

Are Consent Workshops Sustainable and Feasible in Third Level Institutions?

Evidence from Implementing and Extending the SMART Consent Workshop.



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Foreword by Minister of State for Higher Education



I am pleased to introduce this latest 2017-2018 research conducted by the SMART Consent research team at NUI Galway and their student and staff collaborators around the country. This report is the latest instalment in a programme of research that began as an exploration of young adults' understanding of sexual consent in 2013. That research has now extended to look at the impact of rolling out sexual consent workshops and facilitator training, and this year's survey data is presented on experiences of sexual harassment, sexual health education at school, and attitudes to the role of alcohol in sexual decision-making.

Without research of this kind, we do not have the ability to put figures on some of the critical social issues that feature in our public discourse on sexual health. Seventy percent of the women studied and over half of the men, reported experiencing some level of sexual hostility by the end of their third level educational experience. Moreover, 70% of women, and over 60% of men, express dissatisfaction with the sex education they received at school. Fewer LGBT+ survey respondents than heterosexuals say that their sexual health education at school covered the topics they were interested in. One-third of young people thought that someone who consumes 28 standard drinks during an evening would be too drunk to give their consent to sex.

This research demonstrates that formal school experiences do not currently prepare most young people well for managing the sexual decision-making scenarios likely to arise during their time at college. The research also shows that our youth are exposed to unacceptable sexual harassment and unwanted sexual activity. The National Council for Curriculum and Assessment (NCCA) is undertaking a major review of the Relationship and Sexuality (RSE) curriculum in schools and this will examine the experience and reality of RSE as delivered in schools and get opinions of students, parents, teachers and principals.

The issue of sexual consent has emerged as a focal point that crystallises our concerns in this area. Consent covers both the positive and negative components of sexual health. Consent is achieved when two people freely, willingly and clearly give their continuous agreement to engage in sexual intimacy. Non-consenting experiences encompass sexual violence, rape, and assault. The emergence of consent as a key issue poses the question to us - how can we ensure that young adults are supported to achieve positive sexual health, while also challenging and tackling the unacceptable problem of sexual and gender-based violence?

The SMART Consent team has moved quickly to transform their research findings into evidence-based activities grounded in the principles of youth engagement and peer-based learning. Workshop participants themselves say the workshop is useful and enjoyable. An impressive range of collaborations has been set up around the country, and there is strong evidence that taking part in the SMART Consent workshop has a positive impact, with 60% of participants strongly agreeing after the workshop that they have the skills they need to deal with sexual consent.

Finally, the research team is offering exciting future directions for their research in collaborations across academic disciplines that will reach out to the college community. Workshops and the addition of dynamic interactive films, illustrating examples of consent engagement within a workshop environment will reinforce the importance of the SMART Consent initiative in promoting positive sexual health and addressing the problem of sexual violence.

A handwritten signature in blue ink, reading "Mary Mitchell O'Connor, TD". The signature is stylized and cursive.

Mary Mitchell O'Connor, TD

August 2018



Background

In this report we describe (a) the collaborative efforts undertaken across a number of institutions in the 2017-2018 academic year to support the sustainability of the SMART Consent initiative, (b) new background research on sexual consent, and (c) future directions and the extension of consent programming to other formats. This report is the latest work package in a programme of research and development that began in 2013 with a study of college students' understanding of consent. That research was commissioned by Rape Crisis Network Ireland, published in 2014 as *Young People, Alcohol, and Sex: What's Consent Got to Do With It* (MacNeela, Conway, Kavanagh, Kennedy, & McCaffrey, 2014). In that study, we established that college students strongly believed in not doing harm to others and not having sex without consent. At the same time the findings revealed differences between individuals in the interpretation of ambiguous factors concerning consent – a reliance on alcohol in casual sex, varied views on how much alcohol is too much before consent cannot be given, when consent to earlier intimacy means that consent still applies later in the same encounter, the assumptions prompted by gender norms and other social expectations, and so on.

We have continued to explore the dual nature of consent since then: a concept that has clear principles reflecting our right to personal integrity, while at the same time it is applied in a way that is contextual and affected by social beliefs. With the support of funders and supporters such as the Irish Research Council, HSE Sexual Health & Crisis Pregnancy Programme, NUI Galway Student Projects Fund, the Confederation of Student Services in Ireland, the PhD in Child & Youth Research at NUI Galway, and Galway Healthy Cities Project, we have explored the meaning of sexual consent held by students, how this meaning is applied by students, and the social context in which consent happens. In particular, this work has involved (a) gathering research evidence on consent through surveys and qualitative work, (b) developing this evidence into workshop activities underpinned by a positive sexual health ethos, and (c) exploring how consent workshops can be implemented in third level educational institutions. This work was summarised most recently in 2017 in a report on the Development, Implementation, & Evaluation of the SMART Consent Workshop (MacNeela, Breen, Byrnes, O'Higgins, Seery, & Silke, 2017).

The sexual consent approach to promoting sexual health has emerged comparatively recently and is still in the early stages of development internationally (Muehlenhard et al., 2016). It sits alongside a longer tradition of work on the extent of sexual violence within the college population and interventions designed to reduce violence and assault. Considerable progress has been made over the past five years through the efforts of national student organisations in the UK and Ireland (e.g., "That's What She Said" and "Hidden Marks" reports by the NUS, "Say Something" by the USI), supported by institutional surveys such as The SHAG Report at NUI Galway (Byrnes & MacNeela, 2017) and the "Stand Together" survey at Queens University Belfast. These surveys broadly support the long established research finding from the U.S. that approximately 1 in 5 female students experience sexual assault during their time at college (Muehlenhard et al., 2017).

In our research we use the definition of sexual consent adopted by Hickman and Muehlenhard (1999, p. 259), that consent refers to "the freely given verbal or nonverbal communication of a feeling of willingness to engage in sexual activity". In unpacking this definition during the SMART Consent workshop we consider how intoxication, unspoken and direct pressure impact on whether consent is actually freely given. We talk about the outward signals of consent, including direct verbal signals (e.g., asking your partner if they wish to have sex) and indirect signals (e.g., asking your partner whether you should get a condom); we distinguish nonverbal signals, such as smiling, from initiating and directive nonverbal signals (such as pushing forward within intimacy until stopped); describe passive consent (showing agreement by allowing your partner to initiate intimacy), and compare it with non-consenting situations where your partner does not react, such as fear, intimidation, or intoxication.

The definition enables us to talk about how being willing to engage in intimacy is not necessarily the same thing as wanting to engage in intimacy. Further to this, we can ask about what forms of intimacy require consent – from touching and kissing through to sexual intercourse and other forms of penetration. We also discuss how consent is applicable to all forms of relationship status and sexual orientations, and the ongoing nature of consent whereby agreeing to one thing does not imply agreement to other forms of intimacy. The research definition forms a central part of the SMART Consent workshop, and is consistent with the more recently introduced legal definition of consent in Ireland (Criminal Law (Sexual Offences) Act 2017, 48.9.1), which states that “A person consents to a sexual act if he or she freely and voluntarily agrees to engage in that act”, and goes on to unpack the meaning of agreement with reference to issues such as intoxication and coercion.

We devised the workshop as a vehicle to get across this information, but in a way that is engaging, active, and meaningful, not as a class or lecture on consent. The SMART Consent workshop is an active, youth-oriented workshop that lasts between 50 minutes to two hours depending on the group and opportunity available. It consists of a series of activities derived from the primary research that we have conducted with thousands of young adults in Ireland. The workshop raises awareness of consent, establishes clear principles about positive consent, and also reveals the grey area involved when this model of positive consent is implemented. The SMART acronym clarifies that consent is relevant to all **S**exual orientations / genders, involves a clear state of **M**ind that is not affected by intoxication or pressure, that consent refers to all **A**ctivities and forms of intimacy, consent is critical not just to single people but to all regardless of **R**elationship status, and that positive, active consent involves **T**alking or nonverbal behaviour. Consent is about feeling you want to have intimacy, saying it, and showing it.

Moreover, we have designed the workshop on the basis that it can be widely delivered with the right training and support. We first piloted the SMART Consent workshop in 2015-16, then manualised it as a standard format and tested its impact using a Randomised Control Trial methodology in 2016-17. We first provided facilitator training to staff and students at TCD in 2016. Now in this report we describe the further development of the sustainability element of the initiative in 2017-18, which we accomplished by devising a training programme for facilitators across a number of institutions. This year we have provided training to students and staff at University of Limerick, NUI Galway, GMIT, Dublin City University, Queens University Belfast, and the National College of Art & Design. The facilitator training enables consent workshops to be embedded as a standard part of the student experience. Training is supported by the use of a manualised approach to workshop facilitation, which employs a workshop handbook and standard materials that we have developed since 2015. Over 2,000 students have now taken part in a SMART Consent workshop. We are also extending the workshop messaging to new formats that can reach students outside workshops. This work includes a collaboration with Dr Charlotte McIvor to develop short films on consent that will further support outreach and sustainability.

The workshop begins with the facilitators describing the aims and introducing themselves, followed by a brief pre-workshop evaluation (with post-workshop evaluation at the end), and agreement of a group contract to protect participants. The main body of the workshop involves group members in a series of activities, to agree what consent is (establishing agreement on the positive principles underpinning consent), to decide on whether consent was present in each of a set of case scenarios / vignettes characterised by complexity (the ‘grey area’ of consent), to learn more about the social norms gap we have identified (whereby personal attitudes to consent are more positive than the beliefs held about peers’ views of consent), and to wrap up and consolidate the learning that has taken place.

During 2017-2018 we have worked with a number of student groups at NUI Galway to further develop our understanding of sexual consent and the context in which it takes place. In particular, theatre students and psychology students helped us to develop a model to take the SMART Consent programme messaging forward to develop a whole of campus approach. This model is based on 4 Cs – Confidence, Communication, Community, and Change, with the individual at the centre and their relations with partners, peers, community, and society

Background

progressively moving outwards. As we continue to work in this area, it will be important to change social and community norms as well as informing individuals. Yet knowledge and capacity concerning consent is founded on individual preparedness.

Thus, **Confidence** refers to personal preparedness, skills, attitudes, and knowledge concerning consent. **Communication** moves to the next level of consent negotiation, with a partner, and refers to the pattern of consent behaviours that couples are aware of and comfortable with. We wish to promote verbal consent in particular, while acknowledging that non-verbal consent is used by a large majority of young people too. **Community** refers to the support of friends in adopting an open attitude to talking about consent and sexual violence. We have found that there is a considerable social norms gap – that individual attitudes, which are generally positive toward verbal and non-verbal consent, are not matched by beliefs about peers. Our previous research suggests that a minority of students believe that their peers are as supportive of positive consent as they are themselves. This misperception is addressed in the SMART Consent workshop but requires further awareness raising and myth busting within the community as a whole. Finally, while we adopt a positive sexual health promotion approach, it is clear that sexual violence and harassment occur commonly, and need to be addressed as clearly as possible in order to **Change** the status quo. Thus, alongside promotion of positive attitudes it is necessary to challenge sexual violence and be involved in social change.





Research on Consent Attitudes and Behaviours

Each year we have carried out new research on consent and related issues, with the objectives of generating material for new workshop activities and to provide insights on the context in which young adults are engaging with consent. Since our last research report in July 2017 there are new findings on sexual harassment, assessments of alcohol and competence to give consent, and attitudes to sexual health education. These stem from online surveys carried out by Pádraig MacNeela with students on the PhD in Child & Youth Research programme at NUI Galway – Kate Dawson, Chiara Seery, and Natasha Daniels. These findings are summarised below.

Experiences of Sexual Harassment

Our approach to sexual consent is based on principles of positive sexual health promotion – that sexuality is integral to personal identity, is a normal part of developmental progression and transition in young adulthood, which seeks expression within respectful, consensual relationships. Nevertheless, sexual violence, trauma, and assault commonly occur and have significant, long-lasting effects. Therefore, while it is important to develop and refine methodologies that support positive sexual health promotion, it is also critical that we continue to explore non-consensual experiences. In this report we provide information on the occurrence of sexual harassment in colleges, which is taken as an important indicator of campus climate and the culture of acceptance of gender-based aggression.

We conducted a survey that included the Sexual Experiences Questionnaire (SEQ), one of the most cited measures of self-reported sexual harassment (Fitzgerald et al., 1988). It was recently adapted by the developers of the ARC3 Campus Climate Survey in the U.S. (Wood et al., 2017). ARC3 is the Administrator Researcher Campus Climate Consortium, a collaborative effort between academics that compiles a number of measures into one survey package (see <http://campusclimate.gsu.edu/>). We used this adapted SEQ from the ARC3 survey tool in a survey of students at one Irish university in late 2016. This was included as one part of a longer online survey conducted by Pádraig MacNeela and Chiara Seery, previously unreported. The measure comprises 19 items covering five types of sexual harassment (Sexist Hostility/Sexist Gender Harassment, Items 1-4; Sexual Hostility/Crude Gender Harassment, items 5-8; Sexual Harassment Via Electronic Communication, items 9-11; Unwanted Sexual Attention, items 12-15; Sexual Coercion, items 16-19).

A total of 632 undergraduate college students responded to an emailed invitation to take part in an online survey. This figure comprised 56 male Year 1 students, 41 male Year 2 students, and 109 male students in Year 3 or a later year of undergraduate study. There were 118 female students in Year 1, 92 in Year 2, and 211 in Year 3 or a later year. Five students did not identify with binary orientation. Eighty-four per cent identified as heterosexual, 8% as bisexual, 3% as gay, 1% as lesbian, 1% as asexual, 1% as pansexual, and 2% with other sexual orientations.

Student emails were drawn randomly from a list made available through the college that supported the study. The email clarified that the survey included a number of topics concerning sexual health. The response rate to the survey was approximately 10%, similar to the response rate to other surveys we have undertaken on sexual health. Respondents were asked to identify how often they have been in a situation in which someone has engaged in a particular form of harassing behaviour towards them. The reference figure ('someone') implies anyone – student, staff member, or even an experience outside college. The response options are 'Never', 'Once or Twice', 'Sometimes', 'Often', and 'Many Times'.

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The prevalence of sexual harassment since starting college was higher among women, and the responses are presented by form of harassment and by item below. The tables show the percentage of women in First Year, Second Year, and subsequent undergraduate years (i.e., Third Year onwards) who reported experiencing each form of harassment at some point since starting college (i.e., not 'Never'). As expected, the percentage increased by year in college, due to cumulative exposure to harassment over time. Information is also provided in the text below on rates of harassment experienced by men.

