

**Campus Sexual Violence: Exploring Student Perspectives on Sexual Violence and  
the Effectiveness of University Responses**

by

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## THESIS EXAMINATION INFORMATION

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An oral defense of this thesis took place on August 22<sup>nd</sup>, 2019 in front of the following examining committee:

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The above committee determined that the thesis is acceptable in form and content and that a satisfactory knowledge of the field covered by the thesis was demonstrated by the candidate during an oral examination. A signed copy of the Certificate of Approval is available from the School of Graduate and Postdoctoral Studies.

## **Abstract**

Sexual violence is a prevalent problem across North American universities. There is a lack of understanding of students' sexually violent attitudes and behaviours and the effectiveness of university responses to sexual violence. In the first study, we explored students' perspectives on and expressions of sexual violence, sexual consent, and rape myths. A number of students reported engaging in or a proclivity for sexual violence, endorsing victim-blaming attitudes and problematic expressions of sexual consent. In the second study, the effectiveness of university responses (e.g., watching a sexual violence prevention workshop, writing an essay on consent) to change problematic attitudes and behaviours was examined over time, in comparison to an unrelated task. University responses were relatively unsuccessful in positively changing students' attitudes or behaviours. The results suggest the need to improve university responses to adequately address and change the problematic attitudes and behaviours of students, including perpetrators, on campus.

**Keywords:** campus sexual violence; consent; rape myths; university responses

### **Author's declaration**

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ALISIA M. PALERMO

## **Statement of contributions**

I hereby certify that I am the sole author of this thesis and that no part of this thesis has been published or submitted for publication. I have used standard referencing practices to acknowledge ideas, research techniques, or other materials that belong to others. Furthermore, I hereby certify that I am the sole source of the creative works and/or inventive knowledge described in this thesis.

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## Table of contents

<b>Certificate of Approval.....</b>	<b>ii</b>
<b>Abstract.....</b>	<b>iii</b>
<b>Author’s Declaration.....</b>	<b>iv</b>
<b>Statement of Contributions.....</b>	<b>v</b>
<b>Acknowledgements.....</b>	<b>vi</b>
<b>Table of Contents.....</b>	<b>ix</b>
<b>List of Tables.....</b>	<b>xiii</b>
<b>List of Figures.....</b>	<b>xiv</b>
<b>Chapter 1: Introduction.....</b>	<b>1</b>
Defining sexual consent.....	2
Understanding sexually violent behaviour.....	3
Sexual violence and intoxication.....	4
Canadian universities’ sexual violence policies and procedures.....	6
The current thesis: overview of studies.....	10
Study 1.....	11
Study 2.....	11
<b>Chapter 2: The studies.....</b>	<b>13</b>
Study 1.....	13
Methods.....	20
Participants.....	20
Procedure.....	21
Measures.....	22
Consent Questionnaire.....	22
SES-TFR-P Scales.....	22
SES-TFR-S Scales.....	24
Updated IRMA Scale.....	26
Analysis.....	26

Results.....	28
Sexual violence experiences.....	28
Sexual violence proclivity.....	29
Evaluations and expressions of sexual violence.....	30
Rape myth acceptance.....	33
Sexual consent.....	37
Ideal outcomes for perpetrators of sexual violence.....	45
Discussion.....	47
Sexual violence experiences and interest.....	47
Evaluations and explanations of sexual violence.....	48
Endorsement of rape myths.....	49
Importance and expressions of sexual consent.....	50
Perspectives on ideal outcomes for perpetrators.....	52
Limitations and future directions.....	52
Conclusion .....	54
Study 2.....	55
Methods.....	62
Participants.....	62
Procedure.....	53
Measures.....	64
SCS-R.....	64
Updated IRMA Scale.....	65
SES-TFR-P Scales.....	65
Task Feedback Questions.....	65
Materials.....	66
RISE workshop video.....	66
Consent essay.....	66
WHMIS training.....	67
Analysis.....	67
Results.....	70
Sexually violent attitudes and behaviours.....	72

Rape myth acceptance.....	72
Sexual consent.....	75
Task feedback.....	77
Discussion.....	79
Changes in sexually violent attitudes and behaviours.....	80
Changes in sexual consent.....	81
Changes in rape myth acceptance.....	82
What does this mean about university responses.....	82
Limitations and future directions.....	86
Conclusion.....	89
<b>Chapter 3: General Discussion.....</b>	<b>90</b>
Perspectives of university students.....	90
Effectiveness of current university responses to sexual violence.....	92
Recommendation for the positive sexuality model.....	94
Limitations and future studies.....	95
Conclusion.....	97
<b>References.....</b>	<b>98</b>
<b>Appendices.....</b>	<b>114</b>
Appendix A: Study 1 Consent Form.....	114
Appendix B: Demographics Questionnaire.....	119
Appendix C: Consent Questionnaire.....	121
Appendix D: Sexual Experiences Survey-Tactics First Revised Perpetrator Version Scales.....	124
Appendix E: Sexual Experiences Survey-Tactics First Revised Survivor Version Scales.....	129
Appendix F: Updated Illinois Rape Myth Acceptance scale.....	134
Appendix G: Study 1 Debrief Form.....	137
Appendix H: Study 2 Consent Form.....	139
Appendix I: Sexual Consent Scale-Revised.....	144
Appendix J: Task Feedback Questions.....	147

Appendix K: Study 2 Debrief Form – Time 1.....	148
Appendix L: Study 2 Consent Reminder Form.....	150
Appendix M: Study 2 Debrief Form – Time 2.....	151
Appendix N: Ethics Approval Letter for Study 1.....	153
Appendix O: Ethics Approval Letter for Study 2.....	155

## List of tables

Table 1: Descriptive statistics for updated IRMA scale.....	33
Table 2: Independent samples t-test results for differences between perpetrators and non-perpetrators, proclivity for sexual violence and no proclivity for sexual violence groups, and proclivity for sexual violence with peer influence and no proclivity groups on updated IRMA scale.....	36
Table 3: Mixed between-within subjects ANOVA assumptions.....	69
Table 4: Descriptive statistics for measures at time 1 and time 2.....	71
Table 5: Mixed between-within subjects ANOVA results .....	73
Table 6: Independent samples t-tests results.....	74
Table 7: Paired-samples t-tests results .....	74

## List of figures

Figure 1: Number of responses for each type of indication of consent for self.....	41
Figure 2: Number of responses for each type of indication of no consent for self.....	42
Figure 3: Number of responses for each type of indication of consent for partner.....	43
Figure 4: Number of responses for each type of indication of no consent for partner.....	44
Figure 5: Number of perpetrator responses on each type of indication of consent for partner.....	44
Figure 6: Number of perpetrator responses on each type of indication of no consent for partner.....	45
Figure 7: Number of survivor responses on the ideal outcomes for perpetrators.....	46
Figure 8: Perceived Lack of Behavioural Control subscale (SCS-R) scores.....	76
Figure 9: Positive Attitude Toward Establishing Consent subscale (SCS-R) scores.....	77

## CHAPTER 1

### INTRODUCTION

Sexual violence, which includes verbal sexual harassment, exhibitionism, sexual coercion, and attempted or completed non-consensual oral, genital, or anal penetration, is an extremely prevalent problem (Abbey & McAuslan, 2004; Basile & Saltzman, 2009). A better understanding of this problem is important because sexual violence has long-term mental, physical, and social consequences for victims (Amar & Gennaro, 2005; Black, Basile, & Breiding, 2010; Casey & Lindhorst, 2009). Among undergraduate students, 23.1% of females and 5.4% of males report experiencing some form of sexual violence (Cantor et al., 2015; Fisher, Cullen, & Turner, 2000; Krebs, Lindquist, Warner, Fisher, & Martin, 2007). Some have gone so far as to describe universities across North America as “breeding grounds for high levels of crime” (DeKeseredy, 2017, p. 65), where male violence against heterosexual women, particularly a male known to the victim (Krebs et al., 2007; McOrmond-Plummer, Eastal, & Levy-Peck, 2014), is one of the most common crimes (Daigle, Mummert, Fisher, & Scherer, 2015). Even higher rates of violence and victimization exist among members of the LGBTQ community, particularly among transgender and bisexual individuals, as well as women of colour (Dank, Lachman, Zweig, & Yahner, 2014; Freedner, Freed, Yang, & Austin, 2002). Prevalence rates for dating violence among college women are quite high as well, ranging from 10% to 50% (Barrick, Krebs, & Lindquist, 2013). The high prevalence rates of sexual violence across universities suggest problematic attitudes and behaviours surrounding sexual violence, including those related to sexual consent and sexual relationships, among post-secondary students.

**Defining sexual consent**

The sexual scripts imposed by society are likely to influence university students' perceptions of sexual relationships and sexual consent. Sexual scripting theory (Simon & Gagnon, 1986) provides guidelines for sexual behaviour and sexual encounters. These scripts, which include descriptions of interpersonal scenarios (i.e., encounters and interactions with others), draw heavily on cultural norms or scenarios where individuals may ask themselves 'who am I when I have sex?' and 'with whom am I having sex?'. In particular, sexual scripts describe sexual arousal as being the exclusive interest of men. Women rarely are chosen for sexual roles based on their own sexual pleasures (Simon & Gagnon, 1986; Simon & Gagnon, 2003). More specifically, sexual scripts dictate the gender-linked behaviours that are both acceptable and unacceptable in society (Metts & Spitzberg, 1996), dictating who participates in sexual encounters and how they participate (Humphreys, 2007). In general, men are expected to initiate sex and women are expected to tell men when to stop. This script has three key assumptions: (1) men always want sex; (2) women are less interested in sex than men are; and (3) it is a woman's obligation to limit sexual activities. These assumptions reinforce that men should assertively act on their sexual desires while women should passively respond to—more specifically, fulfill—their partner's sexual needs (Bartoli & Clark, 2006; Sakaluk et al., 2014). These traditional scripts also emphasize gender and sexuality biases (i.e., male-dominated, heteronormative) related to power and agency (Rossetto & Tollison, 2017). Sex is seen as a game to be won by men, where a response of "no" by a potential sexual partner means "try later" or "convince me." This perceived game skews the meaning of sexual consent by seemingly legitimizing the use of seduction strategies that border on verbal coercion and threats (DeGue & DiLillo, 2004; Ryan, 2011).



Furthermore, most young people are not taught to use active consent (i.e., asking “Do you want to have sex?”) by their parents or in school, nor is it modeled in the media (Powell, 2008). By blurring the lines between sexual consent and coercion, particularly when both parties are intoxicated, there is justification that “working a yes out” is normative (Sanday, 1990).

### **Understanding sexually violent behaviour**

It is important to consider which factors are likely to lead university students to engage in sexual violence. Men who commit acts of sexual aggression typically have extreme scores on factors including hostility towards women, rape myth acceptance, sexual dominance, callous affect, positive attitudes toward casual sex, a high number of sexual partners, childhood victimization, and peer approval of sexual coercion (Malamuth, Sockloskie, Koss, & Tanaka, 1991; Wheeler, George, & Dahl, 2002). Many of these factors could be accounted for by the Male Peer Support Theory which describes a society among men that is rape-supportive, where the values and beliefs that encourage, support, and approve the victimization of women are widely available and acceptable (DeKeseredy & Schwartz, 2013; 2016). This type of culture is highly supportive and accepting of rape myths, which are attitudes and beliefs that often seek to erase the realities of sexual violence and blame a woman for her assault (i.e., “She was raped because she was drunk”, “She was raped because she was dressed like a slut”), while disregarding the decisions and actions of the perpetrator. These attitudes or beliefs are thought to play a disinhibitory role in sexual aggression (Burt, 1980; Thornton, 2002). The Male Peer Support Theory further suggests that having friends who offer rape-supportive advice by encouraging the abuse of women is one of the most powerful determinants of sexually abusive behaviour (DeKeseredy &

Schwartz, 2016). A university culture that supports, or at least, does not challenge, patriarchal and hyper-masculine ideologies, creates and encourages the propaganda of rape myths and, potentially, the use of sexual violence.

### **Sexual violence and intoxication**

The university culture generally includes the presence and encouragement of underage drinking, as well as dangerous drinking habits (i.e., binge drinking). Thus, it is not surprising that alcohol is associated with approximately 40% to 75% of sexual assaults, including those on university campuses (Abbey, 2002). The use of alcohol and drugs leads to impairment in both physical and mental abilities, making the intoxicated person more willing to engage in risky behaviour and/or more incapable of stopping unwanted behaviour. It is expected that alcohol can contribute to a person's increased sociability, sexual desire, and aggression, as well as decreased anxiety (Fromme, Stroot, & Kaplan, 1993; Ham, Wang, Kim, & Zamboanga, 2013).

