', 'openness', 'seeing what your peers felt', 'free speech', 'agreements and understanding together'*

The style of facilitation and group atmosphere was seen as very supportive and professional:

*'No one was forced to say anything', 'very attentive and caring leader', 'taken seriously', 'a very good speaker', 'explained everything clearly', 'I felt very comfortable with speakers/hosts', 'everyone stuck to the rules from the beginning', 'friendly and helpful', 'interactive and engaging', 'relaxed atmosphere'*

The comments given under the heading of 'any suggestions / problems' made some valuable suggestions to consider for future workshop delivery. Some of the comments suggest how further engagement might be achieved:

*'Shorten the duration', 'increase the pace', 'too repetitive and too long', 'sometimes a bit dry', 'not just reading from a handout', 'more interaction', 'the everyday scenarios went on too long as we all knew the underlying innuendos', 'too many assumptions from the facilitators about gender and sexuality', 'give a situation that is consensual, give a baseline'*

Other suggestions offered refinements of the activities:

*'More grey examples with an identifiable right answer', 'it was quite slow to start', 'the group contract was a bit childish for our age group', 'more interactive like the last activity', '[the phrases part] perhaps work on some better ones or solely ask the audiences suggestions', 'I would love a print out of the consent figures', 'more real life scenarios i.e. Claire and Jim', 'Didn't really feel like I learned how to say no', 'more inclusion of consent for more LGBT'*

The timing of the workshops was remarked on:

*'Don't do it during freshers' week', 'probably best to wait to do it during the year'*

Some further positive comments were given in response to this prompt:

*'All good', 'super important and workshops should be mandatory nationwide', 'make compulsory'*



## Follow Up Study Semester 2 2017

A follow up study of Group 1 participants was launched in Semester 2 approximately four months via SurveyMonkey to identify reflections on the workshop among those who had taken part and to identify reasons why some students had not attended a consent workshop. The survey link was made available by the Students Union on its Facebook page. A total of 55 students responded, 28 of whom had taken part in a SMART Consent workshop and 27 of whom had not.

The following comments illustrate the reflections of students who had taken part:

- *That it was so student and young person friendly. It had a lot of jokes which I believed all my peers appreciated and made the topic easier to absorb.*
- *The avoidance of awkwardness in the conversations and the promotion to talk about sexual consent outside the workshop.*
- *The discussion of the scenarios and the statistics at the end.*
- *I found it a helpful experience that really showed to me that most students experience the same insecurities when it comes to sexual health.*
- *Helpful and informative. Use of real life scenarios that made it relatable.*
- *Comfortable and open discussion.*

A smaller number of comments offered more critical comments about the workshop attended:

- *We were shown a cartoon about consent using tea as a metaphor, and it covered the topic much better. The workshops themselves were so long that the point of them was forgotten by the end.*
- *I found some of it seemed a bit patronising towards men but I understand that it's probably necessary. I thought the yes and no consent phrases were a bit silly but the consent situations where you had to decide if consent was given or not were useful.*

The students who did not take part in a workshop were asked to choose a reason from several options provided. Twenty of the students selected the option 'I wanted to but it didn't work out (e.g., something came up, missed the workshop, etc.)'. Two students ticked the box for 'Found the topic of consent off putting'. No students choose the other options ('I do not favour having workshops on consent', 'I did not want to attend a workshop on consent', 'I do not feel comfortable attending workshops in general', 'I did not know about the workshops', 'I did not know the details of the workshops (time, place, etc.)').

Six students chose the 'other' option for this item, which enabled them to write in comments. Several of these comments offered a critical commentary on the premise of the workshop:

- *I find the workshops to be sexist and to focus [on] men, implying all men are potential rapists and all women are victims.*
- *I did not attend the sexual consent workshop because I am an educated young person and was not raised in an environment that encouraged rape. Although this is not true for everyone, I like most people know deep down what consent is. I did not need a workshop to teach me that, it comes from basic human kindness.*

Students who had not attended were asked to make suggestions for how attendance could be supported or encouraged in the future. These comments reflect the range of suggestions made:

- *Incentives, like food or vouchers, or perhaps if the workshop encompassed more than just consent (such as sexual health).*
- *Just couldn't make them on the day I was assigned.*
- *More workshops and at different times – most of the workshops were on at the same time as orientation events on college campus (e.g., meeting S2S mentors) – hosting them at later times, and not just during Freshers' week but also throughout term would have helped.*
- *Better information on the time and location as [the orientation week] is very overwhelming and it's hard to keep up with all the events.*