Percentage of Female Students Who Experienced Sexist Hostility/Sexist Gender Harassment Since Starting College, by College Year.

	Year 1	Year 2	Year 3+
Treated you differently because of your sex	38	48	63
Displayed, used, or distributed sexist or suggestive materials	36	36	43
Made offensive remarks	42	49	60
Put you down or was condescending to you because of your sex	31	39	50

The items concerning sexist hostility and gender harassment show that, for female students toward the end of the undergraduate experience (Year 3+), 50% or more have experienced being treated differently, offensive remarks, or being put down. Over 40% had been exposed to offensive sexist materials. Already by First Year, over a third of the women had experienced offensive remarks. Taking the items together, 59% of First Year female students reported experiencing at least one form of sexist hostility, rising to 63% in Year 2, and 73% among female students in later years of undergraduate study. For male students, the most commonly experienced item in this category was exposure to offensive sexist remarks (16% in Year 1, 37% in Year 2, 50% in Year 3+). Nearly one third (32%) of male students reported some form of sexist hostility in Year 1, rising to 61% in Year 2 and 68% in Year 3+.

Percentage of Female Students Who Experienced Sexual Hostility/Crude Gender Harassment Since Starting College, by College Year.

	Year 1	Year 2	Year 3+
Repeatedly told sexual stories or jokes that were offensive to you	31	41	44
Made unwelcome attempts to draw you into a discussion of sexual matters	28	39	43
Made unwelcome remarks about your appearance, body, or sexual activities	41	49	57
Made gestures or used body language of a sexual nature which embarrassed or offended you	25	48	51

The next category of harassment concerns sexual hostility and crude gender harassment. By Year 3+, over half of the women reported that someone had made unwelcome comments about their bodies or sexual activities, and over half had been exposed to gestures or body language that were embarrassing or offensive. Over 40% had experienced being drawn into discussion of sexual matters with a similar percentage exposed to offensive sexual jokes or stories. Taking the items together, 54% of First Year female students reported at least one form of sexual hostility, rising to 64% in Year 2, and 70% among female students in later years. For male students, the most commonly experienced item in this category was unwelcome remarks about their appearance, body, or sexual activities (25% for Year 1 students, 37% for Year 2, and 40% for students in Year 3+). More than one third of male students in First Year reported some experience of sexual hostility, which increased to 46% among Year 2 male students, and 58% among male students in Year 3+.

Percentage of Female Students Who Experienced Sexual Harassment Via Electronic Communication Since Starting College, by College Year.

	Year 1	Year 2	Year 3+
Sent or posted unwelcome sexual comments, jokes, or pictures by text, email, Facebook or other electronic means	15	27	31
Spread unwelcome sexual rumours about you by text, email, Facebook or other electronic means	8	15	15
Called you gay or lesbian in a negative way by text, email, Facebook or other electronic means	4	8	5

Sexual harassment via electronic means was less commonly experienced than the preceding two categories of harassment. The most prevalent harassment type of this kind was being exposed to sexual comments, jokes or pictures (31% by Year 3+), while over 1 in 8 of the female students in Year 3+ had had unwelcome sexual rumours spread about them online, and 1 in 20 had negative comments about sexual orientation made to them electronically. Looking across the items in this category, 20% of First Year female students reported some form of harassment via electronic means, rising to 30% in Year 2, and 36% in Year 3+. The most commonly experienced form of harassment of this type among male students was being called gay in a negative way via electronic means (5% in Year 1, 24% in Year 2, 25% in Year 3+). A total of 18% of First Year male students reported some form of harassment via electronic means, rising to 39% in Year 2 and 38% in Year 3+.

Percentage of Female Students Who Experienced Unwanted Sexual Attention Since Starting College, by College Year.

	Year 1	Year 2	Year 3+
Made unwanted attempts to establish a romantic sexual relationship with you despite your efforts to discourage it	42	48	56
Continued to ask you for dates, drinks, dinner, etc., even though you said "No"	24	38	37
Touched you in a way that felt uncomfortable	34	45	51
Made unwanted attempts to stroke, fondle, or kiss you	41	47	57

A majority of senior undergraduate female students reported forms of unwanted sexual attention such as being touched uncomfortably, unwanted attempts to stroke, fondle, or kiss them, and unwanted attempts to establish a sexual relationship. Over a third had experienced someone continuing to ask them for a date despite having said 'no'. More than half (57%) of First Year female students reported some form of unwanted sexual attention, which increased to 61% among Year 2 female students, and 73% among students in Year 3+. For male students, the most commonly experienced item of this kind was someone making unwanted attempts to establish a romantic sexual relationship despite being discouraged (27% in Year 1, 22% in Year 2, 47% by Year 3+). Nearly one third of male First Year students reported some form of unwanted sexual attention, compared with 49% of male students in Year 2 and 59% of male students in later years of undergraduate study.

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Percentage of Female Students Who Experienced Sexual Coercion Since Starting College, by College Year.

	Year 1	Year 2	Year 3+
Made you feel like you were being bribed with a reward to engage in sexual behaviour	14	13	17
Made you feel threatened with some sort of retaliation for not being sexually cooperative	9	13	22
Treated you badly for refusing to have sex	15	18	27
Implied better treatment if you were sexually cooperative	15	17	13

Finally, in terms of sexual coercion, over 20% of the women in Year 3+ reported feeling threatened with retaliation for not being sexually cooperative and more than a quarter said someone had treated them badly for refusing to have sex. Although less common, significant percentages of women in Year 3+ reported that someone had implied better treatment if they were sexually cooperative and had made them feel bribed to engaged in sexual behaviour. Just over a quarter of First Year female students (26%) reported some form of sexual coercion since coming to college, rising to 31% in Year 2, and 39% in Year 3+. Among men, the most common form of sexual coercion experienced was being treated badly for refusing to have sex (5% in Year 1, 5% in Year 2, 21% by Year 3+). Nearly one in ten (9%) of male First Year students reported some form of sexual coercion, rising to 17% in Year 2, and to 30% in Year 3+.



Attitudes to Sexual Health Education in School

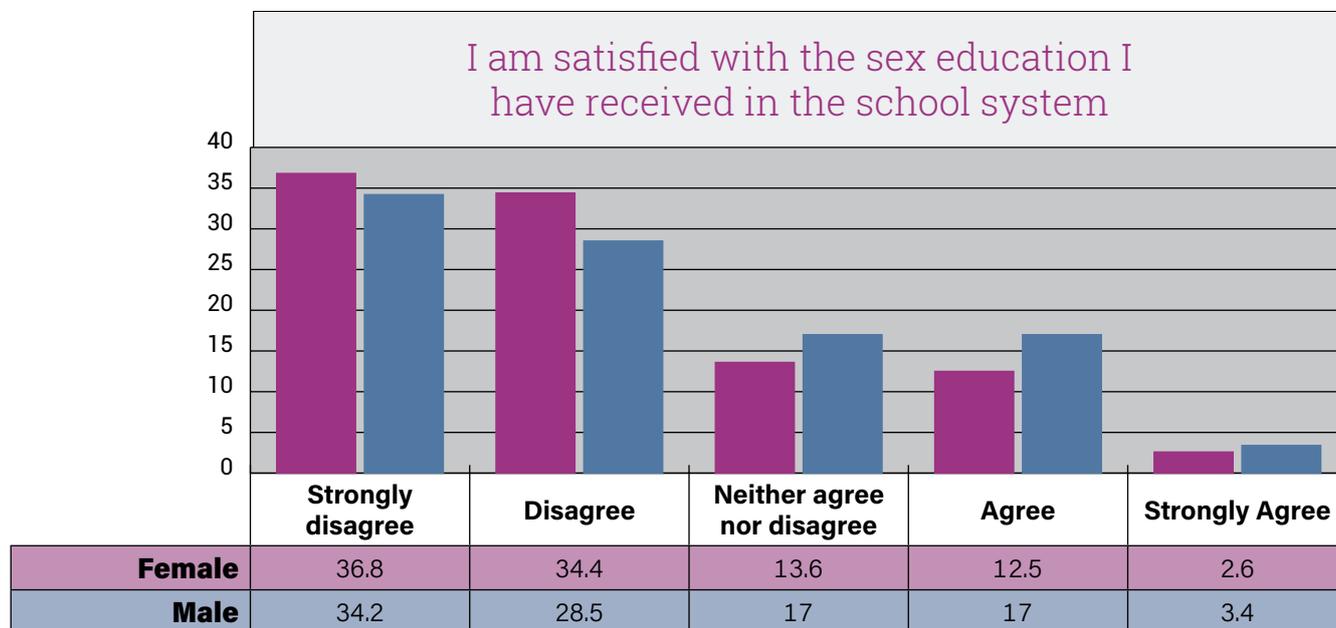
As part of her PhD research, Kate Dawson recently collaborated with Pádraig MacNeela and Saoirse Nic-Gabhainn at NUI Galway to survey college students on their perceptions of the sexual health education they received while at school. Over 2,000 students responded to an email sent out to all students in the college in Semester 1, 2017-2018. Of the 2,150 students who responded to the items on Sexual Health Education, 51% were female, 47% male, and 2% did not identify with binary gender categories. A total of 85% described themselves as heterosexual, 8% as bisexual, 4% as gay or lesbian, 1% as pansexual, 1% as asexual, and 1% expressed another sexual orientation. The students were largely studying at undergraduate level (68%) but also included postgraduate students.

As part of a larger survey concerning pornography, they responded to six items on perceptions of Sexual Health Education at school adapted from Meany (2009), scored on a five-point scale ('Strongly Disagree', 'Disagree', 'Neither Agree nor Disagree', 'Agree', 'Strongly Agree'). Overall, there was dissatisfaction with the level of sexual health education received at school. These responses are explored below by item, exploring perceptions by gender and also by sexual orientation. In order to assess perceptions according to sexual orientation we grouped LGB+ respondents together. While we appreciate that this can obscure issues specific to individual orientations, on the other hand we were able to bring together responses from over 400 participants to provide a significant evidence base. This allows us to comment on an important issue, namely how sexual health education at school is seen by LGB+ students. A further breakdown by orientation is possible but is beyond the scope of this report.

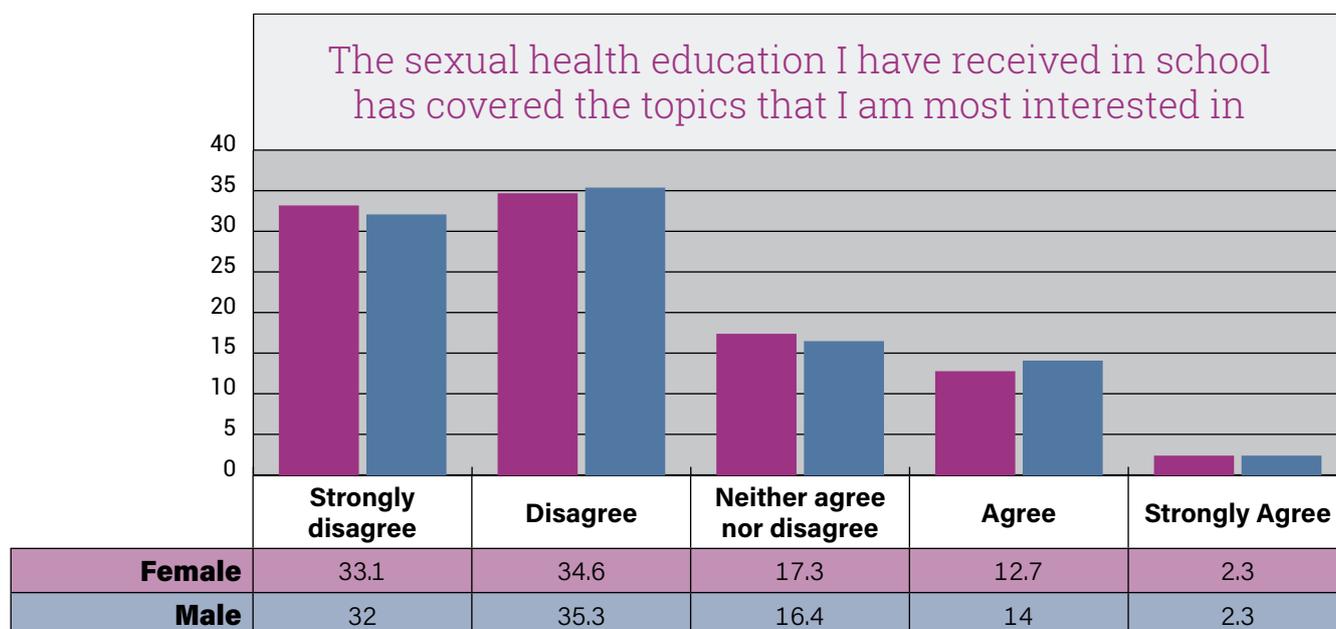


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A majority of both male (63%) and female (71%) respondents expressed dissatisfaction with the sex education they received in the school system. Only 15% of females and 20% of males agreed that they were satisfied. A similar proportion of heterosexual respondents agreed they were satisfied (18%) compared with LGB+ students (15%).

