

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

Report Summary

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Report Summary

The SMART Consent workshop has developed from research conducted since 2013. In this Report Summary we describe the main findings from the three latest projects we carried out during 2016-2017. These projects have (a) examined the effectiveness of the SMART Consent workshop, (b) studied its potential for integration in third level institutions, and (c) documented the context of attitudes, behavioural intentions, and past experiences in which workshops take place.

The longer main report of the research is presented in five sections:

- Section 1: Introduction to the SMART Consent initiative.
- Section 2: Consent in Context: Student Surveys – which involved over 1,000 students.
- Section 3: Randomised Controlled Trial Study of the SMART Consent Workshop – with over 300 students.
- Section 4: Integration of Consent Workshops into Third Level Institutions – with over 500 students.
- Section 5: Summary of our findings.

Background

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 scenarios.

There were clear principles in evidence when students were talking or writing about sexual consent; that intimacy without consent was wrong and that, when it did occur, the victim should not be blamed. As part of that study the students also responded to short, written scenarios. It was while discussing these scenarios that ambiguity and divergence came into play – the 'grey area' of consent – reflected in how social knowledge, gender stereotypes, and beliefs about the impact of alcohol were used to interpret particular situations. Students spoke about the difficulty of inferring intentions and of choosing between the multiple possible interpretations that could be made of the same event.

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 profile how students say they express consent, and how factors like gender and relationship status impact on consent – an information base that we have never had available before in Ireland, and which has only lately begun to develop internationally. These findings have enabled us to understand consent in the context of positive sexual health promotion and communication.

Additionally, the surveys have provided evidence on a range of issues concerning sexual violence and harassment, thereby reflecting the reality of many students who experience non-consenting sexual encounters. This understanding is set in context by the Union of Students in Ireland in the Say Something report in 2013, the recommendations from the 2016 Changing the Culture report by Universities UK, and research into campus climate and sexual violence in the U.S.

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:

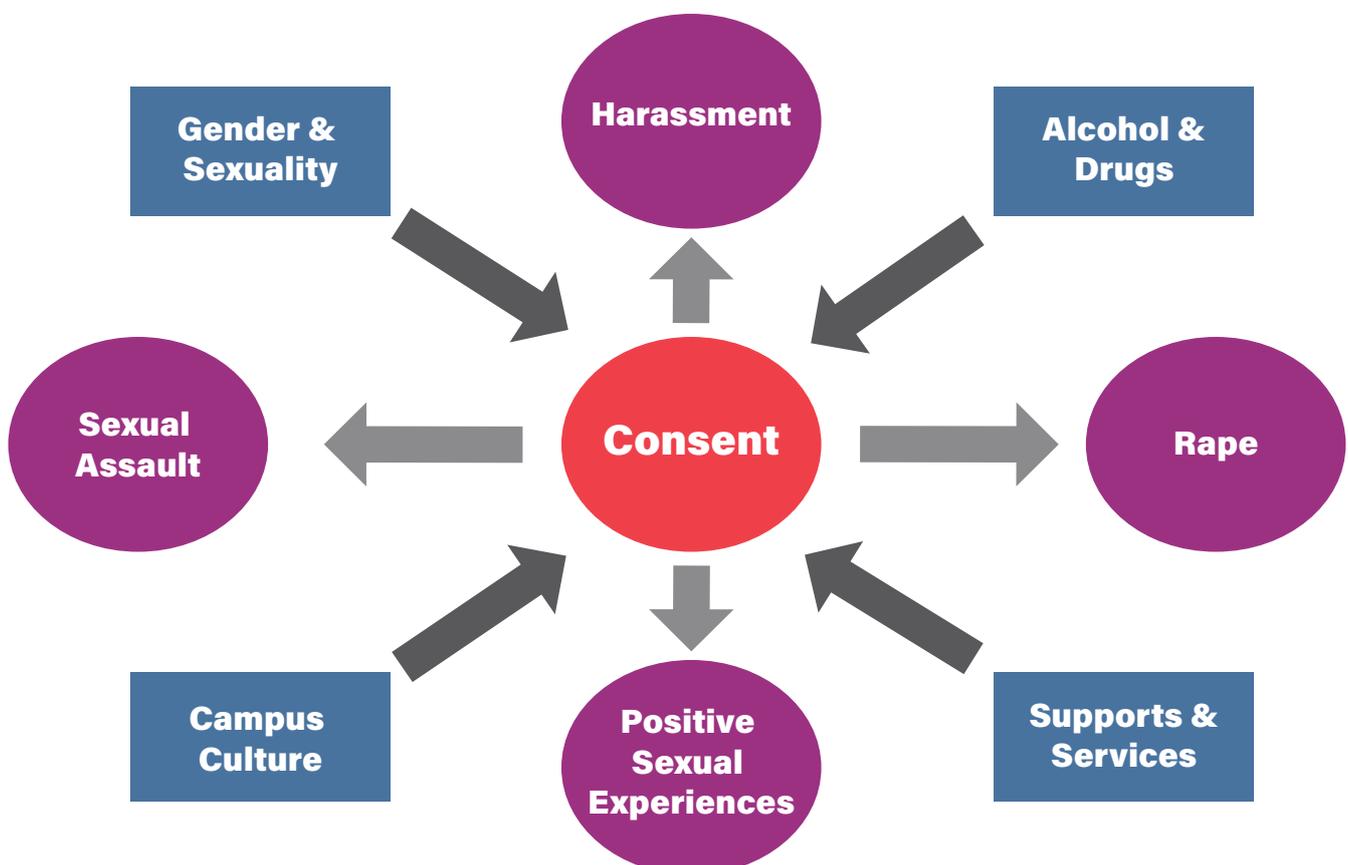
- Say what sexual consent means to them.
- Compare their understanding with the definition that researchers use.
- Talk about how they use their understanding to make sense of different consent scenarios.
- Learn how their views and attitudes compare with those of their peers, both in the workshop and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