According to the Routine Activities Theory (Cohen & Felson, 1979), the large number of women who voluntarily become intoxicated in a university setting creates numerous suitable, vulnerable targets for perpetrators motivated to commit crimes (Fisher, Daigle, & Cullen, 2010), particularly sexually violent crimes. In addition, alcohol increases the risk of sexual aggression among men who would have already been likely to engage in sexual violence without alcohol (Heinz, Beck, Meyer-Lindenberg, Sterzer, & Heinz, 2011; Wheeler et al., 2002;). Although the misperception of a woman's sexual interest does not cause sexual assault, it can contribute to a sense of entitlement that can trigger aggression among men who are already prone to sexual violence (Abbey, 2002). The use of alcohol and drugs minimizes the perceived need for consent and distorts one's ability to give consent

(Roberts, Miller, Weafer, & Fillmore, 2014). Furthermore, media depictions of sexual encounters often show the use of alcohol as a seduction technique (Morgenstern et al., 2015; Nicholls, 2012). Potential male perpetrators may perceive the use of substances as positive, as it decreases the victim's ability to resist unwanted physical or sexual advances and prevents them from being able to interpret cues of a potential sexual assault (Gidycz, Warkentin, & Orchowski, 2007). Women who drink alcohol are seen as promiscuous, suitable targets, which in combination with the negative stigmas regarding sexually active women, allows sexually violent men to mitigate their perceived culpability (Abbey, 2002; Koss & Cleveland, 1997).

The stereotypes surrounding women who drink alcohol encourage the blurred lines between sexual consent and sexual coercion, as indicated in a study conducted by Bernat, Calhoun, and Stolp (1998). In their study, participants listened to an audiotape of a man and a woman on a date, and were asked to stop the tape when they thought the man should stop his attempts to have sex with the woman. The man initially uses flattery, which then progresses to threats and physical force to obtain sexual intercourse. Participants in the condition where the couple had been drinking alcohol took longer to stop the tape, allowing the man to use more extreme force, than participants in the condition where the couple had not been drinking alcohol. The Feminine Routine Activities Theory suggests that intoxication adds to the perpetuation and legitimization of male peer support groups who exploit women (Schwartz & Pitts, 1995). In a study by Schwartz and colleagues (2001), Canadian undergraduate men who drank alcohol two or more times a week and who had friends who supported both psychological and physical partner abuse were found to be nine times more likely to report committing sexual abuse than men who reported none of these characteristics.

The results of the studies by Schwartz and colleagues (2001) and Bernat and colleagues (1998) demonstrate that the cognitive association between alcohol and consenting to sex can bias perceptions of a potential sexual assault situation, wherein the woman's refusals are not taken seriously (Norris & Cubbins, 1992). Furthermore, victims of sexual assault are seen as more responsible for the assault if they had been drinking alcohol (Sims, Noel, & Maisto, 2007; Untied, Orchowski, Mastroleo, & Gidycz, 2012). These studies highlight the importance of challenging and attempting to change problematic attitudes about alcohol and sexual consent.

### **Canadian universities' sexual violence policies & procedures**

University policies and procedures are one way to address problematic attitudes and behaviours of university students. These policies and procedures may increase the likelihood of reporting sexual violence to university staff, authorities, and officials; minimize the negative impact of the reporting process on the victim; and ensure universities provide an appropriate response to those reports. In addition, university policies on sexual violence prevention may increase the likelihood that both students and staff will receive appropriate education and training on healthy sexual attitudes and behaviours, sexual consent, bystander intervention, and disclosure training. Ensuring there are official procedures in place to both prevent and deal with sexual violence may lead to decreased levels of sexual violence on campus as well as satisfactory and effective outcomes for both survivors and perpetrators.

Universities have implemented policies and procedures, including education and programming, in attempts to ensure student safety on campus. Yet, sexual assault continues to be one of the most underreported crimes given its relatively high occurrence rate (Benoit, Shumka, Phillips, Kennedy, & Belle-Isle, 2015), especially when the perpetrator is an

acquaintance rather than a stranger (Moore & Baker, 2018). Few campus sexual violence cases are reported to law enforcement. In the United States, only 20% of female students aged 18 to 24 who had been sexually assaulted made a report to police for a variety of reasons, including shame, guilt, and fear (Department of Justice, 2014). Furthermore, 53% of sexual assault survivors indicated that they did not report their sexual assault because they were not confident in police, and 66% indicated that they did not report their sexual assault because they were not confident in the criminal justice system (Lindsay, 2014).

Unfortunately, sexual violence survivors have a reason to feel unsupported; acquaintance and/or date rapes are often disregarded in the criminal justice system, indirectly advising men that sexually aggressive behaviour is legally acceptable (Maier, 2014).

Since there are low reporting rates of sexual violence to police, an increasing number of students have begun to turn to universities or colleges for justice (Lombardi, 2009). Sexual violence reporting rates to university staff and authorities are higher than they are to the police. According to the 2014 University of New Brunswick (UNB) Sexual Assault Campus Climate Survey ( $n = 236$ ), 8.8% of students reported a sexual violence incident to counselling services at UNB, followed by 5.9% to residence advisors, 3.8% to faculty and staff, and 1.3% to campus security and a doctor/nurse at the UNB health centre, compared to 0% of students that reported to police (Fuller, O'Sullivan, & Belu, 2014). Moore and Baker (2016), who presented participants with four scenarios depicting sexual violence situations, found that sexual violence perpetrated by a stranger on-campus led to the highest reporting rates to on-campus authorities. Trust in campus security or authorities as well as a desire to access services were both positively and significantly associated with reporting to university officials. Furthermore, justice was an important factor in reporting to a university official in

three of four scenarios (Moore & Baker, 2016). Although media coverage of high-profile sexual violence cases has led to skepticism on university accountability in responding to sexual assault (Sokolove, 2014), 64% of a sample of the general adult population in Virginia deemed college administrators as equipped to significantly decrease the occurrence of sexual violence (Mancini et al., 2017). Thus, since sexual violence survivors are more likely to report to universities, it is important that universities respond and intervene by providing adequate outcomes for these cases (i.e., support for survivors, punishment/intervention for perpetrators), as this may be the only opportunity to intervene. In addition, universities must do what they can to ensure the safety of their students. In cases of sexual violence, this includes appropriate supports for survivors and sanctions for perpetrators. Without successful outcomes in place for perpetrators of sexual violence, universities avoid taking full responsibility for the safety of their students.

Many universities, in both Canada and the U.S., have created sexual violence policies and prevention programs to deal with sexual assault reports by students in recent years. In Canada, Bill 132, the Sexual Violence and Harassment Action Plan Act (Supporting Survivors and Challenging Sexual Violence and Harassment) was passed in 2016. Bill 132 defines sexual violence as “any sexual act or act targeting a person’s sexuality, gender identity or gender expression, whether the act is physical or psychological in nature, that is committed, threatened or attempted against a person without the person’s consent, and includes sexual assault, sexual harassment, stalking, indecent exposure, voyeurism and sexual exploitation” (*Bill 132*, 2016). Bill 132 requires all universities and colleges to have a sexual violence policy that (1) addresses sexual violence involving students enrolled at the college or university, (2) sets out the process for how the college or university will respond to

and address incidents and complaints of sexual violence involving students enrolled at the college or university, and includes the elements specified in the regulations relating to the process, (3) addresses any other topics and includes any other elements required by the regulations, and (4) otherwise complies with the requirements set out in the regulations. Furthermore, Bill 132 requires that the sexual violence policies ensure student input is considered in both the development of the policy, as well as during any amendment or review of the policy. The sexual violence policy is to be reviewed every three years and amended appropriately.

Although these sexual violence policies are now in place across Canadian universities, many still do not appropriately address and deal with the survivors or perpetrators of sexual violence. Many campus administrators do not seriously punish men who physically and sexually abuse women (DeKeseredy & Schwartz, 2013), nor do they attempt to address the problematic attitudes that may contribute to perpetration. Furthermore, in one study, the majority of students doubted that educational institutions would handle reports appropriately, specifically because universities and colleges may want to conceal sexual violence on campus to maintain the university's reputation (Schaaf et al., 2018). Students were perceived to be more likely to report sexual assault if they believed campus judicial procedures would hold perpetrators accountable by providing adequate sanctions (Brubaker, 2009).

Despite the lack of empirically supported interventions for sexual violence perpetrators, many universities and colleges across Canada and the US have implemented sexual violence education and prevention programs as well as other types of sexual violence awareness campaigns (e.g., student booths, posters). Moynihan and colleagues (2015)

compared a bystander intervention program and a social marketing campaign. The Bringing in the Bystander program in this study, which is similar to other programs that exist, was a 4.5-hour, multi-session, in-person program where discussion involved ways in which community members can intervene before and after acts of sexual and relationship violence. This was compared to the social marketing campaign, Know Your Power, which consisted of posters displaying college scenes modelling pro-social bystander behaviour to prevent relationship and sexual violence. Interestingly, the program had a greater impact on behaviour with participants who began the prevention program already having greater awareness of the sexual violence problem on campus. In addition, participants further along in readiness (i.e., more willing to change) were more likely to change behaviour quickly as a result of the prevention program compared to those with lower readiness. Thus, some individuals may require more training to build greater awareness (Moynihan et al., 2015). While these results support the use of sexual violence prevention, the results also suggest that these programs may not be as effective for sexual violence perpetrators who may be reluctant to change their ideas toward sexual violence. This may suggest that these pro-social prevention programs that often used as sanctions for sexual violence perpetrators may not actually be useful in this capacity. Thus, it may be necessary for intervention programs for perpetrators to differ from the prevention programs currently used at universities and colleges.

### **The current thesis: Overview of studies**

This body of work aimed to further our understanding of campus sexual violence by exploring university students' perspectives and experiences of sexual consent and sexual violence, and the effectiveness of university responses or sanctions for sexual violence



perpetrators. Although online sexual violence is important, the current studies focus only on physical and verbal sexual violence. In particular, the objectives of this thesis were to (1) explore university students' understanding of and experiences with rape myths, sexual consent, sexual relationships, and sexual violence and (2) examine the effectiveness of university sanctions for perpetrators of sexual violence. The following gives a brief overview of each study and the attempt made to understand student perspectives and university responses using a sample of undergraduate students from the University of Ontario Institute of Technology.

### **Study 1**

The aim of this study was to gain a better understanding of students' perspectives on and experiences with sexual violence, particularly the perspectives of perpetrators or those who show a proclivity<sup>11</sup> to engage in sexual violence. The objectives of the study were as follows: (1) to explore the extent to which students have experienced sexual violence, as survivors and/or perpetrators; (2) to explore students' endorsements of common rape myths; (3) to qualitatively explore students' understanding and expressions of sexual consent across situations; and (4) to explore students' perspectives and expressions of sexual consent as rape myths as it relates to their engagement and/or their proclivity to engage in sexual violence.

### **Study 2**

The aim of this study was to assess the effectiveness of commonly used university sanctions or responses in sexual violence adjudications held within the university.

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<sup>1</sup> It should be noted that, throughout this thesis, a proclivity for, interest in, or likelihood to engage in sexual violence indicates an individual who has reported that they would be least somewhat likely to engage in a behaviour that would be labelled as sexual violence.

Effectiveness was measured by changes in students' attitudes towards sexual violence and self-reported sexually violent behaviours. The objectives of this study were to assess, before and after participation in a potential university sanction (i.e., writing a consent essay, completing an online sexual violence prevention workshop), the difference between students' scores on measures related to (1) attitudes toward sexual violence; (2) self-reported sexually violent behaviours; (3) rape myths; and (4) sexual consent. The effectiveness of the university sanctions was also compared to an unrelated task (i.e., Workplace Hazardous Materials Information System training) on the same measures.

## CHAPTER 2

### THE STUDIES

#### Study 1

Sexual misconduct was deemed to be a major problem across college and university campuses in North America (e.g., DeKeseredy, 2017; Schaaf et al., 2018). Yet, students are, for the most part, unaware of the severity of the problem. In general, the types of sexual misconduct that occur the most often on campus include unwanted touching, kissing, and unzipping or lifting of shirts (Schaaf et al., 2018). Sexual misconduct was viewed as primarily geared toward female students; in fact college women are at an increased risk for experiencing a sexual assault during their lifetime (Fisher et al., 2000). Although over 50% of college-aged women have experienced some form of sexual violence (Koss, Gidycz, & Wisniewski, 1987), the reporting rates of this crime are very low. One of the factors that may contribute to this is that many women do not identify non-consensual sexual experiences with sexual violence labels. In fact, only 32.8% of those who reported experiencing non-consensual sexual encounters labeled their experiences as a sexual assault (Kilimnik & Humphreys, 2018). This reporting rate is significantly lower for males, perhaps because they are often perceived as being less hurt by, or even enjoying, a sexual assault (Schaaf et al., 2018).

Unlike reported survivors, perpetrators of campus sexual violence are often males. In one study, men reported perpetrating an average of 1.8 sexually violent acts. Furthermore, of the 79 men who reported at least one sexually violent act, the average was about 7.2 acts (Kaczkowski, Brennan, & Swartout, 2017), indicating that many of those who have

perpetrated sexual violence may do so repeatedly. There is evidence for a relationship between problematic attitudes and behaviours (e.g., Beech, Bartels, & Dixon, 2013; Durán, Megías, & Moya, 2016). These problematic attitudes include the acceptance of rape myths and lack of sexual consent conversations that are prevalent among university students (Carmody, 2005). Thus, it is important that universities appropriately address the problematic attitudes that students endorse (e.g., rape myths, beliefs about consent) in attempt to reduce campus sexual violence.