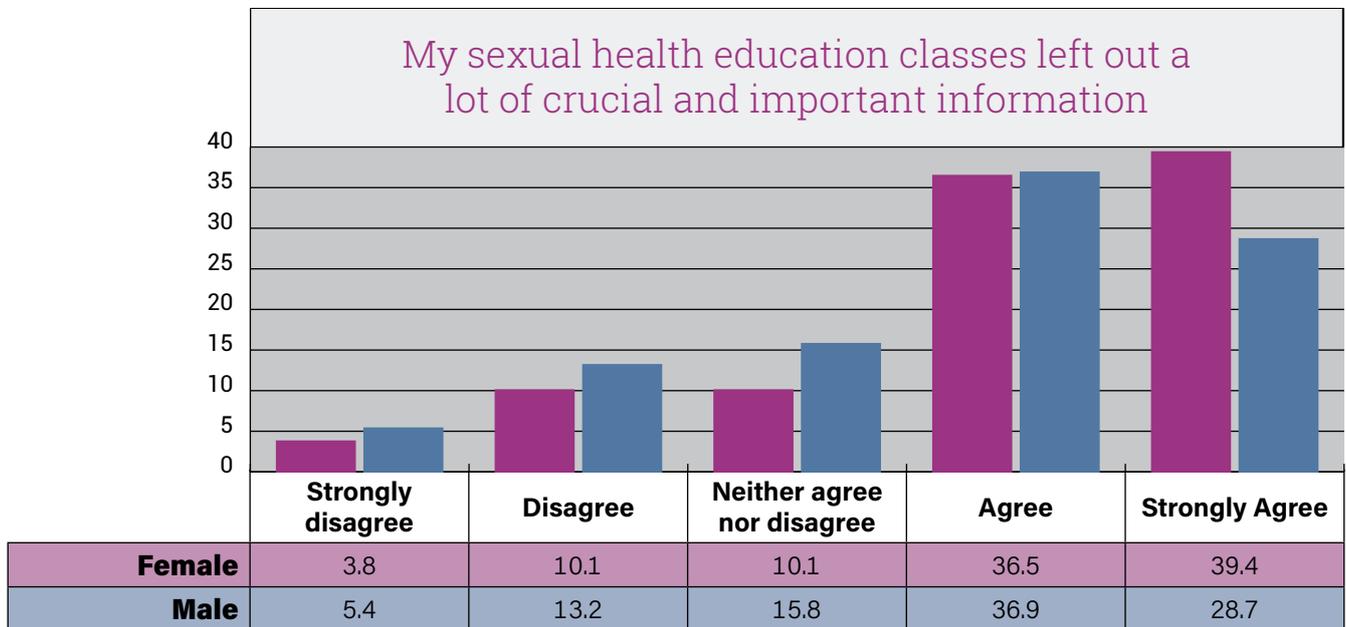


A similar evaluation of sexual health education at school was apparent in the next item, as 67% of males (and 68% of females) disagreed with the idea that sexual health education at school covered the topics they were interested in. More LGB+ students disagreed (75%) than heterosexuals (66%).

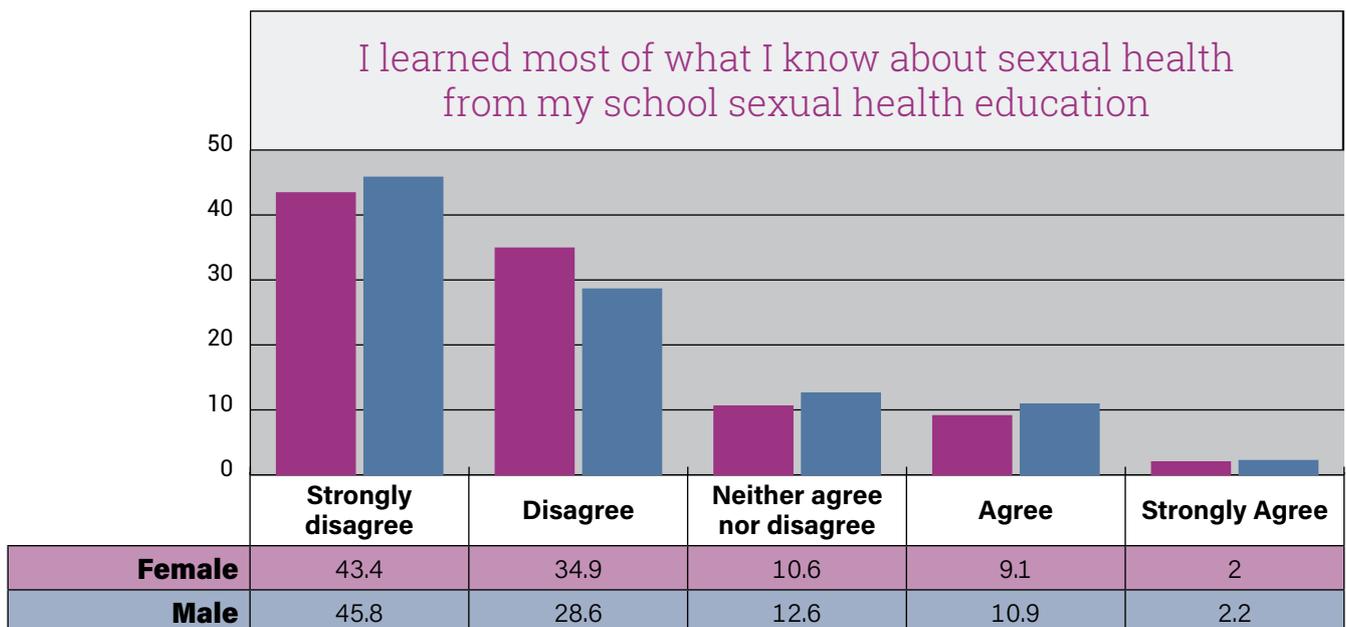


Attitudes to Sexual Health Education in School

Two-thirds of males (and three-quarters of females) agreed that the sexual health education classes they had at school left out crucial and important information. Among heterosexuals, 70% agreed that crucial information was left out, while 77% of LGB+ students felt that crucial information was left out.

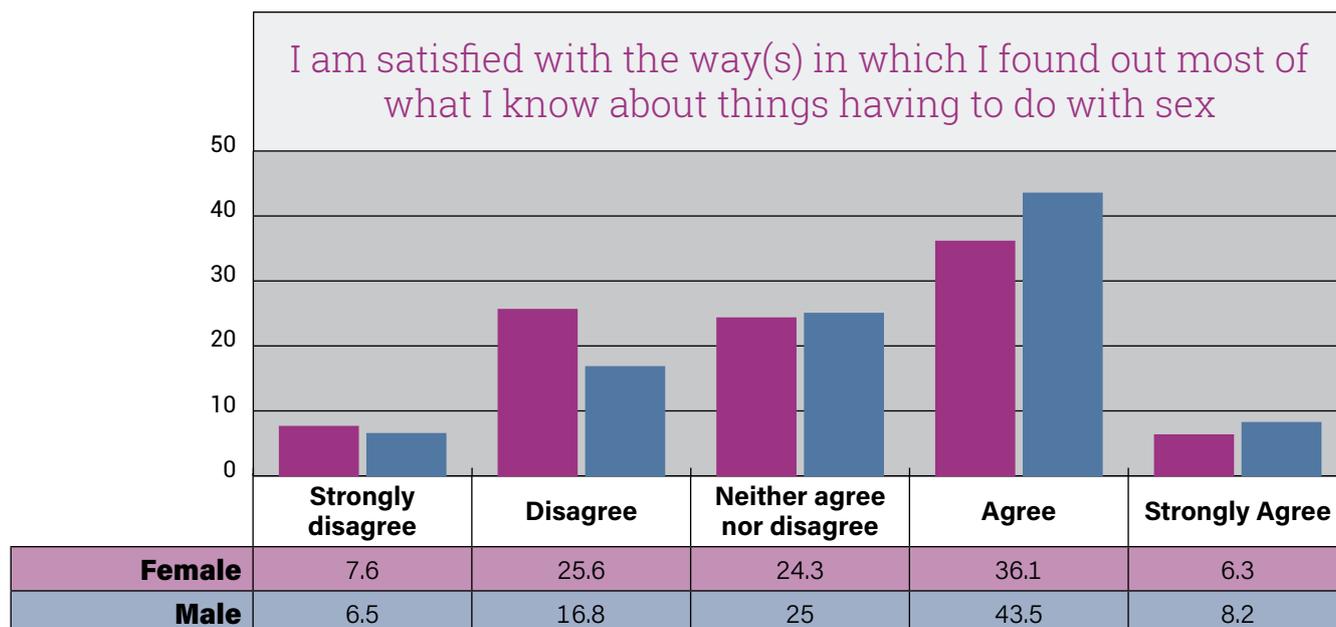


The next item asked about the contribution made by education at school to the respondents' knowledge of sexual health. Only one in ten females (and one in eight males) agreed that they had learned most of what they know about sexual health from school-based education. Similar percentages of heterosexual respondents (12%) and LGB+ students (14%) agreed they had learned most of what they knew from school.

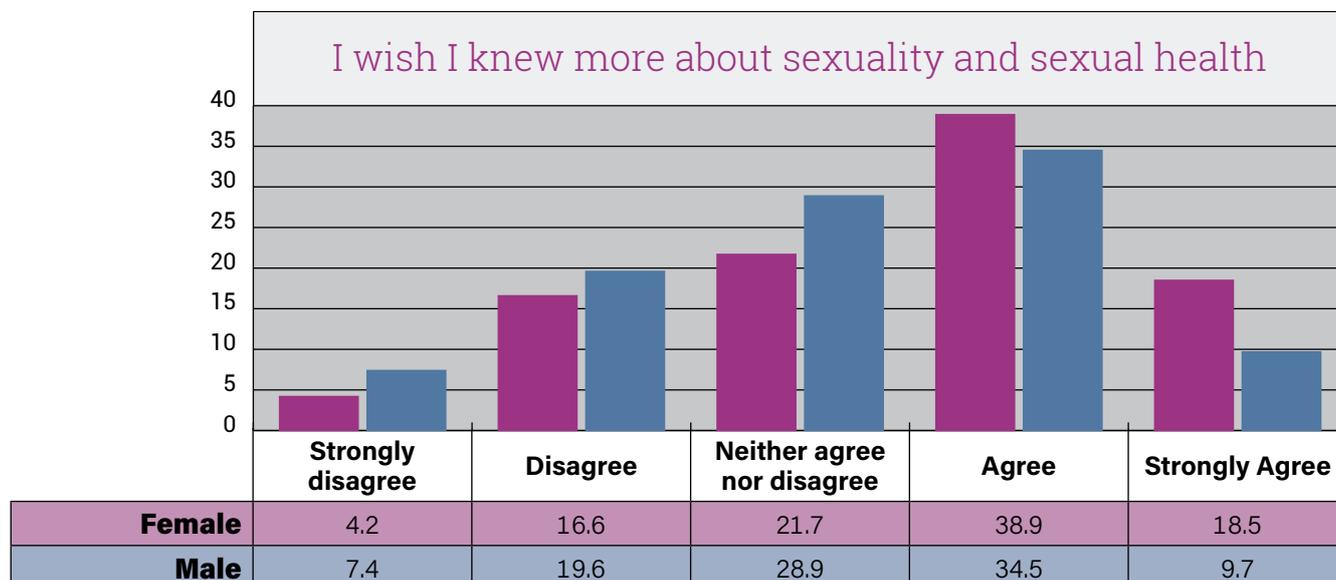


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Related to this, we asked whether respondents were satisfied with how they found out about things to do with sex. Despite the issues raised about schools-based sex education, many of the respondents had managed to educate themselves. Just over half of the males (52%) were satisfied with how they found out about things to do with sex, indicating that non-school based education (perhaps information they had gathered themselves, from parents, or through peers) had a significant impact. Less than half (42%) of the females in the sample agreed that they were satisfied. Less than half of the heterosexual respondents (47%) agreed that they were satisfied, similar to LGB+ students (44%).



Finally, we asked whether respondents wished that they knew more about sexuality and sexual health. A majority of females agreed that they wanted to know more (58%), compared with 44% of males. Just under half (49%) of heterosexuals agreed they wanted to know more, compared with 61% of LGB+ students, the largest difference between the two groups across these items on Sexual Health Education.



Alcohol and Consent: Sensitivity to Alcohol Consumption Levels

One of the key issues that arises in the study of sexual consent is the role of alcohol in compromising the capacity of an individual to give consent, and whether this impact on alcohol on capacity is understood and acknowledged in the community as a whole. As noted earlier, this implicates the 'freely given' nature of consent. If a person is intoxicated then they will not be able to make an informed, considered choice about whether to agree to have intimacy with another person. We carried out research several years ago on a case study involving a man and woman who had sex after drinking heavily. The responses of students who read this case demonstrated that, if someone is so intoxicated that they are physically passed out, then it would normally be regarded as rape to have sex with that person (MacNeela et al., 2014). Yet if the level of intoxication was similar to that involved in 'blacking out', rather than 'passing out', there were diverse opinions among the students who took part in our study as to whether the woman involved still had the capacity to give consent to sex, and what level of responsibility the man had in the situation. This case study helped to give rise to the concept of the 'grey area', in which beliefs held about gender roles, social norms, and alcohol consumption complicate and contextualise the judgements of the students who we have worked with. While the clear principles of consent were apparent when talking about consent in general, complications arose when contextual factors converged to obscure the application of the principles.

Building on this earlier work, we carried out an online survey of 753 students attending one college in Semester 1, 2017-2018. Two-thirds of the students identified as female, 34% as male, and 0.5% did not identify with either gender category. The sample was distinctive in that more than half were in Year 3 or later (31% in Year 3 of undergraduate studies, 24% in Year 4 or subsequent year of study), while 31% were in Year 2 and 14% in Year 1. Eighty-four per cent identified as heterosexual, 8% as bisexual, 3% as gay, 1% as lesbian, 2% as asexual, and 2% as pansexual. Using a similar methodology to that described previously, we emailed an invitation to a sample of undergraduate students to take part in an online survey of sexual health attitudes. Approximately 15% of the students completed the survey. We used a filtering strategy to ensure that one group of students read a version of a consent vignette in which the man (Neil) and woman (Carol) were depicted as consuming approximately 14 standard drinks over the course of an evening, while another group of students read a vignette that differed from the first only in the level of alcohol consumed – approximately 28 standard drinks. Just over half read the 'heavy' drinking version (52%) and 48% read the 'moderate' drinking version.

Neil and Carol were depicted as being acquaintances who meet up on a night out following exams. At the nightclub they begin flirting with each other and decide to go home together. They get along well and enjoy each other's company. At the end of the night they have sex. The consent behaviours depicted in the vignette are nonverbal (engaging in kissing and touching, nonverbal signals of wanting to have sex) and an indirect verbal signal by Carol in which she asks Neil to put on a condom. The level of discussion and clarity about consent could be clearer, but without the addition of the alcohol to the vignette it could well appear to be a consensual hook up, although one in which Neil has a key initiating role.

We were interested in differences associated with reading the 'heavy' drinking version of the vignette (28 standard drinks) compared with the vignette depicting 'moderate' (but still binge) levels of alcohol consumption. The 'moderate' version of the vignette is depicted below. Textual differences with the 'heavy' drinking version of the vignette are indicated in bold and parentheses.

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 6PM **[1PM]**. By midnight he had had the equivalent of about 5 **[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 (the equivalent of 4 pints **[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 one more drink **[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 one shot **[a few generous shots]**. Both at this stage were a bit unsteady **[and slurring their words]**, they talked for another while and shared a bottle of Coke **[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.