During 2016-2017 we have been supported by grants from: the Irish Research Council / HSE Sexual Health & Crisis Pregnancy Programme (to examine the effectiveness of the 2 hour SMART Consent workshop in attitude change); the NUI Galway Student Project Fund (to implement consent workshops and related initiatives from 2016-2019); and the Confederation of Student Services in Ireland (to work with Trinity College Dublin Students Union on piloting a train the trainers programme in first year student orientation, and to conduct a service learning project in 2017 with psychology students at NUIG on peer facilitator training).

SMART Consent workshop participants are not asked to talk about their own experiences or topics that they are not comfortable discussing. The workshop activities we have devised provide a platform for group discussion and exploration of consent. The activities include strategies such as the use of realistic scenarios and feedback on the views expressed by over one thousand students who have taken part in our qualitative and quantitative research. The SMART Consent workshop is anchored in a model of consent that is based on communication, active agreement, and affirmation, whether verbal or nonverbal. The definition of consent that we explore and develop in the workshop is: “the freely given verbal or nonverbal communication of a feeling of willingness to engage in sexual activity” (Hickman & Muehlenhard, 1999, p. 259). We develop this definition further in the workshop through discussion of how consent is ongoing, is relevant to all forms of intimacy, and is affected by contextual factors such as relationship status and alcohol use. Our emphasis is on what consent looks like when it is achieved, and what factors might act as facilitators or challenges to mutual agreement.

The SMART Consent workshop has developed from a 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





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 a 35-page manual that supports two facilitators to run the workshop, providing a comprehensive set of materials and procedures. In the two-hour workshop format the group size can be up to 15 people, but 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 options – Language of sex / Consent in everyday life.
- Flipchart exercise: What is consent?
- Definition of consent.
- Vignettes: These scenarios cover the traditional gendered sexual script, female on male pressure, heterosexual / LGBT comparisons, alcohol / no alcohol comparisons, sexual intercourse / other forms of intimacy.
- ‘Rope task’: An activity that draws on survey data to engage students in social norms estimation / feedback.
- Consent communication: Phrases and approaches.
- Take home messages: 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 flexible approaches to delivery strategies and attentiveness to the 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 – adaptability of 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 using engagement strategies besides workshops – an internet / social media strategy and the use of other dissemination strategies such as leaflets or comic books.

The research we have conducted in 2016-2017 has focused in particular on Levels 1-3.

The main findings of the three projects we conducted in the past year are summarised below:

Consent in Context: Student Surveys

Two online surveys were carried out with NUI Galway students during 2016-2017, with 632 taking part in the first survey and 425 in the second survey. The surveys were supported by the NUI Galway Student Project Fund. Across the two surveys, two-thirds were women. A similar proportion were aged 21 or under and were sexually active in the past month. Half were in a relationship and 85% reported a heterosexual orientation.