### **Sexual consent norms**

Many university students endorse gender-stereotyped ideologies on sexual activity and consent. Interviews conducted by Jozkowski and colleagues (2017) with college students ( $N = 30$ ) identified several sexual double standards endorsed, at least in part, by all participants. Specifically, both male and female participants agreed that women who have sex are less desirable than women who refrain from sex or have few sexual partners. All male participants agreed that women with ‘standards’ would refuse sex, at least initially. Similarly, female participants stated that women without ‘standards’ would have sex with a lot of men, particularly men with whom they were not romantically interested in or involved with. Both genders often had negative terms (e.g., “slut”) for women who had many sexual partners. Yet, negative terms were not applied to men with multiple sexual partners (Jozkowski, Marcantonio, & Hunt, 2017). Despite this, women often believed they are required to put men’s needs ahead of their own. Women may consent to sex in order to avoid upsetting their male partner even if they are not interested in having sex. This double standard puts women in a tough situation; as a result of feeling pressured have sex to satisfy men’s egos, women will have numerous sexual partners (whom they did not necessarily want to have) and are

seen as less desirable (Jozkowski & Peterson, 2013). Thus, engaging in enthusiastic consent can be unrealistic for women, as they risk negative social repercussions. Opting for subtle consent may allow them to avoid these repercussions. This situation can become further exacerbated with the presence of alcohol or drugs, where women who accept drinks from men are perceived to be implicitly consenting to sex (Jozkowski et al., 2017). Reliance upon ambiguous social behaviours as cues of sexual consent can enforce both sexually violent attitudes and behaviours.

College students tend to indicate their consent most frequently via non-verbal cues (e.g., not saying “no”, making eye contact) (Hickman & Muehlenhard, 1999). In fact, some men seem to prefer women’s vague expressions of sexual consent. Since sex is often conceptualized as an exchange between men and women (one that is not necessarily fair), men will engage in various deceptive techniques in order ‘win’ this exchange (i.e., to obtain sex), as obtaining sex is often deemed as more important than the partner’s consent. Jozkowski and colleagues (2017) found that some male students in their sample preferred when women were ambiguous or vague in consenting to sexual activity, as this made it easier to further sexual advances. When men identified women as engaging in *token resistance* (i.e., saying “no” to sex, but meaning “yes”), they tended to dismiss any sexual refusal and continue sexual advances (Jozkowski & Peterson, 2013). Ideologies that blur the lines of healthy consent can lead to coercion and create opportunistic offenders. More specifically, men believe that convincing a woman to have sex after she has already refused is not the same as coercion, reinforcing victim-blaming or rape-supportive attitudes that women are at fault for not asserting themselves (Jozkowski et al., 2017).

Furthermore, relationship history can influence the perceived need for explicit consent. Humphreys (2007) found that when a couple was portrayed as more experienced (e.g., length of relationship, sexual involvement), participants perceived their actions of sexual intent to be clearer, more acceptable and consensual, and have a decreased need for additional precautions (e.g., verbal consent at multiple stages of a sexual encounter) in both vignettes and a sexual behaviour checklist. Yet, this was not found when the couple was less experienced or had a shorter relationship (e.g., on a first date). These findings support the Precedence Theory (Shotland & Goodstein, 1992), which states that the more established a relationship becomes, the more people assume and expect normative sexual activity. Sexual activity without verbal expressions of consent in relationships with a sexual history (~10 sexual encounters) is perceived as more acceptable than the same behaviours in an inexperienced relationship (Humphreys, 2007).

Despite increased advocacy for gender equity in sexual expression and the development of sexual violence prevention programs, many university students maintain traditional gender norm beliefs, where men are sexual initiators and women are gatekeepers (e.g., Jozkowski & Peterson, 2013; Jozkowski et al., 2017). This is reflected in each gender's expression of consent, where men are more likely to indicate consent via non-verbal cues and women are more likely to verbally consent in response to being asked to engage in sex by their partner. These beliefs limit both women's and men's sexual expression (Jozkowski & Peterson, 2013), further creating a rape-supportive environment.

### **Rape myth acceptance among university students**

The wide acceptance of rape myths among university students, including samples from fraternities and sororities, campus housing, and sports teams, contributes to the

presence of a rape supportive environment (O'Connor, Cusano, McMahon, & Draper, 2018). Some of the most commonly endorsed rape myth themes include 'he didn't mean to' and 'he didn't mean to due to intoxication', where participants express that a perpetrator might commit sexual assault because (1) he did not know what constituted sexual assault (i.e., did not intend to commit assault); (2) a lack of self-control to stop sex; or (3) psychological factors. Furthermore, 35% of participants (58% were of this sample were women) believed rape was a trivial event, suggesting sexual assault as a minor or normalized occurrence. On the other hand, 30% of participants believed sexual assault to be a rare event, implying that only strangers in isolated areas on campus commit sexual assault. Finally, 33% of participants (56% of this sample were men) indicated that sexual assault occurred because of a women's dress, behaviour, or low self-esteem, implying that she had asked for it (O'Connor et al., 2018). Although students often receive at least some sexual violence prevention education, certain rape myths prevail and are difficult to eliminate, potentially becoming subtler with time.

Rape myth acceptance, including rape supportive attitudes, may be indicative of an increased likelihood of engaging in sexual aggression (Beech et al., 2013). Individuals who hold a high number of rape supportive attitudes or hostile sexist attitudes reported a higher likelihood to rape (Durán et al., 2016; Malamuth, 1989). In fact, college men who perpetrated sexual violence, but were not convicted or incarcerated, reported hostility towards women, hypermasculinity, feelings of betrayal and deception by women, and a need for dominance over women (Lisak & Roth, 1988). The proclivity or likelihood to engage in sexual violence is often exacerbated by the presence of peers holding similar attitudes. Durán and colleagues (2016) found that participants' self-reported rape proclivity was significantly higher when

they were in a group that had hostile sexist attitudes compared to participants in a group that held few of those attitudes. The presence of peers can both influence and facilitate men's tendencies to exhibit sexually aggressive behaviour towards women (Durán et al., 2016). Despite this, peer influence can be positive. Individuals with more diverse social networks reported engaging in less sexual violence and had less hostility towards women than those with less diverse social networks. High levels of social network diversity may help to reduce the likelihood of men perpetrating as well as decrease rates among those who do perpetrate by creating stronger sense of responsibility to adhere to positive social norms (Kaczkowski et al., 2016).

Recent research found that rape myth acceptance did not significantly predict the endorsement of sexual consent norms, preferences for indirect behavioural approaches to consent, or awareness and discussion of consent (Kilimnik & Humphreys, 2018). Overall, the sample demonstrated relatively low endorsements of rape myths compared to previous samples. This may be due to the pervasiveness of sexual assault and consent in the media as well as increased education and prevention programs in Canadian universities. In particular, there seemed to be a greater rape myth acceptance for less perceived behavioural control (i.e., asking for consent makes the situation awkward, asking for consent can reduce pleasure) during sexual consent negotiations (Kilimnik & Humphreys, 2018). This finding may indicate that importance of implementing sexual communication skill-building into both prevention and intervention programs to discuss initiation strategies and sexual boundaries in a more realistic way.

Overall, it is important to further understand university students' attitudes and behaviours of sexual violence, rape myths, and sexual consent. This will allow for more



useful prevention efforts, as well as intervention efforts for perpetrators of campus sexual violence. There is a lack of research providing clear and consistent definitions of consent as well as students' understanding and expressions of sexual consent (e.g., Beres, 2007). This may be, in part, due to the lack of measures that explore students' expressions of sexual consent holistically. Studies often rely on more simplistic measures (e.g., Humphreys & Brousseau, 2010) or require focus groups and interviews (e.g., Jozkowski et al., 2017). Furthermore, in order for intervention programs to be effective, more information is needed to understand various aspects of perpetration, as well as the perspective and experience of students on campus investigations and adjudications in sexual violence cases (McMahon et al., 2019).

### **Purpose**

This first study explored university students' perspectives on topics related to sexual violence in order to enhance sexual violence prevention and intervention techniques across university campuses. The purpose of the study was to explore (1) students' experiences with sexual violence as a perpetrator and/or survivor; (2) students' attitudes towards sexual violence; (3) students' rape myth acceptance, and (4) students' perspectives and expressions of sexual consent. In particular, we explored the perspectives of perpetrators and those who indicated a proclivity to engage in sexual violence on these topics, including whether their perspectives differed from their non-perpetrating and non-interested counterparts. A key goal of the study was to explore students', including survivors', perspectives on university responses to sexual violence, and recommendations for useful sanctions for perpetrators. The purpose of this study was to gain insight into student, including perpetrator and survivor, perspectives to establish problematic attitudes that should be addressed in university

sanctions or responses. There were no specific hypotheses for this study as it was largely exploratory in nature.

## Methods

### Participants

Participants were a sample of 216 undergraduate students from the University of Ontario Institute of Technology who were enrolled in various undergraduate Psychology courses. We did not collect information on the specific class in which participants were enrolled, their year in which they were enrolled, or their faculty to ensure anonymity. It should be noted, though, that participants who typically participate in studies are enrolled in a first- or second-year Psychology course (e.g., Introductory Psychology, Developmental Psychology) and are first-year students. Students belonging to any faculty can enrol in first-year Psychology courses, thus they may come from a variety of backgrounds. The sample included 73 males (34.0%), 141 (65.6%) females, and one (0.5%) non-binary person ranging from 18 to 53 years old ( $M = 21.23$ ,  $SD = 4.41$ ). Regarding ethnicity, 55 (25.6%) were Caucasian, 51 (23.7%) were South Asian, 32 (14.9%) were Middle Eastern, 23 (10.7%) were Black, 14 (6.5%) were South East Asian, 9 (4.2%) were East Asian, 8 (3.7%) were West Indian, 6 (2.8%) were Hispanic/Latino, 1 (.05%) was Native/Aboriginal, and 16 (7.4%) reported their ethnicity as “other”. Most participants ( $n = 177$ ; 84.7%) identified as heterosexual, followed by 16 (7.4%) who identified as bisexual, 8 (3.7%) who identified as homosexual, 5 (2.4%) who identified as asexual, and 3 (1.4%) who identified as pansexual. Most participants ( $n = 129$ ; 60.3%) indicated that they were single, 74 indicated they were in a relationship with 61 (28.5%) not living with their partner and 13 (6.1%) living with their

partner, 10 (4.7%) were married or in a domestic partnership, and 1 (0.5%) was divorced/separated.

### **Procedure**

The data collection occurred between May 2018 and December 2018, and participants were recruited using the University of Ontario Institute of Technology's Faculty of Social Science and Humanities Research Participant Pool. All of the measures were presented as an online survey on Qualtrics using a laptop provided by the University of Ontario Institute of Technology.

Upon entering the laboratory, participants were presented with a consent form outlining the study (see Appendix A). Upon agreement to participate, the participant was given an anonymous link to access the survey online. First, participants completed the demographic questionnaire. Participants then completed the set of Sexual Experiences Survey-Tactics First Revised-Perpetrator Versions and Sexual Experiences Survey-Tactics First Revised-Survivor Versions scales, the Consent Questionnaire, and the updated Illinois Rape Myth Acceptance scale in a counterbalanced order. At the end of the study, participants provided three memorable words (i.e., initials, mother's maiden name, last 3 digits of phone number), which allowed them to withdraw from the study at a later date if necessary. Participants were debriefed (see Appendix G), thanked, and left the lab. For participation in this study, participants received one credit towards the Psychology course in which they were enrolled. The study was approximately 60 minutes in length.

## Measures

**Consent Questionnaire.** The Consent Questionnaire (Appendix B) is a 15-item measure with closed-ended and open-ended questions. The survey included questions on a person's number of sexual partners, indicators of sexual consent (i.e., verbal cues, nonverbal cues), the need for sexual consent (e.g., various contexts of sexual contact), and a general understanding of consent. The researcher developed this measure to explore students' understanding and expression of sexual consent in a more holistic way than existing measures. This measure was developed to avoid the use of focus groups or interviews, which would have been too time-consuming for the timeframe of this thesis.