Alcohol and Consent: Sensitivity to Alcohol Consumption Levels

After reading one version of the vignette only, participants were asked to respond to the vignette through 14 quantitative items that map on to the dimensions of the Muehlenhard and Hickman (1999) definition of consent outlined above. Questions were rated on a five-point scale of agreement ('Strongly Disagree', 'Disagree', 'Neutral', 'Agree', and 'Strongly Agree'). Questions were presented in relation to Carol and to Neil – e.g., 'Neil gave sufficient verbal signs of his consent to sex' and also 'Carol gave sufficient verbal signs of her consent to sex'.

The tables below illustrate the percentage of students who chose 'Agree' or 'Strongly Agree' as the response option following each item. The questions were presented in random order originally but are grouped together below based on gender of the vignette characters. Thus, nearly three quarters of respondents who read the 'moderate' drinking version of the vignette saw Carol as freely agreeing to have sex with Neil. A similar percentage agreed that Carol gave her consent to have sex with Neil. A majority agreed that Carol had given sufficient verbal signs of consent and felt a willingness to have sex. More than six in ten of students who read this version of the vignette did agree that Carol could regret this event the next day, implying some concern over the circumstances in which the hook up took place, but just 20% of this group of respondents agreed that Carol was too drunk to be able to give consent.

Turning to the students who read the 'heavy' drinking version of the same story, there are only small differences with responses to the 'moderate' drinking version in perceptions of Carol freely giving her agreement to have sex, her willingness, whether she gave sufficient verbal signs of consent, and her consent overall. Differences were somewhat more evident in ratings of potential regret, and whereas 20% saw her as too drunk to give consent in the 'moderate' drinking version, 33% saw her as too drunk to consent in the 'heavy' drinking version. Nevertheless, two-thirds did not agree with the idea that she was too drunk despite having had 28 standard drinks that evening.

Percentage of Students Selecting 'Agree' or 'Strongly Agree' in Response to Items Concerning Carol.

	Moderate Drinking	Heavy Drinking
Carol freely agreed to have sex with Neil, without undue pressure.	74	70
I think Carol felt a willingness to have sex with Neil.	64	65
Carol could regret this event the next day.	63	70
Carol gave sufficient verbal signs of her consent to sex.	53	52
Carol was too drunk to give consent to sex.	20	33
Overall, Carol gave her consent to have sex with Neil.	72	69

There were some similarities in levels of agreement with the same items applied to perceptions of Neil. Compared with ratings of Carol, a similar percentage of students who read the 'moderate' drinking version of the story rated Neil as freely agreeing to have sex, willing to have sex, giving sufficient verbal consent, and in terms of whether he gave consent overall. Compared with their ratings of Carol, fewer students in the 'moderate' drinking condition agreed that Neil could regret the event the next day and that he was too drunk to give consent. Ratings of agreement followed a similar trend among students in the 'heavy' drinking condition. There was little difference by vignette type in ratings of Neil's free agreement, willingness, verbal consent, or consent overall. The 'heavy' drinking vignette did attract higher levels of agreement that Neil could regret the event the next day (66% compared with 54% of students who read the 'moderate' drinking vignette), and the percentage of students who agreed that he was too drunk to give consent increased to 30% (compared with 14%).

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Despite the differences in perceptions of regret and of being too drunk to give consent, overall the students did not see the ‘moderate’ and ‘heavy’ drinking vignette versions as very different from one another. Even when 28 standard drinks were consumed, 67% of students did not agree that Carol was too drunk to give consent, and 70% of students did not see Neil as unable to give consent.

Percentage of Students Selecting ‘Agree’ or ‘Strongly Agree’ in Response to Items Concerning Neil.

	Moderate Drinking	Heavy Drinking
Neil freely agreed to have sex with Carol, without undue pressure.	79	81
I think Neil felt a willingness to have sex with Carol.	61	63
Neil could regret this event the next day.	54	66
Neil gave sufficient verbal signs of his consent to sex.	51	50
Neil was too drunk to give consent to sex.	14	30
It would have been ok for Neil to ask Carol directly if she wanted to have sex.	85	84
Overall, Neil gave his consent to have sex with Carol.	77	75

Two other items were included in the list of questions following the Neil and Carol vignette. One item asked whether ‘There was enough two-way communication about the intimacy that took place between them.’ There was a difference in the percentage of students who agreed that there was enough two-way communication, with 61% of students who read the ‘moderate’ drinking vignette agreeing that there was enough communication and just under half (48%) of students who read the ‘heavy’ drinking vignette agreeing. Finally, an item was included to identify whether students felt it would be acceptable for Neil to ask Carol directly whether she wanted to have sex (as he had used nonverbal signals). A large majority of students agreed it would have been ok to do so, and this did not differ according to the vignette type they had read (85% of students who read the ‘moderate’ drinking scenario agreed, compared with 84% of students who read the ‘heavy’ drinking scenario).

It is important to note that the students who responded to the vignette did see the ‘heavy’ drinking scenario differently. Comparing mean scores on the items, there were significant differences in ratings depending on the vignette type read in relation to the items concerning regret, perceptions of drunkenness, and two-way communication. Yet we had expected that increasing the alcohol consumption to 28 standard drinks would have prompted much larger differences. The majority of consent ratings did not differ significantly depending on the level of alcohol consumed by the story characters. This extended even to the items referring to overall levels of consent.

These findings suggest that it is urgent to achieve enhanced awareness among young adults in college of the impact of drinking on the capacity to give consent. The story characters in the ‘heavy’ drinking version of the vignette had a high level of drinking in objective terms (i.e., standard drinks), but also displayed the behavioural signals that people associate with drunkenness, such as being unsteady, slurring words, and lack of coordination. These signals were not sufficient to convey impaired capacity, even though both Neil and Carol were both quite drunk. The lack of apparent force or coercion in the scenario seems to have put it into the category of consensual drunk sex, yet the recognition among over half of the students that regret could occur the next day does suggest the potential to raise awareness that capacity to give consent is severely impacted by alcohol consumption.

Implementation of the SMART Consent Workshop in 2017-2018

Our previous report describes two case examples of workshop implementation that took place in the academic year 2016-2017 (MacNeela et al., 2017). These took place through (a) a First Year orientation programme that made use of college residences to recruit participants and support workshops, and (b) inclusion of the workshop as a session in an existing extracurricular evening programme. This year's report expands coverage to workshops that took place in four institutions. It is not our intention to compare attitudes and perceptions between institutions, so we simply identify the four institutions as Dublin City University, Queens University Belfast, NUI Galway, and the National College of Art and Design, and do not make further sub-group comparisons of the completed evaluation sheets received from each institution. This is a sub-set of the SMART Consent workshops that took place during the year, accounting for 761 students, and reflects the number of evaluation sheets that we received back and had the opportunity to process. Workshops also took place in three other institutions during the year, with over 1,000 students taking part in workshops during the year as a whole. Since piloting first took place in 2015 over 2,000 students have taken part in a workshop.

In three of the four institutions reported on here, the workshops took place during First Year orientation or early in Semester 1 for First Year students. This was the first year these institutions had organised SMART Consent workshops. In the remaining institution the workshops took place as a session in the same extracurricular programme that hosted the SMART Consent workshop in 2016-2017. The effort to include workshops in orientation and extracurricular programmes reflects the priority of mainstreaming workshops within the student experience. Although there is controversy associated with whether this makes workshop participation 'mandatory', it is clear that including workshops within existing programmes and projects helps to normalise the experience and increase participation rates.

The strategy for introducing the SMART Consent workshop to third level institutions in 2017-2018 was based on collaboration with institutional stakeholders. The typical format for this involves a core group of individuals who lead the way in establishing a committee structure to identify opportunities to host workshops, to lead the implementation of facilitator training, and to manage the coordination of the workshops that take place. The mix of people involved in this work has varied between institutions, but typically involves Students' Unions (e.g., VP for Equality, Welfare) as well as other students, Student Services staff (e.g., from student counselling, health unit, orientation programme), and academics with a commitment to the topic of sexual violence and equality. This year, the workshop organisation was primarily led by academics and researchers at one of the institutions, by the local Students' Union at another institution, by Student Services staff at a third institution, and by a mixed group of all three stakeholders at the last college.

Facilitator Training

In order for workshops to take place in an institution it is essential to have a pool of workshop facilitators who have received appropriate training and ongoing support. We offered training at six institutions between September 2017 and April 2018, to groups ranging in size from 20-35. Over 120 people were trained as facilitators during the year. Training took place in collaboration with the local consent workshop organisers, who managed the recruitment process, coordination of the training day, and follow up opportunities for practice prior to workshops taking place.

Training was supported by two core trainers (Dr Pádraig MacNeela, Dr Siobhán O'Higgins) and three other trainers (Kate Dawson, Siobhan Kavanagh, Neil Delaney). The training objectives are to demonstrate the activities that make up the workshop content, to promote the ethos of positive sexual health and student discussion

that underpins the workshop, to raise awareness of the incidence of sexual violence, to provide the opportunity to gain the facilitation experience, and to meet individual facilitator needs. Follow up work will ensure that facilitator pairs meet prior to workshops and identify how they will distribute the tasks involved in delivering a successful workshop. Ideally, there is at least one student included in the facilitator pair, and if necessary there can be three facilitators while familiarity and experience is gained with the workshop content.

Workshop Implementation 2017-2018

The model we have developed this year is to make available a facilitator training programme as a support to an institutionally-managed consent workshop implementation programme. We suggest that this model offers significant advantages with respect to sustainability and successful outreach to the student population. The implementation of the resulting workshops in 2017-2018 offers an important test of the feasibility of this approach, which places full responsibility for coordination and leadership with the stakeholders supporting consent workshops at each institution. In discussing the outcome of workshops this year we concentrate on analysing the Pre- / Post-Workshop evaluation questionnaire. This comprises a two page document, with one page completed Pre-Workshop and the second page Post-Workshop before leaving.

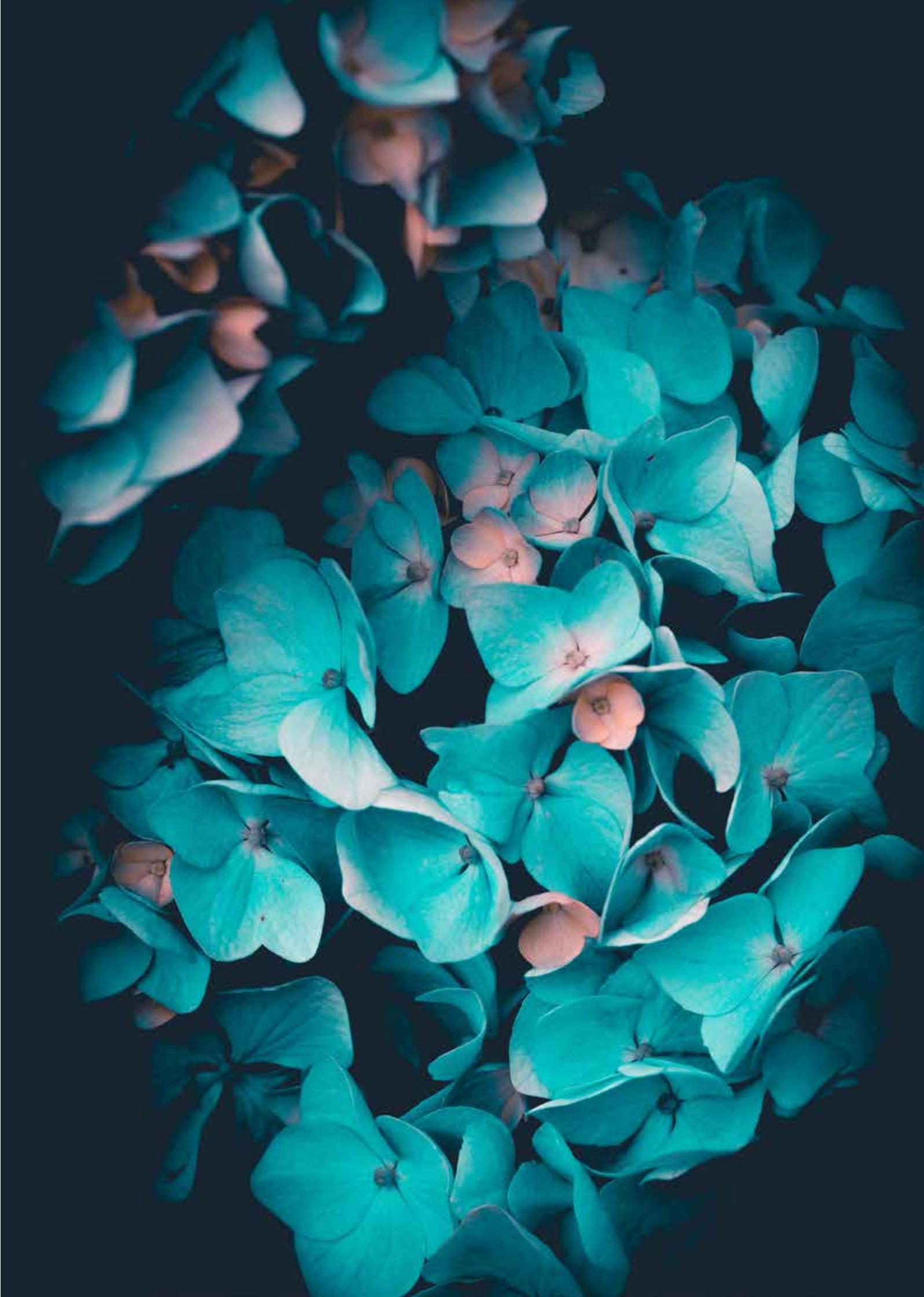
This report is based on Pre-Workshop / Post-Workshop evaluation questionnaires from 761 students at four of the institutions where SMART Consent workshops were held (A=106; B=183; C=298; D=174). The questionnaire includes (a) Demographic questions, (b) Consent Preparedness questions, (c) Positive Attitude to Consent questions, and (d) Workshop activity evaluation questions (in the Post-Workshop questionnaire only).

Demographic information was recorded on age, gender, and relationship status. In terms of gender, 32.6% were male, 66.8% female, and 0.5% did not identify with either gender. The gender composition differed by institution; the percentage of male participants varied from 20-43%, partly due to the profile of students attending the college and to self-selection.

A small percentage of students were under 18 (3.6%), 83% were aged 18-21, and 13% were aged over 21 (the majority of these in their 20s, with the age range extending up to 56 years of age). Year in college was not recorded, but the majority were in their first year; in three of the institutions the target group was Year 1 and in one of the institutions the target group was an extracurricular training programme and so the participants ranged across academic years. There were 19% of students who reported being in a relationship for more than a year, 11% in a relationship of less than one year, and 70% who reported being single. Depending on the institution, the percentage of students not in a relationship ranged from 65-76%.