The surveys included a range of established measures of attitudes, self-reported behaviours, and experiences related to sexual consent. Full citations and information on the measures used are included in the main report. Highlights of these survey findings include:

Students have a **positive personal attitude** to verbal consent and to getting consent for any form of intimacy – e.g., *86% agree that it is just as necessary to obtain consent for genital fondling as it is for sexual intercourse; 89% agreed that it is equally important to obtain consent in all relationships regardless of whether or not they have had sex before.*

The perception of the **social norm of peer attitudes to consent** is less positive – e.g., *44% of the students surveyed agreed that ‘most other students’ think it is just as necessary to obtain consent for genital fondling as for sexual intercourse; 53% agreed that ‘most other students’ believe it is just as necessary to get consent in all relationships regardless of whether they have had sex before.*

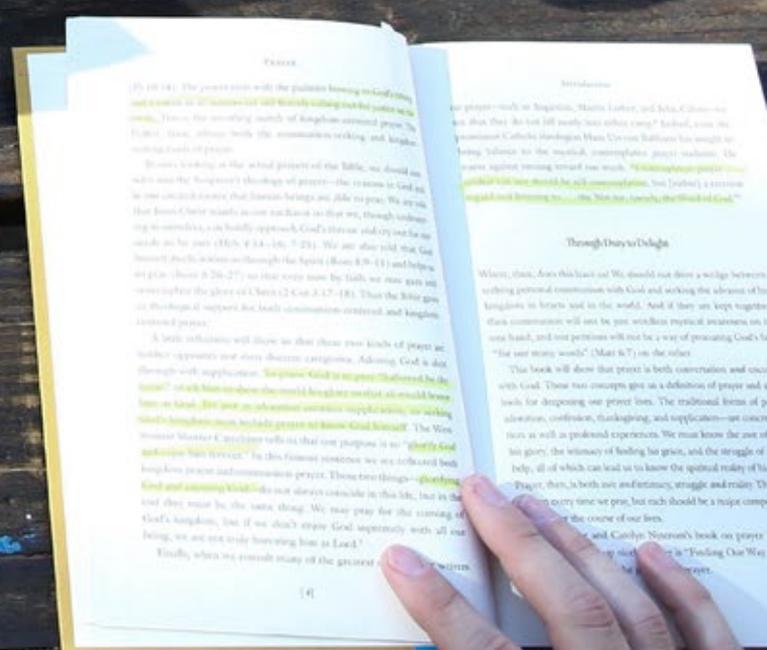
These differences in agreement levels, between what students say about their own attitudes and the attitudes they attribute to their peers, suggest the need for awareness raising initiatives that make use of appropriate engagement strategies. The SMART Consent workshop uses this social norms feedback approach to inform students about their peers’ attitudes.

Students agreed that they would use all five forms of **consent behaviour strategies** that we assessed (verbal, nonverbal, initiator, passive, removal). In particular, there was agreement that they would use verbal and non-verbal strategies to show their agreement to have sexual intercourse (e.g., *70% said they would ask their partner if they wanted them to get a condom, 73% would make a move and check their partner’s reaction, 84% would move closer to their partner*).

There were also differences in use of consent strategies between groups of students. For instance, women were less likely to endorse passive consent strategies than men (e.g., *45% of women agreed they would let their partner go as far as he/she wanted, compared with 74% of men*). In addition, we noted some differences in use of verbal consent behaviours according to relationship status (e.g., *68% of single students reported they would ask their partner if they are interested in engaging in sexual intercourse, compared with 81% of students in a relationship*).

With regard to **sexual communication self-efficacy** (i.e., confidence in communicating about sexual preferences and problems), we found that up to one-third of single students said it would be difficult to talk about certain sexual issues relevant to consent. For example, *31% of single students reported it would be difficult to tell a partner that a certain sexual activity is not making you feel good (compared with 10% of students in a relationship), 23% of single students said it would be difficult to tell a partner that a certain sexual activity hurts you (7% of students in a relationship), and 32% of single students said it would be difficult to say that you like a specific sexual activity (11% of students in a relationship)*. This is the first time that these consent-related issues around communicating preferences and problems have been identified in an Irish context.