**Sexual Experiences Survey-Tactics First Revised-Perpetrator Versions (SES-TFR-P).** The set of SES-TFR-P scales (Behaviour SES-TFR-P, Evaluations SES-TFR-P, and Proclivity SES-TFR-P, Peer Influence SES-TFR-P) (Appendix C) are four separate scales that were presented as one scale to participants for ease of data collection. The Behaviour, Evaluations, and Proclivity SES-TFR-P scales are a modified version the SES-TFR scale, the Evaluations SES-TFR scale, and the Proclivity SES-TFR scale (Hermann, Nunes, & Maimone, 2016). The original SES scales were developed by Koss and colleagues (Koss & Gidycz, 1985; Koss et al., 1987; Koss & Oros, 1982), and since then have been revised numerous times (e.g., Krebs et al., 2007). For this study, the four remaining scales were revised to assess other relevant attitudes and behaviours related to sexual violence. Each scale has 42 items and asks participants to self-report on a number of sexual behaviours (e.g., sexual touching, oral sex, vaginal intercourse) by using any of the following sexually coercive or aggressive tactics: (1) arguments and pressure; (2) lies or false promise; (3) guilt or displeasure; (4) giving someone drugs or alcohol; (5) taking advantage of someone when

they are incapacitated by drugs or alcohol; and/or (6) physical force. Eleven open-ended or freeform questions were added to the original SES-TFR to address more specific issues related to sexually aggressive behaviour, including criminal or legal charges and outcomes, as well as thoughts or behaviours leading to sexually aggressive behaviour. It should be noted that participants are instructed to be as honest as possible with regards to their attitudes and behaviours on this measure. Since all responding is completely anonymous, there are no consequences for reporting engagement in sexual violence. The limits of confidentiality were further explained in the consent form for this study (see Appendix A).

***Behaviour SES-TFR-P.*** The Behaviour SES-TFR-P asks participants to self-report whether, since the age of 16, they have engaged in any sexual behaviours by using any of sexually coercive or aggressive tactics listed in the previous section. Each item is rated a 9-point Likert-type scale from 0 = *Never* to 9 = *9 times or more*. The SES-TFR has demonstrated excellent internal consistency in samples of community men and students (e.g.,  $\alpha = 0.97$  and  $\alpha = 0.94$ , respectively; Hermann, et al., 2016). Generally, self-report measures of delinquent and criminal behaviour are considered to be reliable and valid (Piquero, Schubert, & Brame, 2014; Thornberry & Krohn, 2000).

***Evaluations SES-TFR-P.*** The Evaluations SES-TFR-P measures explicit evaluations of sexual aggression by asking participants to report evaluations on engaging in any sexual behaviours using the sexually coercive and aggressive tactics listed in the previous section. Each item is rated on a 7-point Likert-type scale from 1 = *Very negative* to 7 = *Very positive*. A total score was computed by taking the average evaluation rating for all of the items. The Evaluations SES-TFR has excellent internal consistency for samples both students and community men ( $\alpha = 0.94$  and  $\alpha = 0.97$ , respectively; Hermann et al., 2016).

***Proclivity SES-TFR-P.*** The Proclivity SES-TFR-P measures the proclivity of engaging in sexually aggressive behaviour by asking participants to self-report how likely they would be to engage in any sexual behaviours using the sexually coercive and aggressive tactics listed in the previous section. Each item is rated on a 7-point Likert-type scale from 1 = *Very unlikely* to 7 = *Very likely*. A total score was computed by taking the average proclivity rating for all of the items. The Proclivity SES-TFR has excellent internal consistency for samples both students and community men ( $\alpha = 0.94$  and  $\alpha = 0.96$ , respectively; Hermann et al., 2016).

***Peer Influence SES-TFR-P.*** The Peer Influence SES-TFR-P measures the proclivity of engaging in sexually aggressive behaviour based on peer influence. This scale asks participants to self-report how likely they would be to engage in any sexual behaviours using the sexually coercive and aggressive tactics listed in the previous section if they knew their peer had engaged in the same behaviour. Each item is rated on a 7-point Likert-type scale from 1 = *Very unlikely* to 7 = *Very likely*. A total score was computed by taking the average proclivity rating for all of the items. There are no reliability or validity measures for this sample as it was developed specifically for this study.

**Sexual Experience Survey-Tactics First Revised-Survivor Versions (SES-TFR-S).** The set of SES-TFR-S scales (Behaviour SES-TFR-S, Evaluations SES-TFR-S) (Appendix E) are two separate scales that were presented as one scale to participants for ease of data collection. The SES-TFR-S scales are a modified version the SES-TFR scale and Evaluations SES-TFR scale (Hermann et al., 2016). The original SES scales were developed by Koss and colleagues (Koss & Gidycz, 1985; Koss et al., 1987; Koss & Oros, 1982), and since then have been revised numerous times (e.g., Koss et al., 2007). This measure was

modified to explore students' experiences as survivors of sexual violence. Each scale is 42 items, and asks participants to self-report on a number of sexual behaviours (e.g., sexual touching, oral sex, vaginal intercourse) where any of the following sexually coercive or aggressive tactics were used on them: (1) arguments and pressure; (2) lies or false promise; (3) guilt or displeasure; (4) someone giving you drugs or alcohol; (5) someone taking advantage of you when you are incapacitated by drugs or alcohol; and/or (6) physical force. Ten open-ended or freeform questions were added to the original SES-TFR to address more specific issues related to sexually aggressive behaviour, including criminal or legal charges and outcomes of perpetrators, thoughts or behaviours leading to sexually aggressive behaviour, experiences with professional supports (i.e., psychologist), and ideal outcomes for sexual violence perpetrators.

***Behaviour SES-TFR-S.*** The Behaviour SES-TFR-S asks participants to self-report whether, in their life, they have been involved in any sexual behaviours where any of the sexually coercive or aggressive tactics listed in the SES-TFR-P scales were used. More generally, the measure asks the participant if they have ever been the victim of sexually coercive or aggressive behaviour. Each item is rated a 9-point Likert-type scale from 0 = *Never* to 9 = *9 times or more*. The reliability for this measure is the same as the reliability for the Behaviour SES-TFR-P.

***Evaluations SES-TFR-S.*** The Evaluations SES-TFR-S measures explicit evaluations of sexual aggression by asking participants to report evaluations of being involved in any sexual behaviours where any of the sexually coercive or aggressive tactics listed in the previous section were used. Each item is rated on a 7-point Likert-type scale from 1 = *Very negative* to 7 = *Very positive*. A total score was computed by taking the average evaluation

rating for all of the items. The reliability of the Evaluations SES-TFR-S is the same as the reliability of the Evaluations SES-TFR-P.

**Updated Illinois Rape Myth Acceptance (IRMA) Scale.** The updated IRMA (McMahon & Farmer, 2011) scale (Appendix F) is a revised 22-item instrument based on the original 45-item version (Payne, Lonsway, & Fitzgerald, 1999). Participants rated their level of agreement on a 5-point Likert-type scale from 1 = *Strongly agree* to 5 = *Strongly disagree*. Factor analysis of the updated IRMA revealed four subscales: (1) she asked for it; (2) he didn't mean to; (3) it wasn't really rape; and (4) she lied. A total score was calculated by summing the scored items. The theoretical range of the instrument is 22 to 110, with higher scores indicating greater rejection of rape myths. The scale has good psychometric properties, including reliability (i.e.,  $\alpha = 0.87$ ) and construct validity (McMahon & Farmer, 2011).

## **Analysis**

Data collection for this study covered more topics than can be explored in depth in this thesis. Thus, not all the results from each measure were explored completely. The current study aimed to explore students' attitudes towards and experiences with sexual violence and sexual consent as well as their rape myth acceptance. It was particularly important to explore the perspectives of self-reported perpetrators and those indicating a proclivity to engage in sexual violence to understand the problematic attitudes and behaviours that should be addressed by university responses in sexual violence cases. Thus, analyses primarily focused on identifying the number of perpetrators, including those interested in engaging in behaviours that can be labelled as sexual violence; the number of survivors; students', including perpetrators', evaluations of sexual violence; and students', including perpetrators',



perspectives and expressions of sexual consent. In addition, the analyses explored students' rape myth acceptance, including differences between perpetrators and non-perpetrators as well as those with a proclivity for sexual violence and those without a proclivity. Finally, the analyses looked at students' perspectives on ideal outcomes for sexual violence perpetrators.

Descriptive statistics were used to identify the number of perpetrators and survivors amongst the wider student sample, evaluations of sexual violence, and rape myth acceptance. In addition, we examined the number of participants who indicated a proclivity or likelihood to engage in sexual violence and those who may be more inclined to do so based on peer influence. Next, a series of independent samples t-tests were used to explore differences between perpetrators and non-perpetrators, as well as individuals indicating a proclivity for sexual violence and those without a proclivity. It was particularly important to examine the differences between these groups on acceptance of rape myths and expressions of sexual consent because of the implications for intervention. It should be noted that all the t-tests met the assumption of normality.

Lastly, to explore freeform responses on expressions of sexual consent, explanations for sexual violence, and ideal outcomes for sexual violence perpetrators, conventional content analysis was used to develop themes from participants' responses. Conventional context analysis is useful when the existing literature in a particular research area is limited, as it allows categories to flow from the data rather than using preconceived categories (Hsieh & Shannon, 2005). Thus, conventional context analysis was feasible and effective for this study, as previous research related to these topics on campus sexual violence is limited. In addition, themes were developed post hoc rather than a priori, allowing for richer themes more closely suited to participants' responses. The researcher read participants' responses

and exact words that captured its fundamental thoughts and concepts were highlighted. Since participants' freeform responses were relatively simple and brief, only one coding level was necessary (i.e., only one set of categories without the need for sub-categories). Only the primary researcher conducted the qualitative analysis for this study, thus there were no reliability analyses.

## Results

### Sexual violence experiences

The first goal of the study was to explore students' experiences of sexual violence as a perpetrator and/or as a survivor. Of the 170 respondents who completed the Behaviour SES-TFR-P, most ( $n = 137$ ; 80.6%) indicated never having engaged in any sexually violent behaviour using any coercive or aggressive tactics. The remaining 33 participants (19.4%) indicated having engaged in sexually violent behaviour at least once since the age of 16 years old. Of these participants, 18 (54.5%) were male and 15 (45.5%) were female. On average, participants reported engaging in approximately 3.52 ( $SD = 13.96$ ) instances of sexual violence. It is important to note that the highest response option was *9 or more times* on this measure; thus 3.52 instances of sexually violent behaviour may be lower than reality. Of the 33 self-reported perpetrators, 57.6% ( $n = 19$ ) indicated the use of verbal tactics to engage in sexual violence (e.g., telling lies, using guilt or pressure), 12.1% ( $n = 4$ ) indicated the use of physical tactics (e.g., giving someone drugs or alcohol, using force), and 30.3% ( $n = 10$ ) indicated the use of both verbal and physical tactics. Only one self-reported perpetrator indicated being reported to an organization or institution, but did not describe the specific outcome. No perpetrators in this sample reported having legal charges pressed against them.

Of the 191 respondents on the Behaviour SES-TFR-S, most participants ( $n = 107$ ; 57.8%) indicated experiencing sexual violence at least once in their lifetime while 78 participants (42.2%) had not experienced sexual violence. On average, self-reported survivors expressed experiencing approximately 14.88 ( $SD = 27.77$ ) instances of sexual violence in their lifetime. It is important to note that the highest response option was *9 or more times* on this measure; thus the 14.88 instances of victimization may be lower than reality. It is interesting to note that of the 151 respondents who responded to both the Behaviour SES-TFR-P and the Behaviour SES-TFR-S, 39.1% ( $n = 59$ ) identified as a survivor only, 2.6% ( $n = 4$ ) identified as a perpetrator only, and 11.5% ( $n = 25$ ) identified as both a survivor and a perpetrator. The remaining participants in the sample ( $n = 63$ ) did not identify as a survivor or a perpetrator.

### **Sexual violence proclivity**

Despite relatively low rates of self-reported perpetration of sexual violence, it was important to explore students' proclivity to engage in sexual violence. Although individuals may not report engaging in sexual violence, students may have a proclivity to engage in sexually violent behaviour, particularly if they know a friend or peer has engaged in the same behaviour. A total of 210 participants completed the Proclivity SES-TFR-P with most participants ( $n = 146$ ; 69.5%) indicating no proclivity for sexual violence. Yet, 64 participants (30.5%) indicated at least some proclivity to engage in sexual violence. Participants who reported anything other than *very unlikely* on any of the items on the Proclivity SES-TFR-P were categorized as having a proclivity to engage in sexual violence. The mean score on the Proclivity SES-TFR-P was 1.14 ( $SD = .42$ ), indicating a very low proclivity for sexual violence in general. In terms of peer influence on proclivity for sexual

violence, 24 (12.8%) of the 188 respondents indicated that they would be likely to engage in sexual violence if they knew their friend had engaged in the same behaviour. The majority of participants ( $n = 162$ , 87.2%) indicated no peer influence on their proclivity ratings. Overall, participants' mean score on the Peer Influence SES-TFR-P was 1.14 ( $SD = .50$ ), indicating a very low interest or likelihood of engaging in sexual violence even if a peer had engaged in a similar behaviour.