The Consent Preparedness measure included in the evaluation was devised by the research team in 2016. It contains six items based on perceptions of self-efficacy (e.g., 'I have all the skills I need to deal with sexual consent') and personal ability to talk about sexual consent (e.g., 'I'd find it difficult to talk about sexual consent with a romantic partner', 'I would be confident talking about sexual consent with my peers'). Two of the items are phrased so that higher scores indicate less preparedness and four items are phrased so higher scores mean more preparedness. 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 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').



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Two revisions were made to the original format of the sub-scale. The original items 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 the Post-Workshop form 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').

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). Two items assess personal feelings of self-efficacy, two items refer to confidence talking about consent with peers, and two items describe talking about consent with a partner. Taken together, these comprise a measure of consent preparedness. The mean scores for each item are presented below. Comparing responses from Pre- to Post-Workshop using a paired samples t-test, there was a statistically significant change in responses to each item (p values ranged from .000 to .006).

Mean scores on Consent Preparedness items Pre- and Post-Workshop.

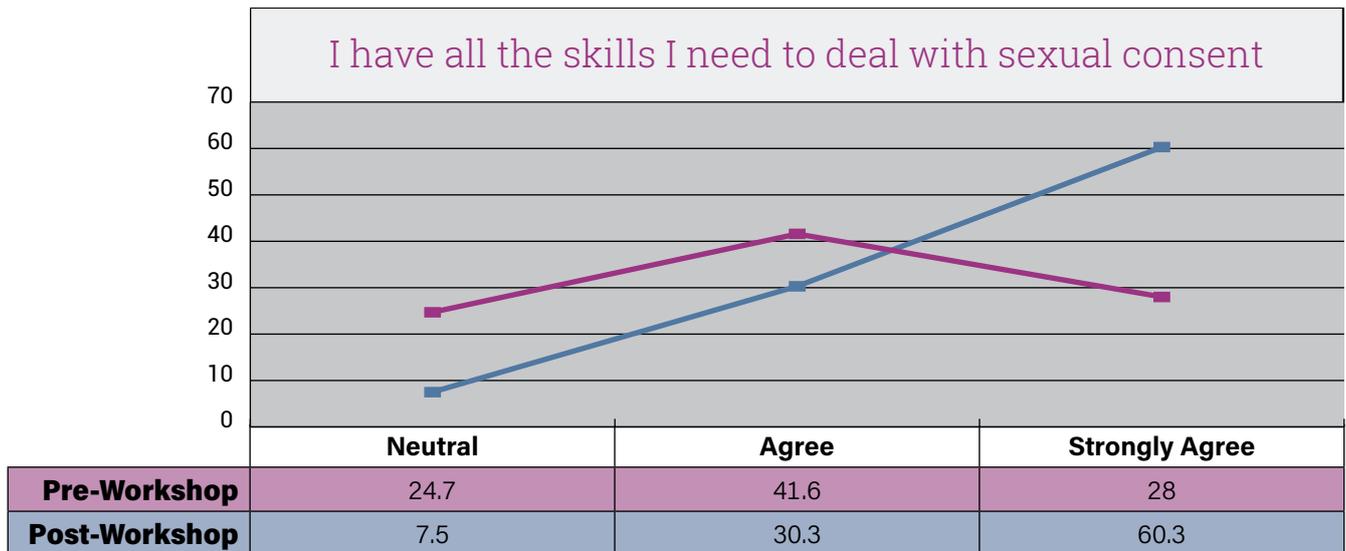
	Pre-Workshop	Post-Workshop
I have all the skills I need to deal with sexual consent	3.9	4.5
I feel well informed about sexual consent	3.9	4.7
My peers think that sexual consent is an important issue	4.1	4.3
I would be confident talking about sexual consent with my peers	3.8	4.2
People my age would think that talking about consent with a partner is odd	2.7	2.6
I'd find it difficult to talk about sexual consent with a romantic partner	2.2	2.0

The largest changes on Consent Preparedness items occurred on the two items concerning self-efficacy – 'I have all the skills I need to deal with sexual consent', 'I feel well informed about sexual consent' – with an average change of 0.68 on the 5-point scale. Scores on the two items relevant to preparedness talking about consent with peers changed slightly less, with an average change of 0.33 ('My peers think that sexual consent is an important issue', 'I would be confident talking about sexual consent with my peers'). The scores on the items concerning partners changed least (average of 0.14), but still to a significant extent ('People my age would think that talking about consent with a partner is odd', 'I'd find it difficult to talk about consent with a sexual partner'). It is also noteworthy that these two items were reverse scored and so had a different format.

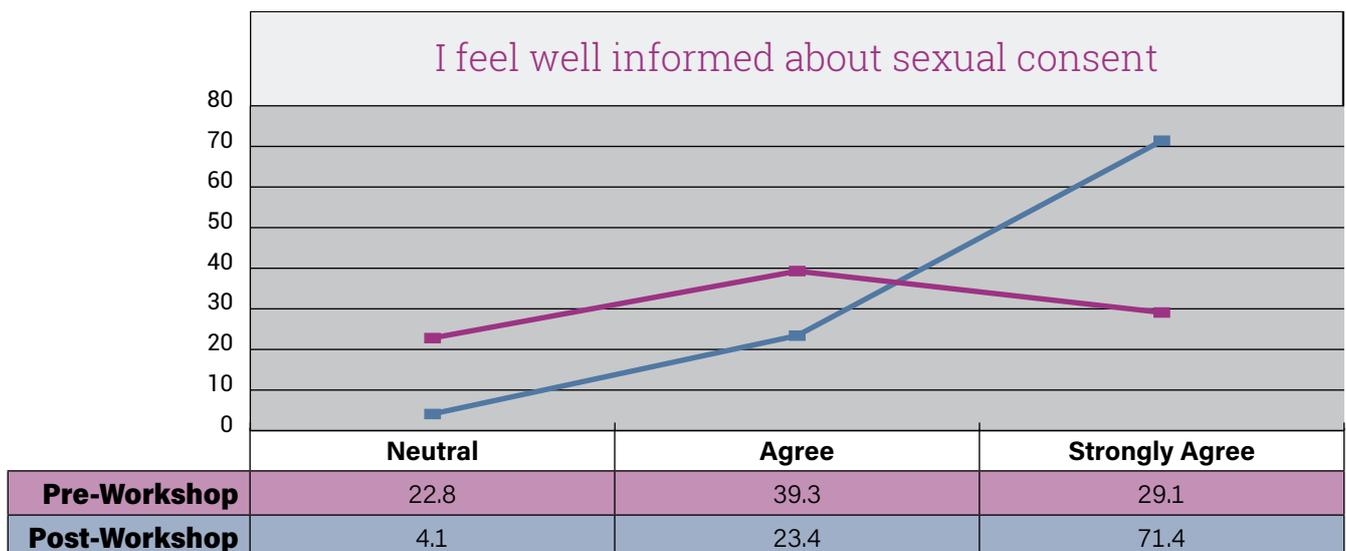
When combined into a scale total (with the two negatively phased items reverse scored), the total Consent Preparedness score Pre-Workshop was 22.8, which increased Post-Workshop to 25.1. This change was highly significant on the paired samples t-test analysis. The maximum possible across the six items is 30.0. Further analysis of responses to these items is presented below by considering the distribution of agreement levels within each question.

Implementation of the SMART Consent Workshop in 2017-2018

On the item 'I have all the skills I need to deal with sexual consent', 6% of students opted for a Disagree option Pre-Workshop (i.e., a score of 1 or 2 – 'Strongly Disagree' or 'Disagree') and 2% chose this option Post-Workshop. The remaining students who chose the 'Neutral', 'Agree' or 'Strongly Agree' options are depicted below. Pre-Workshop, nearly one quarter opted for the 'Neutral' option, 42% for 'Agree' and 28% for 'Strongly Agree'. Post-Workshop, these figures changed significantly – the percentage selecting 'Neutral' was down to 8%, 'Agree' was chosen by 30%, and 'Strongly Agree' by 60%.



The next self-efficacy item is 'I feel well informed about sexual consent', which displays a similar pattern to the previous item. The percentage of students who chose 'Strongly Disagree' or 'Disagree' went down from 9% to 1%. The percentage choosing the 'Neutral' response option declined from 23% to 4%. Nearly 40% chose the 'Agree' option Pre-Workshop, which went down to 23% Post-Workshop, but the percentage choosing 'Strongly Agree' increased from 29% Pre-Workshop to 71% Post-Workshop.

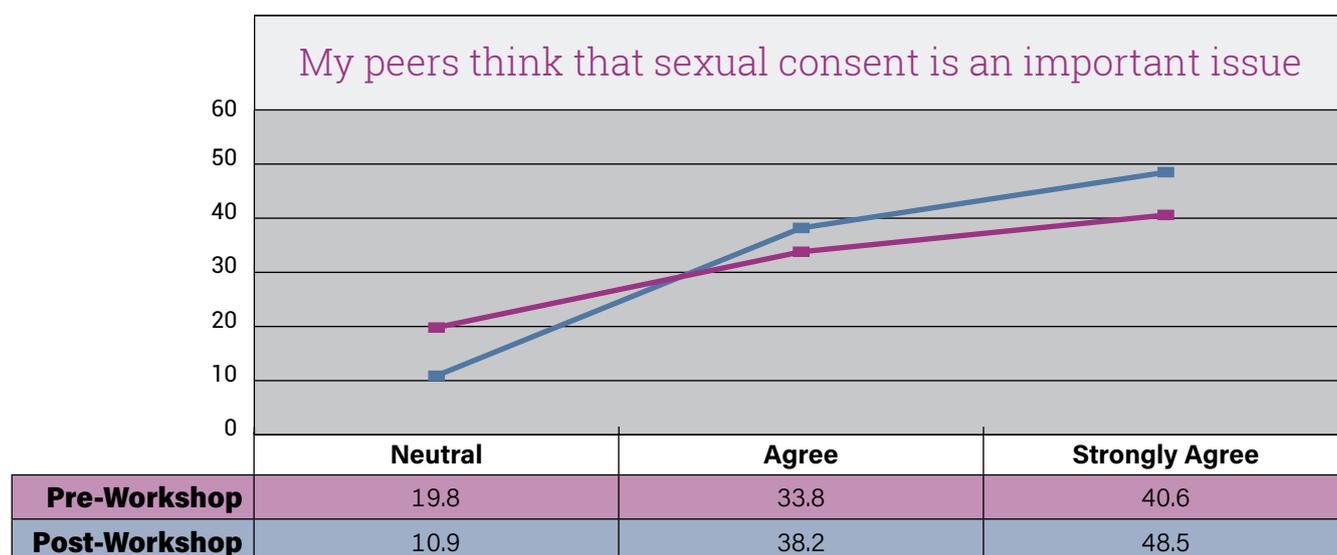




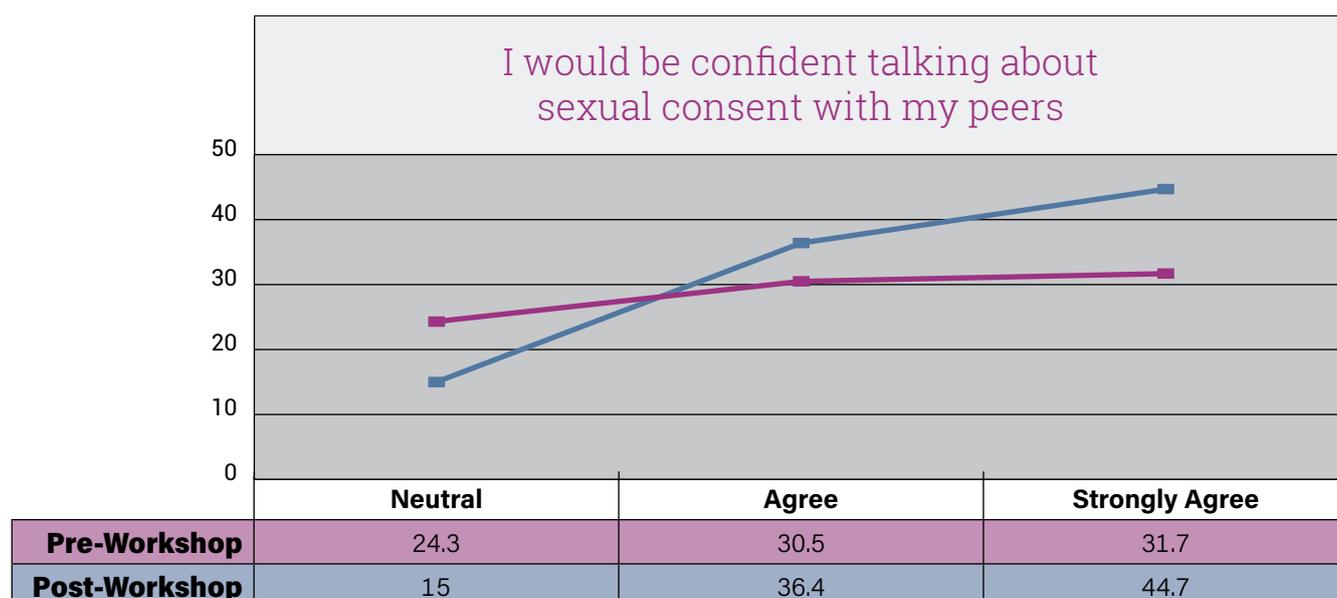


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The next two items concern preparedness to talk with peers about consent. The first of these items is 'My peers think that sexual consent is an important issue.' Following the Workshop, the percentage of students who chose a Disagree option went down from 6% to 3%. Post-Workshop, the percentage of students who were 'Neutral' on this item declined (20% to 11%), while the percentage who 'Agreed' increased (34% to 38%) as did those who 'Strongly Agreed' (41% to 49%).