Most students were dissatisfied with the **sexual health education** they had received at school. This was reflected in responses such as: *76% of students agreed that their sexual health education left out a lot of important and crucial information, 24% agreed that they were satisfied with the sex education they received in the school system,*



Prayer

It is not enough to have the patient knowing the kind of thing
 and to be able to do it. It is also necessary to have the patient in the
 mind, that is, the meaning of kingdom-oriented prayer. The
 Father's love, which is the foundation of kingdom-oriented prayer, is
 the love that is the source of all life and grace.

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Introduction

When you pray, you are not just talking to God. You are
 also talking to the Father, the Son, and the Holy Spirit. You are
 talking to the whole Trinity. You are talking to the whole
 Church. You are talking to the whole world.

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 Church. You are talking to the whole world.

Through Duty's Delight

When you pray, you are not just talking to God. You are
 also talking to the Father, the Son, and the Holy Spirit. You are
 talking to the whole Trinity. You are talking to the whole
 Church. You are talking to the whole world.

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and 55% agreed that they would like to know more about sexuality and sexual health. These figures provide a strong indication that students are reliant on informal sources of information for their sexual health education and would have benefited from exposure to more structured and engaging approaches.

We assessed endorsement of **traditional heterosexual sexual scripts**, as these are linked to expectations for sexual encounters and consent. Of the five statements we included, only one received support from half of the participants (50% agreed with the idea that 'guys are always ready for sex'). Two statements received agreement from four in ten respondents (e.g., 'most guys don't want to be just friends with a girl'), the remaining two items that focus on women were endorsed by a minority of two in ten of the respondents (e.g., 'it is up to women to keep things from moving too fast sexually'). This finding is an encouraging sign that students largely do not endorse traditional scripts, but is a message that needs to be relayed back to students themselves.

The survey included a scale to assess attitudes to **sexual consent and alcohol use**. There was a high rate of endorsement of items that accept the link between drinking and non-consent (e.g., 3% agreed that a person who is sexually assaulted after drinking alcohol can only blame him/herself). Nevertheless there was also a high level of acceptance of alcohol as being central to how sexual relationships and encounters develop – for example, 50% 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 drinking as part of getting together sexually, suggests some ambivalence in attitudes to alcohol and consent. Finally, there were some gender differences in responses (47% of men and 29% of women agreed that alcohol makes sexual situations easier and more enjoyable). While it is positive that drinking is not seen as a justification for non-consenting behaviour, the complex findings regarding alcohol justify its place in the SMART Consent workshop as one of the contextual factors critical to sexual consent.

Besides using survey measures, we also included three **sexual consent vignettes** in one of the online surveys, allowing us to see how attitudes were applied to consent scenarios involving relationships, same-sex orientation, and the use of alcohol. Highlights of the findings from this part of the survey work include:

The ratings made of the vignette featuring **heavy drinking** (Neil and Carol – not in a relationship, who had been drinking for the day, meeting up late in the evening and having sex) 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, which underscores the ambivalence associated with drinking and consent. The students were split on whether Carol gave her consent to having sex with Neil – half agreed that she did give consent and half did not. Yet the students recognised the issues that arise from the association of alcohol and consent. A majority agreed that, the next day, both Neil and Carol could regret what had happened the night before. Another feature of responses to this vignette was the appearance of gender differences in ratings; there was typically a 15-20% difference in agreement levels between men and women (e.g., 50% of women agreed that Neil was respectful toward Carol, while 72% of men agreed that he was respectful).

The ratings made of the **same-sex consent scenario** featuring Ciaran and Joe explored the sexual script in which an invitation to someone to come home can be interpreted as establishing the expectation that an invitation to sexual intimacy is also given (Ciaran invited Joe to come up to his apartment after an evening out, but did not consent to Joe's advances). This scenario also situated consent in an environment where little drinking had occurred.

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. Yet a significant minority did not believe this, casting doubt on the community norm that an invitation home invariably indicates interest in intimacy. The responses also illustrate the acceptability of using verbal consent as a means to manage intimacy in a casual encounter (in the vignette

Joe used nonverbal and initiating strategies to show his interest in intimacy); 87% of females and 73% of males agreed that it would have been ok if Joe had asked Ciaran directly about kissing and for him to ask directly about moving on to greater intimacy from kissing, while 96% of women and 84% of men agreed that it was right for Ciaran to say “no” clearly when he did not want to proceed.