### **Evaluations and explanations of sexual violence**

A key goal of the study was to explore students' evaluations of sexual violence, including self-reported perpetrators' explanations for engaging in sexually violent behaviour. In general, students reported very negative evaluations of all sexually violent behaviour using any coercive or aggressive tactic described on the Evaluations SES-TFR-P with a mean score of 1.15 ( $SD = .61$ ). Of note, self-reported perpetrators ( $n = 31$ ) had significantly more positive evaluations of sexual violence ( $M = 1.47$ ,  $SD = .70$ ) than non-perpetrators ( $M = 1.18$ ,  $SD = .65$ ,  $n = 133$ ),  $t(46.97) = -2.17$ ,  $p = .04$  (equal variances not assumed, Levene's test for the equality of variances:  $F = 4.44$ ,  $p = .04$ ). Similarly, participants who reported at least some proclivity to engage in sexual violence ( $n = 63$ ) had significantly more positive evaluations of sexually violent behaviour ( $M = 1.52$ ,  $SD = .72$ ) than those with no proclivity for sexual violence ( $M = 1.10$ ,  $SD = .52$ ,  $n = 142$ ),  $t(91.77) = -4.23$ ,  $p < .001$  (equal variances not assumed, Levene's test for the equality of variances:  $F = 19.29$ ,  $p < .001$ ).

When asked what circumstances led to sexual violence occurring, perpetrators' responses ( $n = 15$ ) fell into five distinct categories. Six self-reported perpetrators (40.0%) indicated that sexual violence occurred due to a lack of communication about boundaries and sexual consent, including a miscommunication between themselves and their partner. Four

self-reported perpetrators (26.7%) indicated that sexual violence occurred as a result of the use of drugs and/or alcohol by the perpetrator, survivor, or both parties. Two participants (13.3%) each reported sexual frustration or lack of self-control as leading to violence, and relationship pressure, respectively. More specifically, participants described relationship pressure as feeling entitled to sex because of a relationship. Lastly, one perpetrator (6.7%) in this sample indicated that they were influenced by friends to engage in sexual violence.

Some perpetrators also identified ways of avoiding sexual violence in the future as well as information they have learned since engaging in sexual violence. With regards to what could have been done to avoid the situation, self-reported perpetrators' ( $n = 11$ ) responses revealed five different themes. Three perpetrators (27.3%) each fell into the categories of avoiding intoxication and improving communication between themselves and their partner. One perpetrator (9.1%) reported increasing or practicing self-control related to their sexual arousal and one (9.1%) reported the need for education on sex and sexual consent. Finally, three perpetrators indicated that the situation was the victim's fault, indicating that the victim should have done something different to avoid experiencing sexual violence (e.g., "I should not have been led on").

In a sample of 21 self-reported perpetrators who responded, 13 (61.9%) indicated that they would do something differently if they found themselves in a similar situation again (i.e., a situation that may lead to sexual violence) and 8 (38.1%) indicated that they would not do anything differently. Similarly to perpetrators' responses for avoiding sexually violent situations, 5 perpetrators (55.6%) indicated that they would respect their partner's boundaries in the future, which included not pressuring their partner and taking their partner's refusals seriously. Two participants (22.2%) indicated that they would avoid drugs/alcohol, and one

perpetrator each reported refraining from sexual activity and practicing self-control over their sexual arousal. Finally, a few perpetrators ( $n = 6$ ) identified information they know now that they wish they knew at the time of the offense. Three participants reported that they wish they had known to take their partner's refusals seriously or to respect their partner's boundaries; two participants reported wishing they understood the concept of consent better; and one participant indicated wishing they knew the negative effects of alcohol on a sexual situation.

### **Rape myth acceptance**

Another goal of the current study was to explore students' expressions of various rape myths. Participants' mean score was 89.35 ( $SD = 16.72$ ,  $n = 206$ ) on the updated IRMA scale. Total scores ranged from 34 to 110, with 110 indicating the highest rejection of rape myths. Participants' mean scores on the 'She asked for it' ( $M = 24.99$ ,  $SD = 5.75$ ,  $n = 209$ ) and 'It wasn't really rape' ( $M = 22.55$ ,  $SD = 3.85$ ,  $n = 209$ ) subscales reflected a rejection of 83.3% and 90.2%, respectively, of the rape myths on each of the subscales. There were lower rape myth rejection scores on the 'He didn't mean to' ( $M = 23.00$ ,  $SD = 5.33$ ,  $n = 208$ ) and 'She lied' ( $M = 18.56$ ,  $SD = 5.20$ ,  $n = 211$ ) subscales. Cronbach's alpha on each subscale of this sample was high ( $\alpha > .81$ ), indicating high internal consistency for each subscale of this measure. The mean scores for each item on all of the subscales are summarized in Table 1.

Table 1.

*Descriptive statistics for updated IRMA scale*

<i>IRMA subscales</i>			
	<i>n</i>	<i>M</i>	<i>SD</i>
<i>She asked for it</i>			
If a girl is drunk when she is raped, she is somewhat responsible.	211	4.31	1.12
When girls wear slutty clothes, they're asking for trouble.	211	4.22	1.12
If is alone in a room with a guy at a party, it's her fault if she's raped.	210	4.37	1.07
If a girl acts like a slut, eventually she is going to get into trouble.	211	3.84	1.33
When a girl gets raped, it's often because she said "no" unclearly.	210	4.53	.88
If a girl initiates kissing, she shouldn't be surprised if a guy assumes she wants to have sex.	211	3.65	1.43
<i>He didn't mean to</i>			
When guys rape, it's usually because of their strong desire for sex.	210	3.25	1.42
Guys don't intend to rape a girl, but sometimes get too carried away.	211	3.59	1.34
Rape happens when a guy's sex drive goes out of control.	210	3.66	1.30
If a guy is drunk, he might rape someone unintentionally.	210	3.81	1.28
It shouldn't be rape if a guy is drunk and doesn't realize what he's doing.	211	4.48	.93
If both people are drunk, it can't be rape.	209	4.13	1.19
<i>It wasn't really rape</i>			
If a girl doesn't physically resist sex, it can't be rape.	210	4.39	1.10
If a girl doesn't physically fight back, you can't say it was rape.	210	4.51	.99
A rape probably doesn't happen if a girl doesn't have any injuries.	210	4.74	.78
If the accused "rapist" doesn't have a weapon, you can't call rape.	210	4.72	.64
If a girl doesn't say "no", she can't claim rape.	209	4.79	1.21
<i>She lied</i>			
Often, girls who say they were raped agreed to have sex then regret it.	211	3.69	1.13
Rape accusations are often used to get back at guys.	211	3.68	1.21
Often, girls who say they were raped led a guy on then had regrets.	211	3.82	1.19
Often, girls who claim they were raped have emotional problems.	211	3.78	1.26
Girls who are caught cheating on their boyfriends sometimes claim rape.	211	3.60	1.27

One specific goal of the study related to understanding rape myths was to examine the difference between self-reported perpetrators and non-perpetrators on levels of rape myth acceptance as well as the difference between students reporting a proclivity for sexual violence and those who do not report this proclivity. Perpetrators ( $n = 31$ ) had a mean score of 84.84 ( $SD = 16.35$ ) while non-perpetrators ( $n = 133$ ) had a mean score of 91.49 ( $SD = 16.29$ ). This difference was significant,  $t(162) = 2.05$ ,  $p = .04$  (equal variances assumed, Levene's test for the equality of variances:  $F = .17$ ,  $p = .67$ ) and the effect size was relatively small,  $\eta^2 = .03$ . In particular, perpetrators ( $M = 23.36$ ,  $SD = 6.42$ ,  $n = 33$ ) were significantly different from non-perpetrators ( $M = 25.74$ ,  $SD = 5.27$ ,  $n = 133$ ) on the 'She asked for it' subscale,  $t(164) = 2.21$ ,  $p = .03$  (equal variances assumed, Levene's test for the equality of variances:  $F = 2.58$ ,  $p = .11$ ). The effect size was relatively small,  $\eta^2 = .02$ . There were no significant differences between perpetrators and non-perpetrators on any of the other subscales of the updated IRMA. The results from each subscale are summarized in Table 2.

Participants who indicated a proclivity to engage in sexual violence had a mean score of 81.13 ( $SD = 17.10$ ,  $n = 62$ ) and those who did not indicate a proclivity had a mean score of 93.75 ( $SD = 14.22$ ,  $n = 138$ ). The difference between these groups was statistically significant,  $t(198) = 5.44$ ,  $p < .001$  (equal variances assumed, Levene's test for the equality of variances:  $F = 3.94$ ,  $p = .05$ ), with a large effect size,  $\eta^2 = .13$ . Once again, there were significant differences between individuals who indicated a proclivity to engage in sexual violence and those who did not on each subscale of the updated IRMA (see Table 2). Peer influence on proclivity to engage in sexual violence was also examined. Participants who indicated a likelihood of engaging in sexual violence if they knew a friend had done so indicated a mean score of 74.75 ( $SD = 16.74$ ,  $n = 24$ ) on the updated IRMA scale and those



who did not indicate a proclivity had a mean score of 92.65 ( $SD = 14.84$ ,  $n = 156$ ). This difference was significant,  $t(178) = 5.41$ ,  $p < .001$  (equal variances assumed, Levene's test for the equality of variances:  $F = .26$ ,  $p = .61$ ). There were also significant differences on each of the other subscales as seen in Table 2.

Table 2.

*T-test results for perpetrator and non-perpetrator, proclivity and no proclivity, and peer influenced proclivity and no peer influenced proclivity group differences on the IRMA scale*

Subscales									
	n	M	SD	Levene's test	t	df	$\eta^2$	Lower CI	Upper CI
<b>Behav. SES-P</b>									
<i>She asked for it</i>									
Yes	33	23.36	6.42	2.58	2.21*	164	.02	.26	4.49
No	133	25.74	5.27						
<i>He didn't mean..</i>									
Yes	32	22.16	4.75	.33	1.27	163	.00	-.73	3.37
No	133	23.47	5.39						
<i>It wasn't...rape</i>									
Yes	32	22.03	3.79	1.24	1.86	163	.02	-.08	2.42
No	133	23.20	3.05						
<i>She lied</i>									
Yes	33	17.88	4.36	1.83	1.18	165	.02	-.79	3.12
No	134	19.04	5.25						
<b>Proclivity SES..P</b>									
<i>She asked for it</i>									
Yes	62	22.60	6.21	9.69**	4.17***	95.35	.10	2.11	5.30
No	141	26.31	4.86						
<i>He didn't mean..</i>									
Yes	63	20.48	4.95	.13	5.07***	200	.11	2.34	5.32
No	139	24.31	4.98						
<i>It wasn't...rape</i>									
Yes	63	21.27	4.35	6.35*	3.22**	95.36	.05	.76	3.20
No	140	23.25	3.30						
<i>She lied</i>									
Yes	63	16.68	5.20	.12	3.79***	203	.07	1.37	4.35
No	142	19.54	4.89						
<b>Peer SES-TFR-P</b>									
<i>She asked for it</i>									
Yes	24	21.04	6.63	4.18*	3.46**	27.09	.06	1.99	7.78
No	158	25.92	4.99						
<i>He didn't mean..</i>									
Yes	24	19.33	4.45	2.67	3.86***	180	.08	2.12	6.55
No	158	23.67	5.22						
<i>It wasn't...rape</i>									
Yes	24	19.08	5.36	25.37***	3.99**	24.65	.08	2.14	6.73
No	158	23.52	2.58						
<i>She lied</i>									
Yes	24	15.29	5.25	.23	3.89***	182	.08	2.05	6.28
No	160	19.46	4.84						

*Note.* 'Yes' indicates reported perpetration or a proclivity for sexual violence with or without peer influence. 'No' indicates no reported perpetration or proclivity.

\* $p < .05$ , \*\* $p \leq .01$ , \*\*\* $p \leq .001$

## Sexual consent

An important goal of the study was to explore students' understanding and expressions of sexual consent through some closed-ended and many open-ended questions on the Consent Questionnaire. Overall, many participants ( $n = 76$ ; 39.0%) indicated that they always have conversations regarding sexual consent before engaging in sexual activities. This was followed by 22.1% of participants ( $n = 43$ ) who indicated usually having consent conversations, 14.4% ( $n = 28$ ) who indicated never having consent conversations, 12.3% ( $n = 24$ ) who indicated sometimes having consent conversations, and 6.7% ( $n = 13$ ) who indicated rarely having consent conversations. There were 11 participants (5.6%) who indicated only discussing consent with their partner if it did not feel awkward. This was similar for perpetrators of sexual violence. Once again, many self-reported perpetrators indicated always having conversations about consent ( $n = 10$ ; 33.3%), followed by 9 (30.0%) who indicated usually, 5 (16.7%) who indicated sometimes, and 3 (10.0%) who each indicated rarely and when it does not feel awkward. Furthermore, most participants ( $n = 189$ ; 92.2%) indicated that they believed it was necessary to obtain consent from someone who had consented on a previous occasion while 16 participants (7.8%) did not think it was necessary. Yet, only 85.8% of participants indicated it would be necessary to obtain consent each time they engaged in sexual activity on the same occasion while 29 participants (14.2%) did not think it was necessary.