## Conclusion

Self-perceptions of being prepared for sexual consent and positive attitudes to asking for consent were enhanced following participation in the SMART Consent workshops offered on an integrated basis in mainstream student engagement experiences. Similar findings were noted for Group 1 (a student orientation programme at the beginning of the academic year), and for Group 2 (an extracurricular bystander intervention programme held during the semester). It is interesting to note that despite the different length of SMART Consent workshops offered to students in the Group 1 and Group 2 projects (2 hours for Group 1 workshops, 50 minutes for Group 2), a similar impact was observed with respect to changes in consent attitudes and preparedness. Students in these groups also started with similar baseline attitudes and preparedness. The demographic profile for the two groups differed somewhat, as Group 2 students were drawn from different years of study and had a pre-existing interest in student empowerment. Further work is required to identify if a shorter time delivery would work as well with a first year group.

With regard to the pattern of findings, the changes in perceptions and attitudes were particularly evident among single male students. The positive ratings given to workshop activities demonstrate that the workshops were enjoyable and acceptable. The Group 1 programme of consent workshops is unique in utilising a key point in the college calendar for engaging large numbers of students and achieving strong levels of collaboration between staff and students. The perceptions of these sessions was as positive as for the workshops held with Group 2, where we drew on a small pool of facilitators.

Some points emerged for future refinement in offering consent workshops in an integrated model. One key point is to find the optimal timing and flexibility for workshops. The evidence available through the follow up survey suggests that a number of students who did not attend the workshops did so for pragmatic reasons around timing. Further work is required to integrate workshops within academic programmes, not just in extracurricular or college events. Nevertheless, involving first year students during orientation was a successful strategy in reaching out to large number of students in a short time. Although not strictly mandatory, the workshop was included within the package of orientation activities, and participation was encouraged through the institution and Students Union. Individual students were nudged toward participation by having their name linked to a particular workshop session.



# Summary



The three projects carried out by the SMART Consent research team during 2016-2017 have provided new insights on the attitudes, beliefs, and experiences of third level students regarding sexual consent. These findings are of interest in their own right, help to establish the context in which consent workshops are provided, and provide new evidence to devise original workshop activities and campus messaging on sexual health. The randomised trial of the SMART Consent workshop establishes it as an effective mechanism to achieve changes in attitudes and behavioural intentions. Finally, the study of sustainability and feasibility has shown that the workshop can be adapted to a peer facilitator model, tailored to integration opportunities in the college calendar, and is acceptable to workshop participants.

These findings represent a positive result from the studies conducted in the past year, yet further work is required. For instance, additional research is needed to assess the long-term impact of participation in the consent workshop; to integrate new activities and consent vignettes in the existing manualised SMART Consent workshop repertoire; to expand workshop implementation within both extracurricular and academic programmes; and to develop a programme for messaging and awareness raising that may in itself have a potential impact on attitude change. These ambitious goals are based on the research evidence that we have collected, and are consistent with the ethos of the SMART Consent initiative for continuous and on-going development of materials and engagement strategies.

To conclude, the following recommendations are made with a view to achieving these goals and a more general strengthening of the supports which institutions, student groups, and other stakeholders require to support positive sexual health and to address sexual violence in its various forms:

**Establish a network of participating institutions, student organisations, voluntary organisations, and other stakeholders.** Currently, there is much divergence across third level institutions in policy development to support sexual health, in the organisation and resourcing of relevant student supports, and with regard to institutional priorities and characteristics. These factors are ongoing and pose a challenge to the task of establishing a coherent, consistent, and evidence-based response to the need to support students on the issue of sexual consent. By taking a programmatic approach we have established comprehensive materials and training tools that are needed to support that work. Sectoral leadership is now required to develop an implementation framework. This framework could be specific to consent or reflect the wider concept of sexual health that we subscribe to, which encompasses both the positive development of sexual expression and the avoidance of violence or harm. We also see consent as touching not alone on sexual experiences and empowerment, but on important issues around alcohol and substance use, gender equality, and sexual identity – thereby involving a wide array of sectoral and societal stakeholders.

**Roll out peer facilitator training.** It is clear that consent workshops require a plan for sustainability and feasibility. The inclusion of student peers and other supporters is an essential part of the capacity building required to engage large numbers of students. This is best supported through the roll out of peer facilitator training. The model we have developed to date highlights the importance of disclosure training, general group facilitation skills, and team working, as well as training on facilitation of the consent workshop itself. Given the developing importance of digital badging and employability skills, consent workshop facilitation lends itself to the general ethos of supporting student leaders to achieve personal and skills development. Finally, by becoming involved at a more intensive level with topics concerning sexual health and violence, peer facilitators are likely to become strong advocates in the student community as a whole, besides their direct contribution to workshops. Nor should this opportunity be restricted to students, as the recruitment of academic and support staff as facilitators would support the embedding of consent workshops at an institutional level.