The final scenario compared **perceptions of consent in a relationship** with perceptions of consent between two people who are intimate for the first time. We compared ratings made of the Kate and George scenario in our 2017 survey (*where they are depicted as being in a relationship*) with ratings made by a different group of students in a 2015 study (*where the Kate and George scenario was also used, this time depicting them in a casual encounter*).

The ratings of acceptability made by students were quite similar across the two versions of the vignette. 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. That finding applied regardless of whether or not the individuals were in a relationship.

Finally, we asked students to write **open-ended definitions of consent** as part of one of the online surveys. The responses include 11 separate components or elements linked to consent. Five of these map on to the Hickman and Muehlenhard (1999) research definition of consent (“freely given verbal or nonverbal communication of a willingness to engage in sexual activity”, p. 259). In particular, the verbal and nonverbal components of that definition were cited in the definitions that students wrote themselves. By comparison, the ‘willingness’ component of the definition was not referred to often (i.e., *that consent includes an internal state of wanting to be prepared to engage in intimacy, as well as external verbal / nonverbal signs*). The ‘freely given’ component of the definition was discussed intermittently (i.e., *that consent is not given under pressure or when the person’s thinking is affected by drinking or drugs*). Finally, consent was typically associated with sexual intercourse, rather than all forms of intimacy.

We also identified six other components of consent described by students that are not explicitly referred to in Hickman and Muehlenhard’s definition. For example, consent 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 one-way approach to agreement. ‘Mutuality’ was introduced by some students, albeit uncommonly. Some students referenced ‘not saying no’, an 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. Taken together, the consent definitions offered by students tended to be quite variable and occasionally included elements that are not in keeping with the affirmative position that is increasingly taken on consent.

Randomised Controlled Trial Study of the SMART Consent Workshop

We carried out a pilot randomised controlled trial to assess whether the SMART Consent workshop promoted more positive attitudes and understandings of sexual consent among third level students. We compared its impact with participation in a Sexual Health workshop that did not refer explicitly to consent. This study was supported by the Irish Research Council and the HSE Sexual Health & Crisis Pregnancy Programme.

The major research aims were to:

1. Investigate the effectiveness of the SMART Consent workshop in promoting positive attitudes and behaviours toward consent over time.
2. Compare the effectiveness of SMART Consent in changing perceptions of consent, in comparison to a Sexual Health workshop.





3. Explore the workshop's acceptability through students' perceptions and feedback.

A total of 319 students took part in this study across four institutions (one university and three Institutes of Technology). Fifty-nine percent were female, the sample had a mean age of 21, and 58% were in their first year of study. Over half (55%) reported being single, and 93% described themselves as heterosexual.

The findings of this comparative, multi-institutional study of the SMART Consent workshop show that participants benefited from taking part. Specifically, comparing pre/post-workshop questionnaires, students who took part in the SMART Consent workshop reported significantly more positive attitudes toward establishing and asking for consent, more positive behavioural intentions (higher scores on measures of verbal and nonverbal consent, lower scores on the passive consent measure), and greater subjective consent preparedness. For example, *the percentage of students in the SMART Consent condition who agreed with the item "When initiating sexual activity, I believe that one should always assume they do not have sexual consent" rose from 55% (pre-workshop) to 65% (post-workshop), the percentage who agreed with the item "I would use body language or signals" went from 76% to 93%, and the percentage who agreed with "I would tell my partner what types of sexual behaviour I want to engage in" went from 72% to 86%.*

Students who took part in the Sexual Health workshop reported significantly lower scores on the measure of passive consent and higher scores on items related to consent preparedness. When compared with the questionnaire ratings given by students who took part in the Sexual Health group, and controlling for Time 1 (i.e., pre-workshop) ratings, students in the SMART Consent workshop showed significant changes in their intentions to engage in verbal consent.

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.

Participant feedback on the quality and usefulness of the workshops showed that both groups of students viewed them as stimulating and satisfying experiences (e.g., 89% of SMART Consent participants gave a score of 4 or 5 on the item “Did you find the workshop helpful”, 88% rated the quality of the workshop as 4 or 5). The students who took part in the SMART Consent workshop commented on the openness of the workshop delivery and facilitation style, enjoyed engaging with other students in discussing vignettes, and were stimulated by the feedback provided on peer perceptions from earlier surveys. Meanwhile, students who took part in the sexual health workshop commented extensively on their learning about sexually transmitted infections, communication, and contraception.