The results of the qualitative content analysis revealed the ways that students obtain consent when engaging in sexual activities. Category responses were not mutually exclusive; participants' responses were included in more than one group given they included more than one type of consent. This was consistent across categories developed for all open-ended

questions on the Consent Questionnaire. The majority of participants ( $n = 104$ ; 69.3%) indicated that they use verbal consent only (e.g., asking their partner to have sex). Approximately 12.7% ( $n = 19$ ) of participants indicated that they use both verbal and non-verbal consent (e.g., asking to have sex and looking for positive feedback from partner's body language, such as smiling), 6.7% ( $n = 10$ ) indicated using non-verbal consent only, and one person (0.7%) indicated no use of verbal or non-verbal consent. Only five participants (3.3%) indicated relying on verbal and/or non-verbal consent cues if both themselves and their partner were aware and conscious (e.g., not intoxicated). Furthermore, eight individuals (5.35%) reported that both partners had to be in agreement to consider sexual activity consensual, but did not report how this would be done. Finally, three participants (2.0%) indicated that they did not know how they obtain consent for sexual activities. These results were similar for perpetrators of sexual violence only. In particular, of the 26 perpetrators who responded, 16 (61.5%) indicated the use of verbal consent only, followed by 3 (11.5%) who each indicated verbal and non-verbal consent and partners being in agreement on the situation, respectively. There was one perpetrator (3.8%) for each of the following responses: non-verbal consent only, verbal and/or non-verbal if both partners are aware and conscious, neither verbal nor non-verbal, and 'I don't know'.

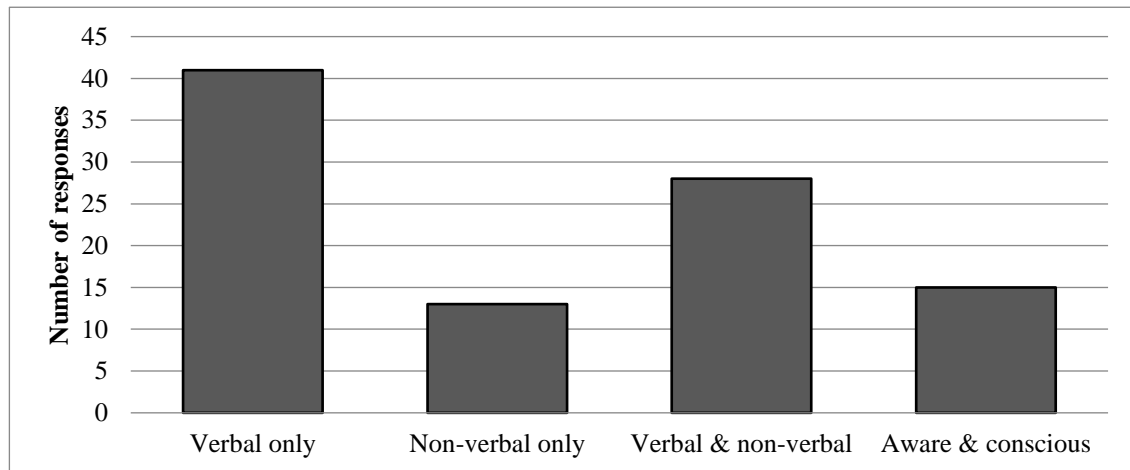
We explored students' perspectives on sexual consent while in a romantic relationship. Most participants ( $n = 115$ ; 55.8%) did not believe that the length of relationship changed the need for consent whereas 91 participants (44.2%) believed that a relationship would change need for consent. When asked how consent would change in a relationship, respondents ( $n = 45$ ) gave responses ranging from the importance of consent to the method used to obtain consent from a partner. The largest group of participants ( $n = 18$ ;

40.0%) indicated that, in a long-term relationship, there are increased comfort levels, which makes communication between partners more honest. In particular, participants indicated that both partners would feel more comfortable expressing whether they actually wanted to engage in sexual activities or not without feeling pressure in a long-term relationship. For example, Participant 42 stated, “Now that I am in a long-term relationship, my boyfriend and I can tell when one another wants to engage in sexual activity and if either of us do not, we are not afraid to voice it because we are comfortable with one another.” Some participants ( $n = 12$ ; 26.7%) indicated more reliance on non-verbal cues as a signal of consent in long-term relationships, and, similarly, 10 participants (22.2%) indicated that less time and effort was necessary to obtain consent in a long-term relationship. Finally, five participants (11.1%) indicated that consent is implied in a relationship unless a partner specifies otherwise (i.e., consent is assumed unless the partner says “no”). For example, Participant 43 indicated, “If the relationship had been going on for a longer period of time then consent would seem less necessary.” Once again, these results were similar for perpetrators of sexual violence although only five perpetrators responded to this question. Two self-reported perpetrators (40.0%) each indicated increased comfort levels in long-term relationships and consent as being implied in long-term relationships unless otherwise specified, respectively. Only one perpetrator (20.0%) indicated more reliance on non-verbal cues to indicate consent in a long-term relationship. In addition, for those who reported a proclivity to engage in sexual violence, four participants (33.3%) each indicated more reliance on non-verbal cues and increased comfort levels in long-term relationships, respectively. Two participants (16.7%) each reported that less time and effort was necessary to obtain consent in a long-term

relationship and that consent is implied in a long-term relationship unless otherwise specified.

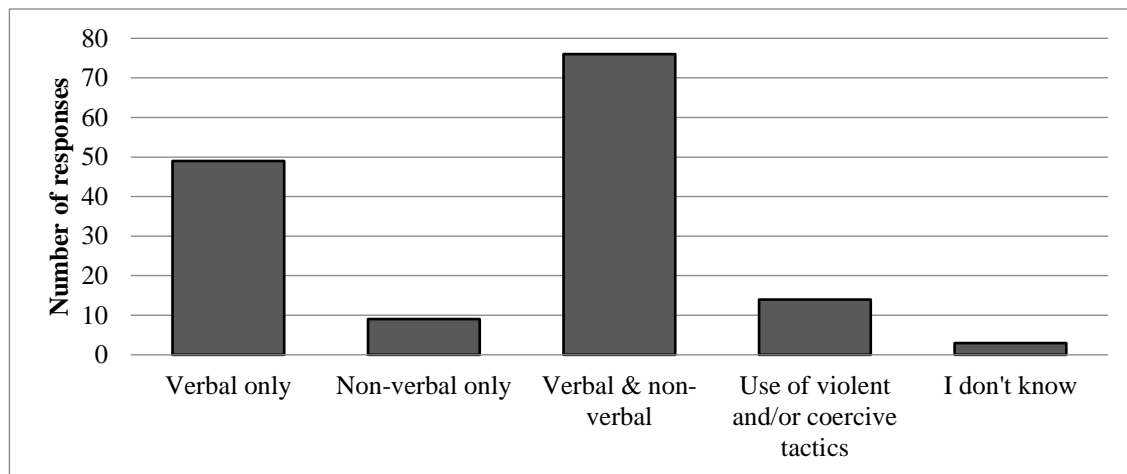
It was important to explore the indicators that students use to show consent and non-consent to their partners as well as how students look for consent and non-consent from sexual partners. Several similar themes were identified using content analysis for indicators of consent for self and sexual partners as well as indicators of non-consent for self and sexual partners. Four themes were identified related to participants' responses ( $n = 180$ ) on indicators of consent for oneself (e.g., indicating that you are willing to engage in sexual activity). The themes identified include: (1) verbal consent only (e.g., saying "yes" or any other affirmation of wanting to engage in sexual activity); (2) non-verbal consent only, including reciprocating sexual activity (e.g., kissing, removing clothing) or the absence of resistance (e.g., allowing partner to proceed with sexual activity); (3) verbal and non-verbal consent (e.g., verbal confirmation accompanied by body language that supports this confirmation; and (4) verbal and/or non-verbal consent if aware and conscious (i.e., must be conscious and sober to be able to give consent verbally and/or non-verbally). Approximately 46.1% of this sample responded according to indicators of consent in a sexual partner rather than how they demonstrate consent themselves. These responses were not included in the analysis because the question was not answered appropriately. The number of participants reporting the use of each of these forms of consent is summarized in the Figure 1 below.

Figure 1. Number of responses for each type of indication of consent for self.



Similar themes emerged for indicators of non-consent for self from participants who responded ( $N = 178$ ) how they show their partner they do not want to engage in sexual activity. The five themes identified include: (1) verbal only (e.g., “I tell them to slow down, I am not ready, and I am not comfortable.”); (2) non-verbal only (e.g., seeming unhappy or uncomfortable during sex, resisting or pulling away); (3) verbal and non-verbal cues; and (4) the use of violence and/or coercive tactics (e.g., being intoxicated, feeling pressured, or being physically forced to have sex). Several participants indicated that they did not know how they would indicate that they were not comfortable engaging in sexual activity. Once again, approximately 14.8% of this sample responded according to indicators of non-consent in a sexual partner. These responses were not included in the analysis because the question was not answered appropriately. The results of these themes are summarized in Figure 2 below.

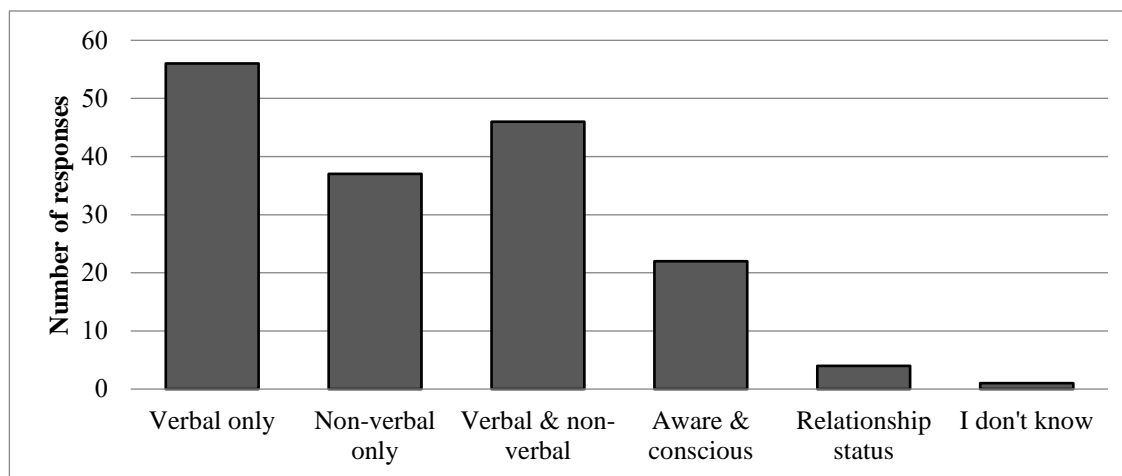
Figure 2. Number of responses for each type of indication of no consent for self.



Next, we examined how students identify consent and non-consent with their sexual partners, as it was important to explore any differences between what student report doing themselves to indicate consent compared to versus what they look for in their partners. With regards to indicators of a partner's willingness to engage in sexual activity, participants' responses ( $n = 166$ ) indicated the use of verbal consent only, non-verbal consent only, both verbal and non-verbal consent, and the use of verbal and/or non-verbal if their partner was aware and conscious (e.g., not intoxicated). These indicators were identical to the ones participants identified using themselves. A fifth theme was identified related to the use of verbal and/or non-verbal consent depending on the relationship between partners. For example, Participant 80 stated, "If its a long term partner, all they have to do is feel my body and if I feel back, its mostly me giving consent to their behaviour." One participant indicated that they did not know what indicators they would look for in their partner to indicate consent. The results of these themes are summarized in Figure 3 below.

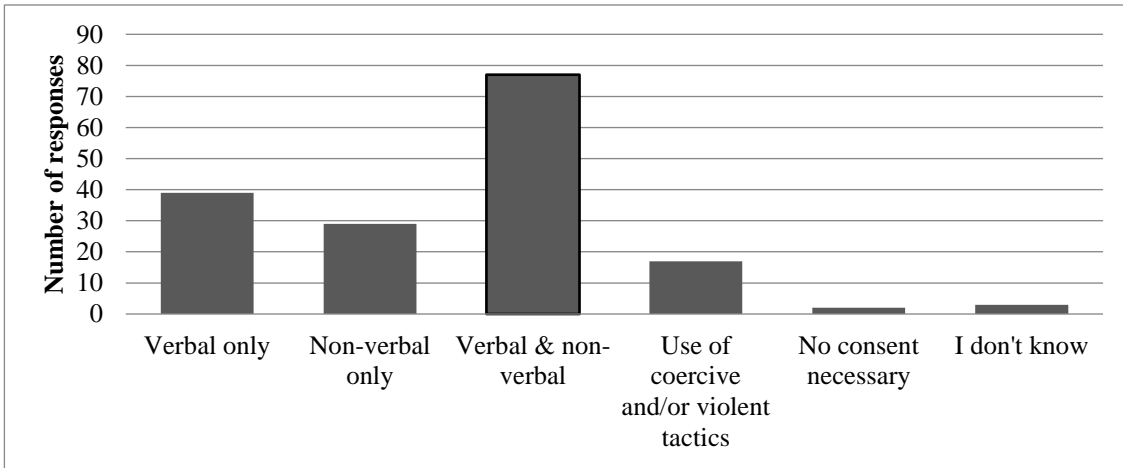


Figure 3. Number of responses for each type of indication of consent for partner.