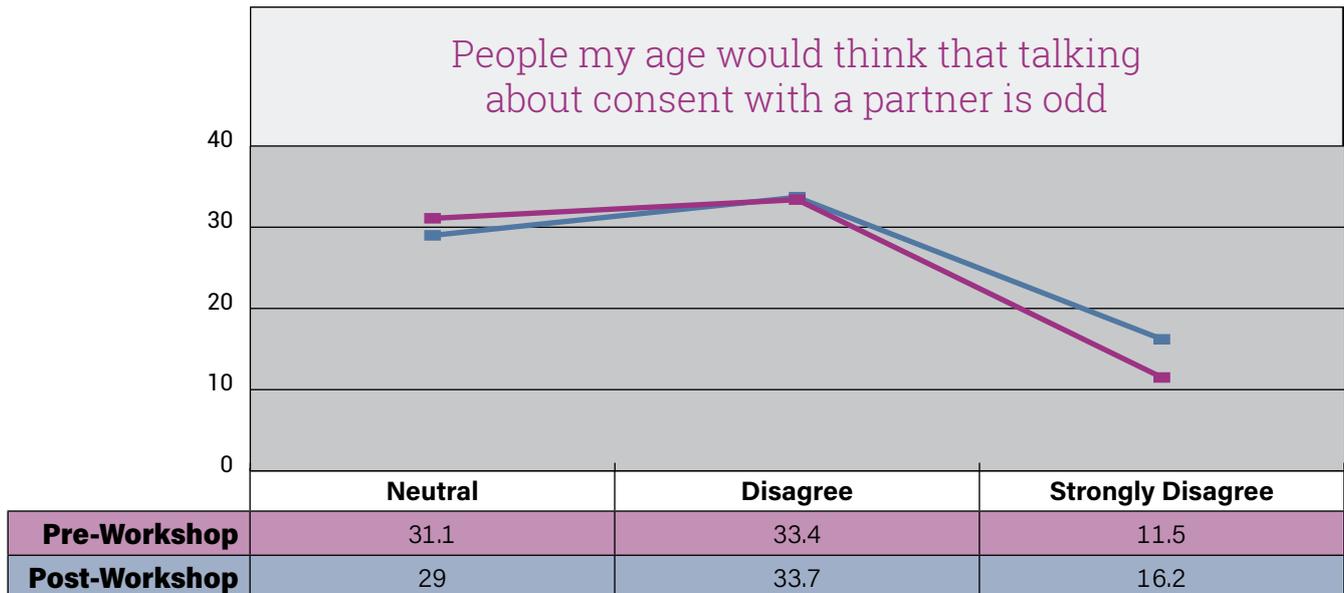


A similar pattern is seen in the next peer-related item, 'I would be confident talking about sexual consent with my peers.' The percentage of students opting for the 'Strongly Disagree' or 'Disagree' option went down following the Workshop (from 14% to 4%), there was also a decline in the percentage selecting the 'Neutral' option (24% to 15%), while the percentage who 'Agreed' increased from 31% to 36% and those who 'Strongly Agreed' went from 32% to 45%.

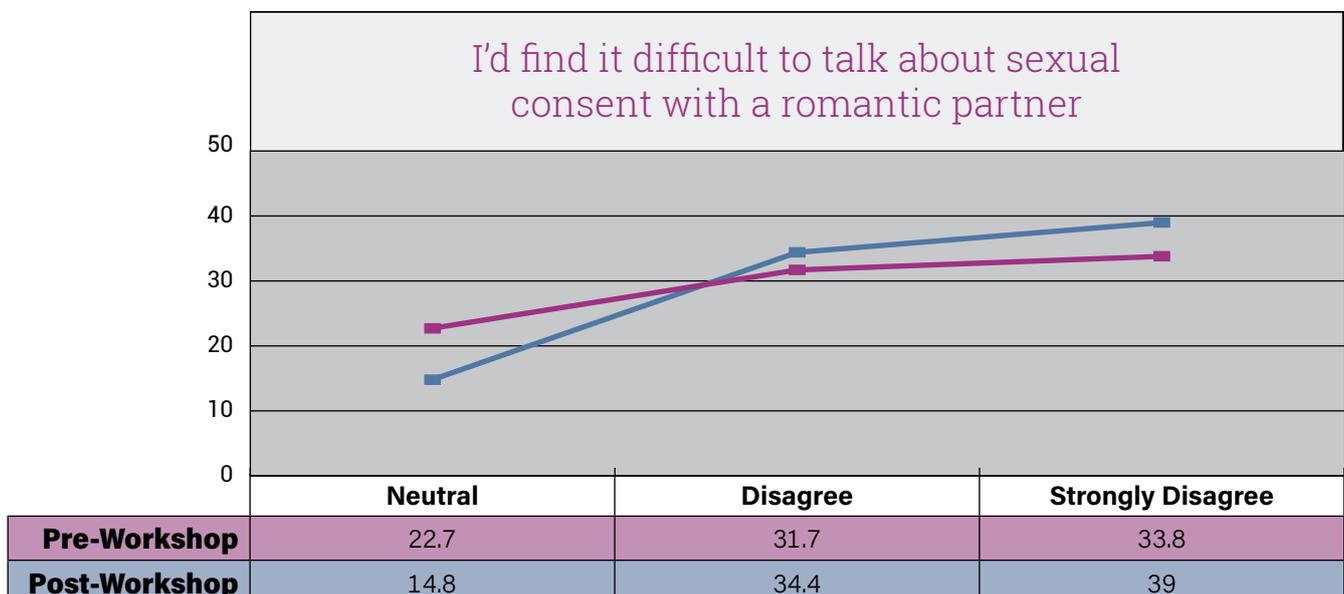


Implementation of the SMART Consent Workshop in 2017-2018

The final two items concern confidence talking to a partner. Both of these items were phrased negatively, so that higher scores indicate less confidence – hence the focus here is on the percentage who ‘Disagree’ or ‘Strongly Disagree’ with these items. The first of these is ‘People my age would think that talking about consent with a partner is odd’. In this case, there was little change in the percentage who agreed or strongly agreed, 24% Pre-Workshop and 21% Post-Workshop. This was also reflected in the percentage who chose the ‘Neutral’ option (31% Pre-Workshop, 29% Post-Workshop), the ‘Disagree’ option (33% Pre-Workshop, 34% Post-Workshop), and the ‘Strongly Disagree’ option (12% Pre-Workshop, 16% Post-Workshop).



The second item relevant to partners is ‘I’d find it difficult to talk about sexual consent with a romantic partner’. The percentage of students who ‘Agreed’ or ‘Strongly Agreed’ with this item remained the same from Pre- to Post-Workshop (12%). There were some changes in the other response options, with the percentage choosing the ‘Neutral’ category declining from 23% to 15%, while those who ‘Disagreed’ increased from 32% to 34% and those who ‘Strongly Disagreed’ went from 34% to 39%.





Implementation of the SMART Consent Workshop in 2017-2018

We looked at differences in scores on this item by relationship status. The percentage of students in a relationship who 'Strongly Disagreed' with the idea that it is difficult to talk with sexual consent with a romantic partner was lower than for single students (52% of students in a relationship Pre-Workshop, 56% Post-Workshop; compared with 26% of single students Pre-Workshop, 32% Post-Workshop). This illustrates that confidence talking about consent with a partner is lower among students who are not in a relationship and would therefore envision talking with a casual partner rather than a steady sexual partner.

Taken together, scores on the Consent Preparedness measure suggest a significant positive change from Pre- to Post-Workshop. An analysis of scores per item reveals important trends. Participation in the workshop was particularly associated with enhanced personal confidence and self-efficacy. There were significant changes in preparedness to talk with peers and sexual partners too, although these changes were less striking. The percentage of students who agreed (i.e., 'Agreed' and 'Strongly Agreed') with the idea that they would be confident talking with peers about consent increased from 62% to 81%. Similarly, the percentage of students who said they disagreed (i.e., 'Disagree', 'Strongly Disagree') with the idea that they would find it difficult to talk about consent with a sexual partner went from 65% to 73%. While these are significant positive changes, the percentage who 'Strongly Agreed' with the idea that they had all the skills they needed to manage consent went from 28% to 60%.

We analysed Consent Preparedness scores as a function of gender to examine whether there was a gender-specific impact of taking part in the workshop. There were too few students who reported a non-binary gender identification to include them in this analysis. The table below demonstrates that male and female responses to Consent Preparedness items Pre-Workshop were largely comparable. Scores on the same items Post-Workshop reveal that changes tended to be slightly greater among female participants. Thus, scores on the item 'I have all the skills I need to deal with sexual consent' changed by 0.63 points for women and 0.50 points for men. This trend can be seen among the other items on this scale. This is reflected in the summed scores on the Consent Preparedness scale, which show that male students had a mean score of 22.8 Pre-Workshop and 24.7 Post-Workshop (a change of 1.9), while female students' scores changed from a mean of 22.7 Pre-Workshop to 25.3 Post-Workshop (a change of 2.6). Nevertheless, the changes were significant for both men and women.

Mean scores on Consent Preparedness items Pre- and Post-Workshop, among male and female students.

	Male		Female	
	Pre-Workshop	Post-Workshop	Pre-Workshop	Post-Workshop
I have all the skills I need to deal with sexual consent	4.0	4.5	3.9	4.5
I feel well informed about sexual consent	4.0	4.2	4.2	4.4
My peers think that sexual consent is an important issue	3.9	4.6	3.8	4.7
I would be confident talking about sexual consent with my peers	3.7	4.1	3.8	4.3
People my age would think that talking about consent with a partner is odd	2.7	2.6	2.7	2.6
I'd find it difficult to talk about sexual consent with a romantic partner	2.2	2.0	2.2	2.0

Positive Attitudes to Consent

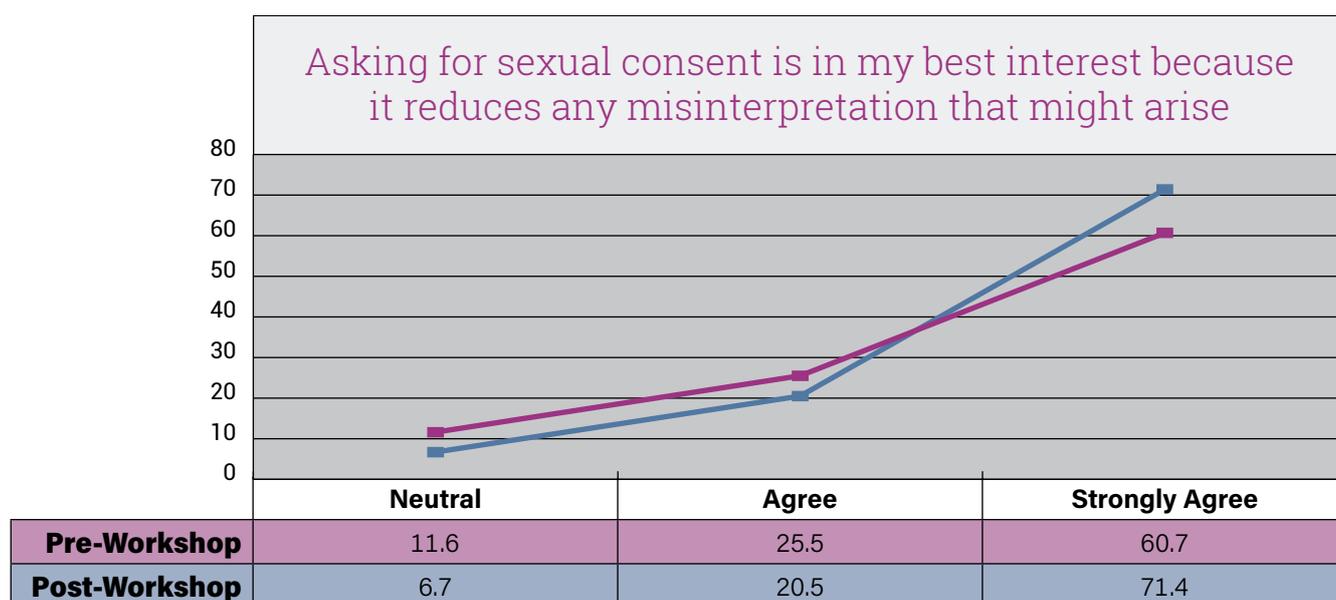
The workshop participants completed the 11 items taken from the Humphreys and Brousseau (2010) Positive Attitude to sexual consent sub-scale, Pre-Workshop and Post-Workshop. The 11 items are normally compiled together for a total score. The content of the items refers to two issues, namely:

- 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’).

The Pre-Workshop mean score on the scale across the participants as a whole was 46.1 out of a maximum of 55.0. This indicates a highly positive attitude to consent. The Post-Workshop mean score showed a significant change to a mean score of 47.4. Female workshop participants’ scores on the Positive Attitude scale started out slightly higher than male participants scores Pre-Workshop (mean score of 46.5 for females compared with 45.0 for males), but changed to the same extent as male participants Post-Workshop (a mean score of 48.1 for females after the workshop compared with 46.4 for males after it). The change in Positive Attitude scores was statistically significant for the students as a whole, for men and for women separately. The scale of the change was lower than for the Consent Preparedness scale, suggesting that the workshop had a bigger impact on personal preparedness to engage with consent than on positive attitudes. Nevertheless, the students already had a positive attitude to consent coming into the workshop – for example, the mean scores recorded are higher than Humphreys & Brousseau (2010) recorded in their original research on the measure with Canadian students.

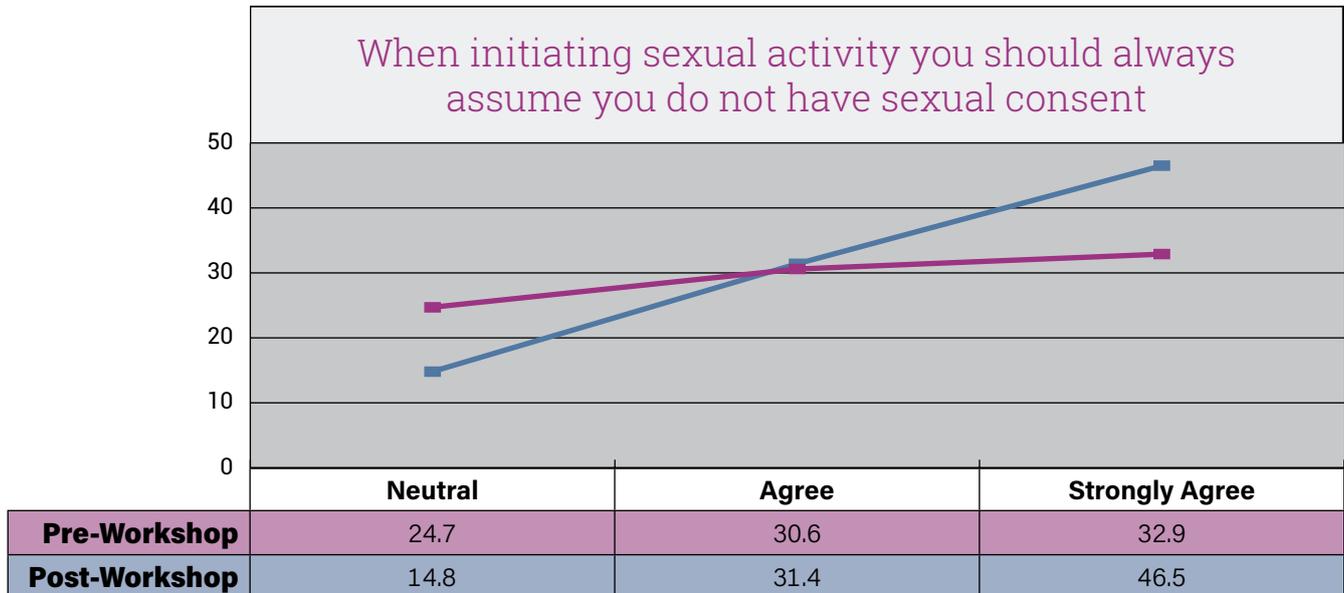
Some attention is also given here to individual items, to identify which aspects of positive attitudes changed most following workshop participation. Responses to five of the 11 items exhibited a difference of 10% or more in the percentage of students choosing the ‘Strongly Agree’ option between Pre- and Post-Workshop responses.