**An integrated approach to sexual health and consent.** One of the striking findings that has emerged from our research is that students have had limited exposure to sexual health education prior to coming to college. The sexual health workshop that Dr Siobhán O’Higgins developed as a medium for the control group in our RCT study of the SMART Consent workshop was evaluated very positively, and provides a basis for integration with the consent workshop or as a standalone support for students. Depending on the needs of the student group

concerned, the inclusion of activity-based material on contraception, STIs, and sexual identity would support student sexual self-efficacy in areas relevant to sexual consent. Taking a modular approach to sexual health needs could also extend to the bystander intervention approach that is emerging nationally and internationally.

**Establish a shared methodology for data collection on sexual health promotion and on sexual violence.**

Much work has been carried out in recent years (in the U.S. in particular) on establishing methods for collecting large data sets on sexual violence on a routine basis among college populations. This is an essential requirement for any systematic approach to addressing the problem of sexual violence – providing a baseline for later comparison, identifying priorities that should be addressed, and raising awareness about the varied forms of sexual violence and harassment that are taking place at disturbingly high levels. The RESPECT all-Ireland research network was initiated in 2016 partly to address the lack of this kind of resource. The network’s strategic goals are to focus on researching the prevalence of sexual violence, prevention strategies, and policy development. In addition to establishing a methodology for assessing sexual violence across third level institutions, there is equally a need to build on the survey work we have carried out to conduct regular assessments of the wider domains of sexual health relevant to prevention of sexual violence. This report has documented the importance of having access to high quality data on the wide range of beliefs, expectations, and attitudes that relate to sexual consent. A systematic approach to assessing these issues on an on-going basis is an essential part of any structured effort to implement a sexual consent strategy.

**Four levels of engagement.** We have organised the SMART Consent programme of work in terms of four levels of action. It is appropriate therefore to conclude by making recommendations relevant to these levels:

**Level 1: Tailoring engagement experiences to contexts and formats.** This level involves identifying opportunities for engagement across the college environment and curriculum. Ultimately, the sustainability of consent workshops and similar initiatives depends on finding a home in the student experience. With our collaborators at TCD and NUIG we have shown that consent workshops can be tailored to first year orientation or extra-curricular training. This flexible approach should be continued with a view to developing a menu of options to work in partnership with student services, student unions, and academic programmes.

**Level 2: The standalone 2 hour workshop resource for small groups.** As the central resource for the SMART Consent initiative, the consent workshop should continue to develop in a way that assimilates new research, thereby remaining current and evidence-based. Our survey and qualitative work this year will enable us to expand the repertoire of activities for inclusion in the workshop – providing improved coverage of consent in low alcohol contexts, same sex relationships, and established relationships; and by introducing new evidence on perceived social norms concerning verbal consent and consent across different forms of intimacy.

**Level 3: Sustainability and partnership.** This level of activity in the consent initiative involves forming and maintaining the partnerships that enable sexual health promotion to reach increasing numbers of students. As stated above, the sustainable development of consent workshops should involve the provision of training for workshop facilitators, including but not restricted to student peers. Sustainability efforts also refer to the networks that exist within and between institutions. There is clearly scope to develop a ‘consent network’ of institutional leaders, student support services, student leaders, voluntary agencies, researchers, and academics. This will require sectoral leadership of the kind evident from recent initiatives from the Union of Students in Ireland and the National Women’s Council of Ireland, as well as integration with the National Sexual Health Strategy (2015-2020) and the Second National Strategy on Domestic, Sexual, and Gender-based Violence (2016-2021). Institutional leadership is already evident from NUIG through its support of a programme of sexual consent research, and at UCC through its commitment to policy development and a new bystander intervention programme, but enhanced involvement is now required from the leadership at other third level institutions, the HEA, and the Department of Education & Skills.

**Level 4:** Embracing a whole of community strategy will be essential to build awareness of consent workshops, to disseminate messaging on sexual consent, and to develop engagement strategies besides workshops. The interviews carried out with students after taking part in workshops showed that the workshop experience was both enjoyable and a learning experience. However, prior to attending the workshop their lack of earlier exposure to sexual health education meant that students did not know what to expect from a consent workshop. This is a barrier to participation which can be addressed through at least two strategies. Firstly, the workshops could be integrated or embedded more centrally in the student experience. Students themselves spoke about the value of introducing workshops on a 'mandatory' basis. Secondly, knowledge and expectations can be enhanced through awareness raising, exemplified by the use of a communications strategy involving the use of social media, videos, and other dissemination strategies such as comic books. The development of these strategies will be a focus for our research efforts in the coming year.

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