Similar themes emerged for indicators of non-consent from participants who expressed ( $n = 166$ ) what they look for in their partner to show unwillingness to have sex. The first theme was the use of verbal cues, including a partner saying “no” or seeming unsure in their verbal responses. Next, participants reported the use of non-verbal cues, such as being pushed away by a partner or a partner seeming uncomfortable. The third theme was the use of both verbal and non-verbal cues to indicate a disinterest in sexual activity. Some participants indicated the use of any violent and/or coercive tactics, such as forcing someone down or having a partner who is intoxicated, would be an indication that someone is unable to consent. Two participants indicated that consent would be unnecessary in the moment, as it should have been established beforehand. Three participants (1.8%) indicated that they would not know what to look for in their partner as an indicator of non-consent. The results are summarized in Figure 4 below.

Figure 4. Number of responses for each type of indication of no consent for partner.



Finally, a key goal was to explore any differences between the indicators of consent ( $n = 26$ ) and non-consent ( $n = 28$ ) that self-reported perpetrators expressed looking for in their partners compared to students in general. Using the same themes as those used for the entire student sample, similar results emerged and are summarized in Figure 5 and Figure 6 below.

Figure 5. Number of perpetrator responses to each type of indication of consent for partner.

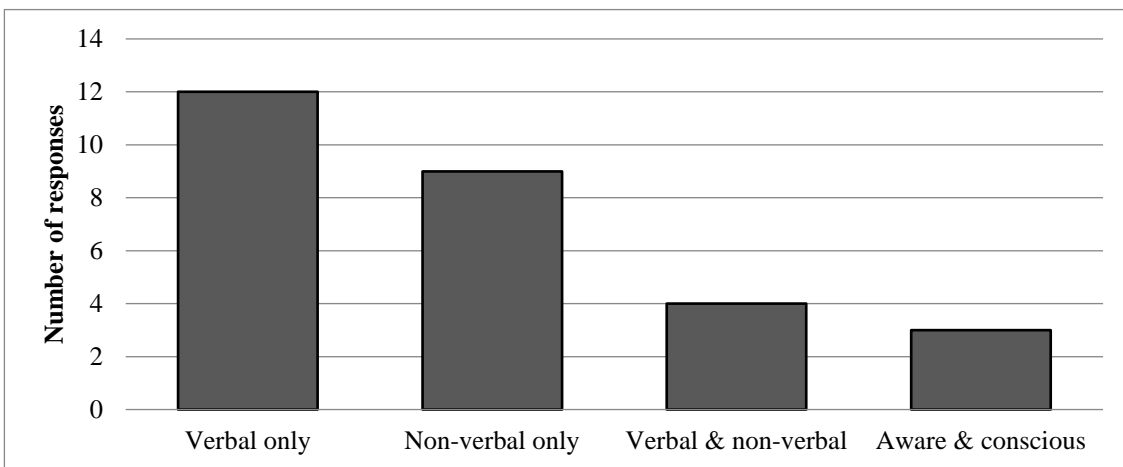
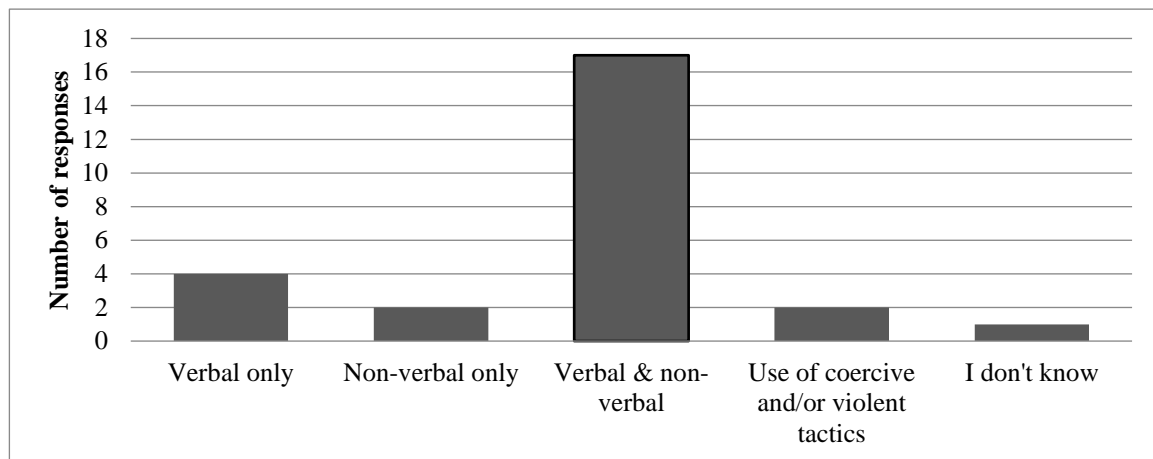


Figure 6. Number of perpetrator responses for each type of indication of no consent for partner.



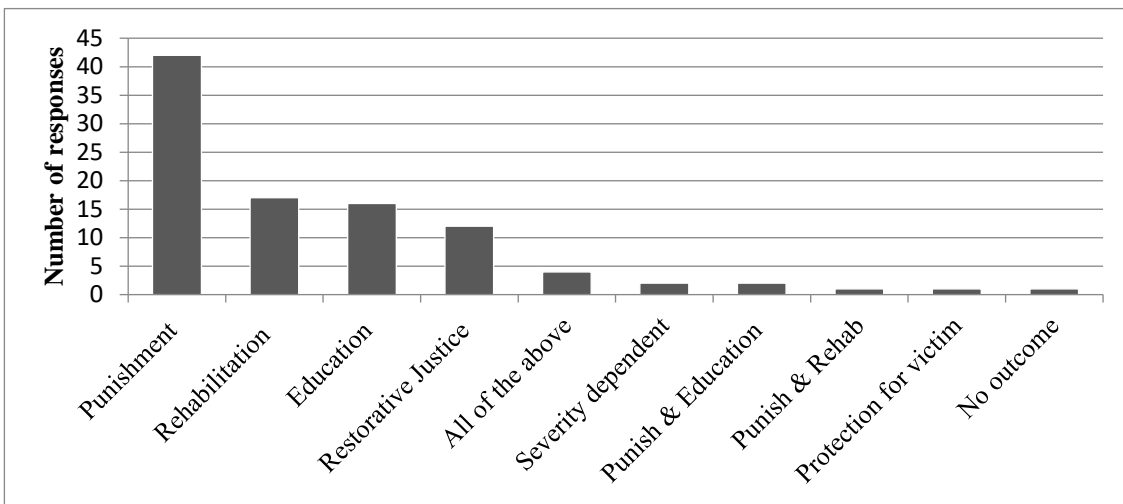
### Ideal outcomes for perpetrators of sexual violence

Lastly, it was important to explore student perspectives on ideal outcomes for perpetrators of sexual violence to understand if university responses met these criteria. Of 163 respondents, 50.9% ( $n = 83$ ) indicated punishment (e.g., suspension or expulsion, jail), 14.1% ( $n = 23$ ) indicated rehabilitation (e.g., attending a treatment program), 11.7% ( $n = 19$ ) indicated a sexual violence education program (e.g., attending a workshop, participation in an online sexual education program), and 9.8% ( $n = 16$ ) indicated restorative or reformatory justice (e.g., victim-offender mediation, restitution) as the ideal outcome. Some participants further explained ideal outcomes using freeform responses. From the responses, we developed seven categories. Five respondents (3.1%) expressed a combination of punishment, rehabilitation, sexual violence education, and restorative justice for perpetrators of sexual violence. Five respondents (3.1%) also expressed that the most ideal outcome would be dependent on the severity of the crime with more severe cases requiring punishment and less severe cases requiring rehabilitation or education. Following this, four

participants (2.5%) indicated the need for punishment and a sexual violence education program, two participants (1.2%) expressed a need to protect the victim (e.g., restraining order), and two participants (1.2%) expressed the need for punishment and rehabilitation. Three participants (1.8%) indicated the most ideal outcome to be capital punishment and one participant (0.6%) indicated that there was no outcome necessary for perpetrators of sexual violence.

Ninety-eight participants were self-identified survivors of sexual violence in this sample. We explored their perspectives on ideal outcomes for perpetrators of sexual violence. Overall, similar themes emerged for this group and the results are summarized in the Figure 7 below.

Figure 7. Number of survivor responses on the ideal outcomes for perpetrators.



## Discussion

### Sexual violence experiences and interest

This study explored students' perspectives on a variety of topics related to sexual behaviours, including sexual violence, as well as their experiences of sexual consent. To begin, most students (80.6%) did not report having perpetrated sexual violence after the age of 16 years old. Of those who reported perpetration, approximately 57% reported using verbal tactics such as telling lies or pressuring someone in order to engage in sexual violence. Fewer self-reported perpetrators indicated the use of physical tactics (e.g., force) or both verbal and physical tactics. Thus, there is a need to address the use of verbal tactics, even ones that seem to be covert or subtle, in intervention programs for this group. Our sample indicated more acts of sexual violence (approximately 3.52) compared to previous research that indicated 1.18 acts of sexual violence on average (Kaczkowski et al., 2017). This may be because our sample included both men and women, and asked about a number of sexual behaviours using several coercive and aggressive tactics. The majority of our sample (57.8%) reported to be survivors, having experienced sexual violence at least once in their lifetimes. Interestingly, 11.5% of the sample reported experiences as both a survivor and a perpetrator, indicating that students are not always confined to one group. This is important to consider when creating interventions for perpetrators who have been also been victimized.

The number of students who reported a proclivity for sexually violent behaviour was larger than those who had engaged in sexual violence. Approximately 30.5% students reported at least some likelihood (proclivity) of engaging in some form of sexual violence. Unlike previous studies (e.g., Durán et al., 2016), students were not any more likely to indicate a proclivity for sexual violence if they knew their friend had engaged in the same

behaviour. In addition, mean scores on both the Proclivity SES-TFR-P and the Peer Influence SES-TFR-P were extremely low, revealing that, overall, students did not report much of a proclivity for sexual violence whether or not they knew a friend or peer had engaged in the same behaviour.

### **Evaluations and explanations of sexual violence**

Students' evaluations on sexual violence as well as their explanations for sexual violence were important to explore in order to identify any problematic or victim-blaming attitudes. Overall, students generally held very negative attitudes towards any type of sexually violent behaviour. Yet, both perpetrators and individuals with a proclivity for sexual violence had significantly more positive evaluations of sexual violence than their non-offending and non-interested counterparts, respectively. It is important to report, though, that the perpetrator and proclivity groups did have relatively negative ratings of sexual violence nonetheless. It may be particularly important for intervention techniques to address the negative consequences of sexual violence for both perpetrators and survivors in order to potentially lower these more positive evaluations to match their non-offending peers.

We further explored self-reported perpetrators' explanations for what they believe happened that led to behaving in a sexually violent manner, as well as ways of avoiding this situation in the future. Although the sample size was quite small, most perpetrators indicated that the situation was the result of a lack of communication on boundaries and/or a miscommunication surrounding consent. This finding supports previous literature findings on *token resistance* (e.g., Jozkowski et al., 2017), as perpetrators do not appear to be taking their partner's refusals seriously perhaps because they believe that their partners, particularly women, actually want to have sex. Furthermore, most perpetrators indicated that improving

sexual consent communication with their sexual partner and respecting their partner's boundaries could have helped them avoid the situation and is one area where they would have behaved differently. In some ways, this can be viewed as a 'cry for help' from some perpetrators of sexual violence. Thus, it is important that university responses focus on the importance of sexual consent, particularly in real life situations, to assist perpetrators in being able to identify and accept the boundaries, including the refusals, of their partners (Kilimnik & Humphreys, 2018). Other explanations for sexual violence included the presence of drugs and/or alcohol, a lack of self-control over one's sexual arousal, and feeling entitled to sex because of relationship status. These explanations can often lead to victim blaming, supporting rape myths that suggest perpetrators do not mean to behave in a sexually violent manner and the offense was rather the result of drugs, alcohol, or a lack of self-control. This may suggest additional support for university responses to address healthy ways of obtaining consent as well as the dangers of accepting rape myths.

### **Endorsement of rape myths**

Perpetrators' explanations for sexual violence are closely related to the rape myths that students were found to endorse most often on the updated IRMA scale. In general, participants had relatively high scores on the updated IRMA scale, indicating a high rejection of rape myths. Students' endorsed more rape myths on the 'He didn't mean to' subscale (e.g., sometimes a man may rape a woman because his sex drive is out of control) and the 'She lied' subscale (e.g., women who get caught cheating may lie about rape to avoid getting in trouble). Similar to previous literature (e.g., Beech et al., 2013; Durán et al., 2016), both perpetrators and those who indicated a proclivity to engage in sexual violence (with and without peer influence) had a significantly higher acceptance of rape myths than their non-

offending and non-interested counterparts, respectively. These differences were found on every subscale of the updated IRMA scale, indicating a significantly higher acceptance of all rape myths. This further supports the need to address rape myths in sexual violence prevention programs, as individuals who endorse more rape myths may have an increased likelihood of engaging in sexual violence (e.g., Beech et al., 2013). This may be especially true of individuals who already show at least some proclivity to engage in sexually violent behaviour.