The first of these was ‘Asking for sexual consent is in my best interest because it reduces any misinterpretation that might arise’. Very few students chose the ‘Strongly Disagree’ or ‘Disagree’ options for this item (2% Pre-Workshop, 1% Post-Workshop). After the workshop 71% of students ‘Strongly Agreed’ with this item, compared with 61% before the workshop.

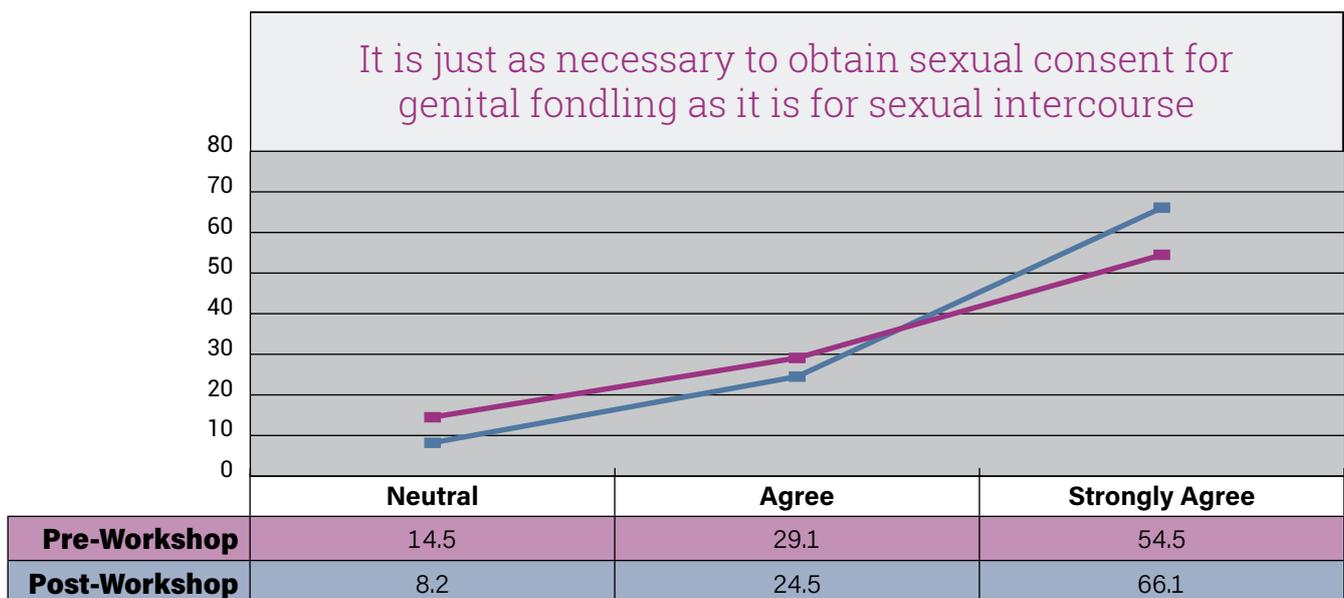


Implementation of the SMART Consent Workshop in 2017-2018

The percentage of students who 'Strongly Agreed' with the item 'When initiating sexual activity you should always assume you do not have sexual consent' increased from 33% before the workshop to 47% afterwards, with the main change involving a lower percentage who opted for the 'Neutral' response option. The percentage of students who selected the 'Strongly Disagree' or 'Disagree' option for this item was unchanged (12% before the workshop, 10% after it).

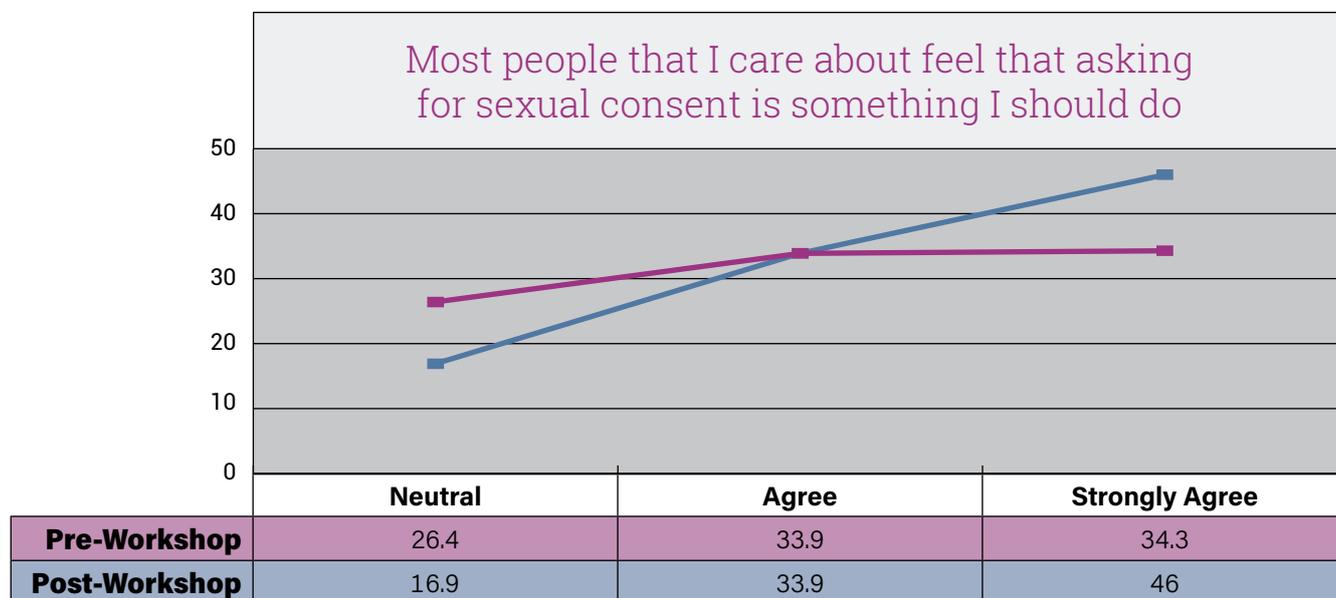


Very few students disagreed with the item 'It is just as necessary to obtain sexual consent for genital fondling as it is for sexual intercourse' (2% Pre-Workshop, 1% Post-Workshop). The major change in responses to this item was a reduction in students choosing the 'Neutral' and 'Agree' options and an increase in the percentage who chose 'Strongly Agree' (from 55% to 66%).

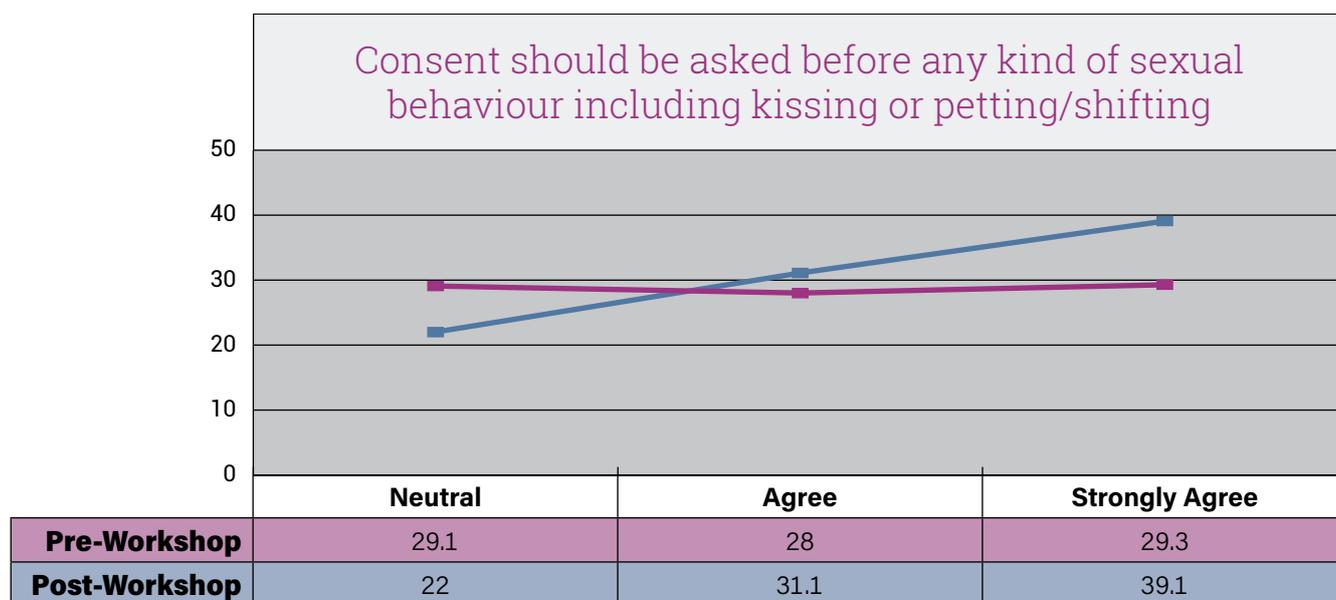


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Similar, very few students disagreed with the item ‘Most people that I care about feel that asking for sexual consent is something I should do’ (5% before and 3% after the workshop). The percentage who chose the ‘Neutral’ option went down from 26% to 17% and the percentage who chose the ‘Strongly Agree’ option increased from 34% to 46%.



Finally, the percentage who disagreed with the item ‘Consent should be asked before any kind of sexual behaviour including kissing or petting/shifting’ was slightly higher (14% before the workshop, 8% after it). The percentage who ‘Strongly Agreed’ went from 29% to 39%.



Student Feedback on the Workshop Exercises

The workshop participants were asked to rate each of the SMART Consent Workshop Activities on a 1-5 scale in terms of how useful they found them – the Activities are summarised in the table below. There were some differences in the activities included due to differences in the evaluation form between institutions and in the activities included. The table displays the core SMART Consent activities used during the academic year 2017-2018.

All of the activities received a mean rating of at least 4.00 out of 5.00, suggesting that the workshop components were seen as acceptable and useful. Four of the Activities received a mean rating of 4.25-4.50 - Activity 1: Group-generated definitions of consent, 4.26; Activity 2: Facilitator-led discussion of research definition of consent, 4.48; Activity 3: Vignette 1, Martin and Aoife, 4.38; Activity 5: Vignette 3, Claire and Jim, 4.37). Three Activities received a mean rating of 4.00-4.24 - Activity 4: Vignette 2, Joe and Ciaran, 4.19; Activity 6: Social norms exploration, 4.08; and Activity 7: Wrap up and key messages, 4.23). The overall evaluation item, 'Overall, I had a positive experience', received a mean rating of 4.52 out of 5.00.

Overview of the 2017-2018 SMART Consent Workshop activities.

SMART Consent Workshop	
Activity 1:	What is Sexual Consent? Post It exercise that establishes the group members have positive, shared beliefs about what consent is
Activity 2:	Definition of Consent. Facilitator introduces official definitions of consent and discusses with group – there is a lot of overlap with their own definition
Activity 3:	Vignette 1: Martin & Aoife. First of three vignettes that illustrate the 'grey area' of consent – is a smile enough of a signal to communicate sexual consent?
Activity 4:	Vignette 2: Joe & Ciaran. Same sex scenario illustrates that consent applies to all sexual orientations. Ciaran models saying 'no' when he is not comfortable. When Ciaran asked Joe back to his flat, was this a green light for sexual intimacy?
Activity 5:	Vignette 3: Jim & Claire. Illustrates that consent applies to both genders – Claire tries to persuade Jim to have sex when he doesn't want to. He does have sex with her, is it consenting?
Activity 6:	Social norms, 'rope task' We often imagine that other people are less accepting of consent (especially verbal consent) than they actually are. Participants choose point on rope stretched across the room to identify what they believe their peers would say. Our survey data is used to show what peers actually think.
Activity 7:	Wrap up – Key messages. SMART Consent – applies to all Sexual activities, depends on state of Mind and freedom from pressure, relates to all forms of sexual Activity, all Relationships and orientations, and involves Talking or nonverbal consent.



Future Directions: Films and Media

The report title describes not only the implementation of the SMART Consent workshop but the extension of the workshop programming or messaging as well. It is clear that social norms, campus climate and culture are driving forces behind consent practices and need to be engaged outside of, as well as within workshops. Individually, students are supportive of verbal consent, both on a personal level for themselves and in advocating it for others. Nevertheless, reservations arise about actually using clear verbal consent in close personal relationships, given the lack of support for development of related skills in school. This has a practical implication such as the finding we published in 2017 that over 30% of single students feel it would be difficult to say they do not wish to take part in a sexual activity (MacNeela et al., 2017). We have also established that, while there are very positive personal attitudes to consent, beliefs about peers norms are less supportive of active, ongoing consent. The SMART Consent workshop impacts especially on self-efficacy, but concerns still remain in terms of perceptions of peer and partner attitudes that might impede communication in practice. In the parlance of the model we have developed with our student collaborators, the level of confidence and preparedness can be addressed more readily than the levels of communication and community, in order to achieve the change we seek. The workshop is an important step, but needs to be supported by an ongoing and more wide ranging set of strategies. Thus, we are exploring how we can use media forms to engage students outside of workshops. The key methodology described here is that devised by Charlotte McIvor and her students at the O'Donoghue Centre for Drama, Theatre, and Performance.