Follow-up in-depth qualitative interviews with a sample of workshop participants demonstrate that students themselves recommend having a mandatory or embedded approach to the inclusion of consent workshops. They reported not having had any formal education about sexual consent while at school. However, it is notable that the students interviewed found the sexual health workshops should also be made more widely available. Given our survey finding that college students reported dissatisfaction with sexual health education in the school system, consideration should be given to a combined sexual health and sexual consent promotion approach.

The follow up interviews provided positive feedback on the style of facilitation used in the consent workshop, as described in this quote:

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.

Two of the main strategies used in the workshops were described in the interviews as credible and interesting. First, the use of ambiguous consent vignettes:

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?

Secondly, the use of engaging methods to give students feedback on social norms:

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!

Finally, this participant first puts consent in context as a topic that, in her experience, has not been discussed much by peers: “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”. Then she describes feeling more confident and knowledgeable about the topic after taking part in the consent workshop: “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 to even discuss it like that. You kind of become more sure of yourself or something. It takes a kind of different meaning for you”.



Integrating Consent Workshops into Third Level Institutions

Two projects took place in separate universities during 2016-17 (referred to in the report as 'Group 1' and 'Group 2'), exploring how consent workshops can be integrated or embedded in existing initiatives and engagement opportunities. This work was supported by a seed funding grant from the Confederation of Student Services in Ireland (CSSI). These projects represent a necessary step in examining the feasibility and sustainability of consent workshops in third level institutions.

It is clear that large scale roll out of consent workshops would require having access to a pool 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 more than 20 student peers and staff members to work in pairs. Following training, approximately 450 students took part in the workshops run by the Students Union over the course of the first year orientation week (215 questionnaires were returned to the SMART Consent team for analysis). Subsequent to this project we worked with a Service Learning group of Psychology students at NUIG to further develop the structured training and preparation programme for SMART Consent workshop facilitators.

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. This model demonstrates an alternative to the Group 1 strategy for workshop delivery, supported by having a relatively small pool of facilitators involved in group facilitation repeatedly over the course of the year.

The age profile of the students in Group 1 was reflective of a first year orientation programme, with only 3% aged 20+, while 47% of the Group 2 participants were aged 20+. The consent workshops were evaluated positively by both groups of students who took part (*89% of Group 1 and 96% of Group 2 participants agreed that their workshop was a positive experience*).

Students completed a questionnaire pre-workshop and post-workshop to assess the impact of taking part. Self-perceptions of being prepared to manage sexual consent and positive attitudes to asking for consent were significantly enhanced following participation in the SMART Consent workshops. Among Group 1, the mean total score for the consent preparedness items rose from 22.29 out of 30.00 (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. For example, *the percentage of Group 1 participants who strongly agreed that they have all the skills they need to deal with sexual consent increased from 18% pre-workshop to 48% post-workshop, and the percentage strongly agreeing that "I feel well informed about sexual consent" rose from 23% to 65%*.

Pre-workshop baseline attitudes and consent preparedness were similar for students in both groups, and similar findings were noted for Group 1 and Group 2 with respect to post-workshop changes. Despite the different length of SMART Consent workshops offered to students in the two groups (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. 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 (e.g., *30% of Group 1 single males strongly agreed that "my peers think that sexual consent is an important issue" pre-workshop, and 47% strongly agreed post-workshop*). The positive ratings given to

workshop activities demonstrate that the workshops were enjoyable and acceptable (60% of students in Group 1 gave the 'consent definition' activity a maximum rating of 5 out of 5, 68% evaluated the 'social norms estimation' activity at 5 out of 5). In terms of sustainability, the Group 1 programme of consent workshops utilised orientation week as a key point in the college calendar for engaging large numbers of students and achieved strong collaboration between staff and students. Perceptions of workshops delivered to students in Group 1 were as positive as the ratings made of workshops provided to 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, and the workshop content appears to have been acceptable to workshop participants. 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.

Conclusion and Recommendations

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.

Key References

The references below refer to key texts mentioned in the Report Summary, including the measures used in the survey and evaluation studies. A more complete set of references can be found in our main research report.

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