Charlotte McIvor convened a group of theatre and drama students in Semester 2, 2017-2018. They met over the course of the semester on a voluntary basis. Ranging from first year to PhD level, they took part in workshops once a week throughout the semester with the aim of creating a multi-media sexual consent awareness campaign. They envisioned this campaign using the tools of theatre, film and social media to amplify the core messages of NUI Galway's SMART Consent Initiative, increase student participation in these workshops, and develop materials that can be used around the country. This voluntary group also liaised with final-year Psychology students taking part in a service learning module on sexual consent in order to gain feedback on their creative ideas from a social sciences, research-led perspective.

This group worked together primarily using the tools of what theatremakers refer to as a devised or collective creation process. When working in this way, groups brainstorm ideas through an open process focused usually on a chosen theme or themes (in this case, sexual consent). This gives all suggestions for material from participants equal esteem in the creative development process. The group then workshop original writing and performance material they develop singly or collaboratively, offering critical feedback to one another and revising drafts of each other's creative work. The group then take shared ownership over the creative work that results rather than it being given oversight by a single vision or authorial voice. In this particular process, the participants contributed ideas based on their own personal experiences regarding the theme of sexual consent but also worked directly with the SMART Consent research materials and wider literature in this area.

The collaboration between Psychology and Theatre Studies was first driven by the RCNI report published in 2014. This first resulted in a new play created with NUI Galway drama students, *100 Shades of Grey*, which they performed on campus in 2014, 2015 and 2016 in support of SHAG Week (Sexual Health Awareness and Guidance Week) as well as first-year orientation week. On the back of this play's success, in summer 2016, McIvor and another group of student collaborators made a connection with the Manuela Riedo Foundation and the Galway Rape Crisis Centre who asked them to make a short film, *Lucy's House Party*, which become part of the curriculum for the groundbreaking Tusla-led secondary school transition year programme on sexual consent, the Manuela Programme.

Are Consent Workshops Sustainable and Feasible in Third Level Institutions? Evidence from Implementing and Extending the SMART Consent Workshop.

The collaboration in 2018 arose out directly of this previous phase of practice-as-research to use the tools of theatremaking to move beyond the theatre. McIvor observed in a 2017 article on *100 Shades of Grey's* development that:

As the U.S. Centers for Disease Control and Prevention report Not Anymore details, the most effective sexual assault prevention should be “comprehensive,” “socio-culturally relevant” and “utilise varied teaching methods,” meaning theatre should be only one part of a bigger picture (“Not Anymore”). Theatre projects such as 100 Shades of Grey therefore are usefully considered as part of a wider arsenal of approaches to sexual assault prevention on university campuses and in the community.”

This newly constituted group's ambition to develop a more broad-based campaign will use multiple types of media to spread SMART Consent messaging to the wider community. The Psychology and Drama students agreed that a longitudinal rollout of sexual consent messaging should take place to keep the topic relevant as an idea and conversation topic over the course of an academic year. They also agreed that it is essential to use lightness and humour to make the message appealing. Early in the semester, the idea of a multi-phase campaign grounded in a recognisable logo and tagline began to shape the range of materials the drama group worked on taking from concepts to final product. Psychology and Drama students both suggested that key messages around sexual consent should be pushed out in a variety of mediums and formats over time such as through short videos, informational posters, social media competitions, buttons, and original Instagram and Snapchat image/video content in order to sustain student engagement and investment in the theme.

“Galway Gets It: Consent=OMFG (Ongoing, Mutual and Freely-Given)” is ultimately the key tagline that was settled on to cement the campaign's central goal of embedding a memorable and succinct understanding of sexual consent in the NUI Galway study body. This tagline emerged out of original group brainstorming but also represented an attempt to distill the essence of the SMART Consent Workshop research that consent is dynamic, ongoing, founded on mutual understanding, and that, following Hickman & Muehlenhard, that it must be “freely given” (not while under the influence or physical or psychological duress). This project is far from the first to use an acronym to convey the practical meaning of consent. This group's use of double entendre and humour is reflected in other consent acronyms such as Columbia University's “Consent is Bae (Before Anything Else)” or Planned Parenthood's “FRIES (Freely Given, Reversible, Informed, Enthusiastic)” and the group was also conscious of it needing to be easily adaptable as a Twitter hashtag and able to fit on a button.

The major focus of the drama group's work became the scripting and production of a series of short films which allow the viewer to pursue multiple endings within each storyline. The viewer is central in directing the outcome of each story as it develops by intervening at key decision points. By engaging with these films, viewers will get a chance to explore decision-making within sexual encounters. By emphasising choice and the possibility of positive outcomes to each sexual encounter being within the viewer's control, these short films communicate that broader change to sexual norms can be within our individual control and have pleasurable results for all involved. This multiple ending approach also aims to appeal to stakeholders particularly who may be involved in online or gaming cultures and be open to exploring this topic in a similar format which emphasises viewer decision making over directed messaging.

These four short films also showcase a range of sexual orientations and types of sexual encounters (hook-ups to intimacy within long-term relationships):

-
- **Tom and Julie:** A great night out and two friends from college are thinking of taking their relationship a bit further. Is it their moment?
 - **Kieran and Jake:** They're a match on Grindr but what happens when they meet in person. Is there really only one way this night can end?
 - **John and Becky:** A long-term couple aren't having sex anymore, college is too stressful. Are guys really always up for it or is there something else going on?
 - **Siobhan and Mary:** It's closing time. A drink after work might become something more. But when your crush is your boss, what's the next move?
-

By choosing this inclusive approach to storytelling across the four films, the creators challenge gender stereotypes, make diverse sexual orientations visible, and acknowledge the broad range of sexual intimacies that individuals may choose to engage in. Varying types of sexual encounters will necessitate different skill sets for navigating the grey areas of consent that may arise, and the short films make it possible for viewers to engage with a range of nuances across the four storylines. The decision points that each character faces (and whose outcomes viewers control) highlight these nuances of sexual consent that need to be negotiated actively between partners: expression of passive versus active consent, the obstacle of not having established shared communication patterns that newer partners may face with each other, and the role of factors such as alcohol, drug use or differential power relationships on an individual's ability to give consent.

Each storyline and its multiple possible outcomes was also crafted with MacNeela et al.'s (2014, 2017) body of research concerning Irish student attitudes towards consent as a guide, in order to target common areas of misperception or frustration expressed across multiple surveys. To this end, viewers also get to see research statistics at the end of each part of the short films before they make their choice about where to take the story next. The purpose of this device is not to direct the viewer's choice towards the "best" choice but rather to give them access to peer perceptions and attitudes regarding the choice they are faced with through the character.



Conclusions and Recommendations

Conclusions

The SMART Consent initiative is based on supporting students to confirm the key principles of sexual consent (“the freely given verbal or nonverbal communication of a feeling of willingness to engage in sexual activity”; Hickman & Muehlenhard, 1999, p. 259) and to explore how these principles can be applied in the complexity and context of intimacy and sexual relations. The SMART acronym is intended to demonstrate that, in addition to being freely given, willing, and conveyed clearly, consent is relevant across all sexual orientations, gender identities, and relationship statuses, and is applicable to all forms of intimacy. We also summarise our position on consent through the ‘feeling it, saying it, showing it’ tagline, which is complemented by the OMFG mnemonic to be introduced later this year – ongoing, mutual, and freely given.

We feel that ongoing developments to consent messaging ought to occur, informed by collaboration and inclusion of a wide range of stakeholders, including students. Hence we are highlighting social norms and ecology more strongly by directing attention to the 4 Cs of confidence, communication, community, and change, a model that grew from collaborative work with students. The continuous development of the initiative is also seen in collaborations between psychology and theatre studies, which will yield a significant new film resource for community outreach. The openness of the SMART Consent initiative is demonstrated in the impact that our collaborations with institutional projects have had on our approach – we have learned greatly from the groups of staff and students we have worked with around the country – in how they have devised facilitator recruitment strategies, found niches in college life that will support workshop implementation, coordinated and supported workshops to take place, and sought to embed consent as a feature of the work they do to support students.

These efforts are only relevant to the extent that they are feasible to implement on a sustainable basis, and lead to positive outcomes. The commitment of local teams in each of the six institutions that provided SMART Consent workshops has demonstrated that it is possible to deliver high quality workshops on a wide scale. Facilitator training and workshop support appears to have been successful in addressing the developmental needs of these institutional teams. There are encouraging signs that consent workshops will be provided in more institutions in 2018-2019; the colleges we collaborated with in the past year have expressed interest in continuing to develop this work, and new initiatives are planned. These include the introduction of consent workshops as part of orientation to student accommodation at NUI Galway, which will be led by NUIG Students’ Union; introduction of consent workshops at the University of Ulster; scaling up of 2018 pilot initiatives at DCU, GMIT, and UL to reach larger numbers of students; and continuation of successful strategies at QUB and the National College of Art & Design. Students and staff at several other institutions are also considering piloting of workshops.

The long term sustainability and scaling up of this work in institutions around the country will depend on full integration with college policies, protocols, and with appropriate access to resourcing and recognition of the effort and expertise involved. In turn, work needs to be carried out to support national standards and recognition of best practice.

Our continued commitment to supporting positive sexual health is seen in an extensive programme of work completed in 2017-2018. This work can be grouped under three primary headings – (a) gathering data through large online surveys, (b) supporting consent workshops through facilitator training at a range of colleges, and (c) expanding the repertoire of sexual consent awareness and education strategies by developing new media resources. These headings reflect the strategic priorities we identify in how enhanced positive sexual health and reductions in sexual violence can be supported – through an information gathering observatory on sexual health, a unit dedicated to supporting action on sexual consent, and support for social change on campuses by engaging students at multiple levels, on an ongoing basis throughout the year.

Are Consent Workshops Sustainable and Feasible in Third Level Institutions? Evidence from Implementing and Extending the SMART Consent Workshop.

First, with regard to the information gathering that builds a more complete picture of consent, sexual violence, and contextual factors, within the past year we identified that:

The majority of students experience sexual harassment during the time they are at college. By the time they are in Year 3+ of college, a majority of female students report experiencing sexist hostility, sexual hostility, and unwanted sexual attention since they started college; over a third report being harassed via electronic means and experiencing sexual coercion. While the prevalence of such experiences among male students is not quite as high, a majority of male students at an equivalent point in the college also experience sexist hostility, sexual hostility, and unwanted sexual attention, and a third report harassment via electronic means and sexual coercion.

When reflecting on the sexual health education they had at school, small minorities of students agreed that it was adequate or contributed to how they learned about sex. One in eight females, and one in five men, report being satisfied with the sex education they received at school. Sexual health education was seen as leaving out crucial information. Although both genders saw schools-based sex education as inadequate, women were particularly likely to be dissatisfied. Similar experiences were reported on most of the sexual health education items by LGB+ students and heterosexuals, although LGB+ students were more likely to say they wished they knew more about sexuality and sexual health, and less likely to say that school sex education had covered the topics they were interested in.

Students do not appear to be as sensitive as they ought to be to the impact of heavy drinking on the capacity to give consent. One-third of students saw a female character as too drunk to give consent after they read about a hook up scenario in which heavy drinking took place (28 standard drinks). This was a higher percentage than the 20% who saw the same female character as too drunk to give consent when she was depicted as consuming 14 standard drinks. But the scale of the difference was less than expected. Moreover, there were no significant differences in other ratings, notably whether she gave her consent to have sex. The same pattern of responses was evident in ratings of whether the male character in the same story was able to give consent when he was involved in heavy drinking or moderate drinking.

Secondly, with the goal of exploring the sustainability of consent workshops across colleges, we implemented a successful programme of facilitator training in six institutions. In analysing the Pre- and Post-Workshop evaluation sheets completed by 761 students in four of these institutions, we identified significant positive changes in Consent Preparedness and Positive Attitudes to Consent. The greatest change was in respect of the components of consent preparedness that relate to the confidence components of our 4 Cs model. We also found that the consent activities that comprise the SMART Consent workshop were rated very positively, with each activity receiving a mean rating of 4.0 or more (out of 5.0). This is encouraging evidence that facilitators, supported by our training programme and workshop materials, can have a significant positive impact on the students they engage with.

Finally, collaboration with more than 20 students enabled Charlotte McIvor to devise four films on sexual consent that will allow consent messaging to be disseminated outside of workshops, for implementation in 2018-2019. This approach addresses the communication and community components of the 4 Cs model in particular. The development of short consent films that put the viewer at the centre of sexual decision-making will be one strategy in a broader approach to change campus culture. The use of taglines such as 'Galway Gets It' (which can be adapted to other colleges) and the provocative OMFG acronym will be trialed over the next year.

Recommendations

The goals of the SMART Consent programme in 2017-2018 were to develop a successful model of implementation based on training facilitators. Having demonstrated that it is possible to have a significant impact on attitudes to consent within a short time frame of a workshop lasting only one to 1.5 hours, we recommend that this strategy is continued and expanded with the support of additional resources. These resources should be directed to supporting the need for ongoing research, the development of engaging activities, and strengthening a network and community of practice in this area. Funding should be provided to support (a) a research observatory on consent, (b) an action-oriented unit oriented to supporting sexual health practice, and (c) to promote outreach using innovative media strategies.

In considering sustainability, we recommend that there is a sharing of best practice, strategic collaboration, and agreement of standards for consent and sexual health education between institutions, agencies, and national initiatives. The success of the SMART Consent initiative is founded on collaboration across a range of stakeholders and colleges. There are other initiatives and projects that are addressing sexual violence and consent, notably at TCD, UCC, and QUB, which incorporate a range of strategies – including bystander intervention programmes and consent workshops. The ESHTe project led by the National Women’s Council of Ireland is another important programme of work that is targeting sexual violence and harassment. Rape Crisis Network Ireland and a number of Rape Crisis Centres such as GRCC and DRCC are active in providing disclosure training, raising awareness of consent, and contributing to policy development. The Union of Students in Ireland, the Confederation of Student Services in Ireland, and the Irish Student Health Association are key players in shaping the agenda for sexual health initiatives in third level institutions. At Government level, the Department of Education & Skills and the Department of Justice & Equality have a critical role in shaping policy, along with agencies such as the HEA and HSE Sexual Health & Crisis Pregnancy Programme. Besides input on a top-down basis it is essential to recognise the energy, imagination, commitment and credibility of those students and staff who are championing positive consent within our colleges.



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