### **Importance and expressions of sexual consent**

The endorsement of rape myths can often be related to expressions of sexual consent. It was important to understand how students, particularly perpetrators, express sexual consent to identify potentially problematic attitudes and behaviours. Most students, including perpetrators, reported always having conversations about consent before engaging in sexual activity. Although this is a positive to note, it is important that sexual violence education programs highlight the importance of consistently having sexual consent conversations on any and all occasions involving sexual behaviour, as many participants also reported having consent conversations from ‘usually’ to ‘never’. With regards to methods for obtaining consent from a partner in general, most participants reported using verbal consent only. This was further expressed by both students and self-reported perpetrators with regards to indicators of consent for both themselves and their sexual partners. More specifically, most individuals in both of these groups indicated using verbal cues only to show consent for themselves (e.g., saying “yes” to engage in sex) as well as from their partners (e.g., partner must verbally agree to partake in sex). Regarding indicators of non-consent for both self and partners, students and self-reported perpetrators indicated the use of both verbal and non-



verbal consent, which included verbal affirmation coupled with affirmative body language. For example, Participant 40 indicated, “To indicate consent, I would say that I would like to take things further, and would show willingness by continuing with the activity”. Although the use of both verbal and non-verbal consent is positive, it is important that students use both cues to indicate consent for themselves as well as look for both cues from their partner. This may allow students to avoid relying solely on one method for consent and may decrease men’s beliefs of women engaging in *token resistance* (e.g., Jozkowski & Peterson, 2013; Jozkowski et al., 2017).

Overall, participants’ responses had little indication of themselves and/or their partner needing to be aware and conscious to consent to sexual activity or for consent to be gained without coercive and/or violent tactics. Although some students may believe that these factors are implied as being non-consensual, it is important that students are explicitly aware that these factors can limit one’s ability to give and gain sexual consent. Furthermore, relationship status can blur the need for consent as some students and self-reported perpetrators indicated more reliance on non-verbal cues for consent in a long-term relationship as well as consent being implied in long-term relationships. These findings show further support for the Precedence Theory, which states that consent is less necessary or important in long-term relationships (Shotland & Goodstein, 1992). These results further explain students’ perspectives on the importance of and need for consent as well as realistic expressions of it, adding to the limited research in this area (e.g., Beres, 2007). Thus, it is essential that both sexual violence prevention and intervention programs teach students effective and realistic ways of obtaining consent across a variety of relationships to ensure that students are comfortable giving and gaining consent from their sexual partners.

**Perspectives on ideal outcomes for perpetrators**

Finally, we explored students' (those who were and were not survivors of sexual violence) perspectives on ideal outcomes for perpetrators of sexual violence. The majority of both groups of students indicated punishment (e.g., jail time, suspension or expulsion from school) as the most ideal outcome. Yet, it is important to note that many students and survivors also indicated the need and usefulness of sexual violence education and rehabilitation, sometimes in addition to punishment, depending on the severity of the sexual assault. It may be useful to incorporate the ideas of survivors when developing university responses and intervention programs for perpetrators, as universities have the responsibility to ensure that their students (including survivors) feel safe on campus. It should be noted that we did not explore perpetrator perspectives on ideal outcomes, as it was more important to explore their reasons for engaging in sexual violence and what they wish they had known at the time of the offence.

**Limitations and future directions**

As do all studies, the current study has several limitations. All of the measures were self-report, and given the sensitive nature of the measures, some individuals may have responded in a socially desirable way. This may be particularly true for individuals who have engaged in sexual violence or may be interested in behaviour that can be labelled as sexual violence. Thus, our results of individuals who have perpetrated sexual violence or show a proclivity for sexual violence may be slightly skewed due to underreporting. In order to mitigate this, all responses were completely anonymous and measures were completed online. Future research can incorporate a measure to control for socially desirable responding. In addition, sexual violence tends to be higher among women of colour and

LGBTQ samples (e.g., Dank et al., 2014), both of which were relatively underrepresented in this sample. Future research should consider the usefulness of collecting data from these minority groups to explore their perspectives on and experiences of sexual violence.

Secondly, this study included many lengthy and repetitive measures, which may have led to participants skipping measures or questions, or acquiescence bias (i.e., responding “yes” on all of the measures). Since this was an explorative study, it was important to include a variety of measures to ensure a wide range of data was collected. Although we did not examine all of the measures in this study, we collected ample data to avoid repeating similar studies with a similar sample from this university in the future. Future research can focus on one particular area related to sexual violence in order to avoid participant fatigue and potentially increase honest responding. Lastly, only the primary researcher of this thesis completed the qualitative content analysis. Since participants’ responses were brief and simple, the development of themes and categories was not overly complicated. Future research should include a second and third coder in order to ensure inter-rater reliability and potentially develop more sophisticated categories and themes.

Future research should continue to focus on students’ perspectives on sexual violence and sexual consent, as it is important to understand where problematic attitudes stem from that may lead to problematic behaviour. In addition, understanding how students give and gain consent can inform sexual violence education programs to include more effective and realistic ways of engaging in consent conversations with friends, romantic partners, and intimate partners. It is important that this future research is conducted at numerous universities and colleges across the globe to ensure generalizability of the findings. It is also

important to examine whether sexual violence prevention and intervention programs are addressing the problematic attitudes of students, including perpetrators.

### **Conclusion**

The main findings of the study indicated that a number of students have perpetrated sexual violence or have at least some proclivity to engage in sexual violence. There are a number of students in our sample, including self-reported perpetrators, who hold problematic attitudes related to sexual violence (e.g., victim-blaming ideologies) and/or who report unhealthy expressions of sexual consent (e.g., reliance on non-verbal cues). Furthermore, self-reported perpetrators and those indicating a proclivity to engage in sexual violence hold significantly more problematic attitudes than their non-offending and non-interested counterparts, respectively. Although many students reported that ideal outcomes for perpetrators of sexual violence should include punishment, students (including survivors) mentioned the need for sexual education. The results suggest a need for sexual violence prevention and/or intervention programs that focus on problematic attitudes and behaviours related to sexual violence and sexual consent. It is important to examine whether the current university responses are meeting the needs of students, including perpetrators of sexual violence.

## Study 2

The high rates of sexual violence on university campuses across Canada combined with the low reporting rates to legal authorities (i.e., police), indicates a need to deal with sexual violence perpetrators at the university level, as this may be the only opportunity to intervene. Furthermore, universities must ensure the safety of their students by reducing the likelihood of sexual violence on campus. At the University of Ontario Institute of Technology, perpetrators may be required to write an educational essay (e.g., on the meaning of consent, on a culture of respect), a letter of apology to the survivor, participate in community service, or attend a sexual violence prevention workshop available at the university. Similar to most other Canadian universities, the University of Ontario Institute of Technology indicates that sexual violence cases are dealt with on a case-by-case basis (University of Ontario Institute of Technology Student Sexual Violence Policy and Procedures, 2019), legitimizing the reason for institutions to stray from following a pre-determined outcome for perpetrators. In Study 1, we identified several problematic attitudes and behaviours of university students, including self-reported perpetrators, related to sexual violence, rape myths, and sexual consent. Thus, we identified areas of concern that can and should be addressed by sexual violence intervention programs, which can be included as university responses to sexual violence. In particular, there is a need for further research examining the effectiveness of the current university outcomes for perpetrators of sexual violence (e.g., essays, sexual violence prevention workshops).

### **Current university responses to sexual violence**

Among Canadian universities, there is little information available on specific responses or sanctions for perpetrators of sexual violence, particularly their efforts to provide

some form of intervention. The limited response by university officials to punish perpetrators or intervene to prevent future sexual violence propagates sexually violent behaviour by eliminating any deterrence from engaging in this behaviour (Fisher et al., 2010). In general, outcomes for sexual violence perpetrators on university campuses include the perpetrator's removal from classes with the survivor, suspension, or, on rare occasions, expulsion from the institution. As previously mentioned, perpetrators may also be forced to write an educational essay (i.e., on the meaning of consent, on a culture of respect), a letter of apology to the survivor, participate in community service, or attend a sexual violence workshop available at the university. Since there are higher levels of sexual violence reports to university officials than to the police (Fuller et al., 2014), there is a need for universities to respond in a timely and appropriate manner to sexual violence cases, especially with regards to perpetrators. Currently, no research has explored the impact of university campus investigations and adjudications pertaining to sexual violence cases on perpetrator recidivism or treatment (McMahon, Wood, Cusano, & Macri, 2019), including the effectiveness of typical university sanctions or interventions for perpetrators of sexual violence.

### **Effectiveness of sexual violence prevention programs**

Despite the lack of research on intervention programs, research has focussed on sexual violence prevention programs. Most of these programs are targeted to the general post-secondary student population, but are often used as university sanctions in some sexual violence cases (e.g., University of Ontario Institute of Technology Sexual Violence Policy and Procedures, 2019). Prevention programs have proven to be quite important since many college and university students continue to endorse traditional cultural norms surrounding heterosexual sexual activity. Abstinence-only education, for example, continues to be taught

in some elementary, middle and secondary schools today (Jeynes, 2019). This discourse tends to position sex in a manner where a woman owes a man sex, reinforcing ideas about maintaining one's 'value' by avoiding sex until marriage, particularly for women (e.g., Jozkowski et al., 2017). Prevention programs that focus on positive and healthy sexual behaviours are more useful than abstinence-based or fear-based prevention programs (e.g., those endorsing that sex can lead to STIs and thus should be avoided). There is a need for sexual violence prevention at all levels of education in order to combat the cultural norms that persist in society. Even brief education programs can produce changes in knowledge and understanding of consent (Borges, Banyard, & Moynihan, 2008).

The effectiveness of sexual violence prevention programs is often assessed using self-report measures on various attitudes and behaviours linked to sexual violence (e.g., rape myth acceptance, self-reported sexually violent behaviour), but some use behavioural measures (e.g., comments indicating rape myth acceptance in a group setting), as well. However, evidence suggests that these prevention programs are often unsuccessful in changing anything more than attitudes (i.e., behaviours remain unchanged) for sexual violence perpetrators or males at a high-risk of engaging in sexual violence (determined by the Likelihood of Sexual Aggression scale (Briere & Malamuth, 1983), the Attraction to Sexual Aggression Scale (Malamuth, 1989), or other similar scales) (DeGue et al., 2014; Malamuth, Huppert, & Linz, 2018). In fact, these programs can lead to an increase in sexually violent behaviours, a phenomenon known as the *boomerang effect*. This phenomenon is well documented when dealing with interventions seeking to change antisocial behaviours, including sexual ones. While high-risk males typically show general antisocial tendencies and other characteristics of sexual violence that make them resistant to positive change, the

*boomerang effect* is also related to the content of the program. In particular, the perceived preaching nature of prevention programs may be viewed by men as depriving of their freedom, leading to hostile, reactive behaviour (Malamuth et al., 2018).

Despite these negative findings, some sexual violence prevention programs have been successful. In a study by Schewe and O'Donohue (1993), male participants who watched a video designed to facilitate empathy toward sexual violence survivors displayed fewer rape-supportive attitudes and behaviours assessed by several self-report measures (e.g., Likelihood of Sexual Aggression scale (Briere & Malamuth, 1983), Acceptance of Interpersonal Violence scale, Adversarial Sexual Beliefs scales (Burt, 1980)) post-treatment than participants who watched a rape myth/fact video. In addition, having a time period in between the program and the assessment of the intervention yielded better results for participants than assessment immediately afterwards (Schewe & O'Donohue, 1993). A follow-up study by the same researchers in 1996 indicated similar findings. In particular, male participants who watched a video designed to facilitate empathy towards victims of sexual abuse and increase awareness of the negative consequences of rape myths (Victim Empathy/Outcome Expectancies (VE/OE) intervention) presented more arguments involving the previously mentioned topics than participants who watched a presentation describing the importance of cognitions in preventing sexual assault (Rape Supportive Cognitions (RSC) intervention). On the other hand, participants in the RSC intervention presented more arguments related to rape myths and increased communication skills than participants in the VE/OE intervention. Both interventions were successful in lowering participants' self-reported attraction to sexual aggression and acceptance of intimate partner violence. This study indicated that even a minimal intervention (1-hour prevention program) may lead to



statistically and clinically significant changes in males judged to be at a high-risk for sexually violent behaviour (Schewe & O'Donohue, 1996).

More recently, Salazar and colleagues (2014) created RealConsent, an online program to increase bystander intervention and prevent sexually violent behaviour towards women. This intervention targets masculine gender roles and date rape, increases empathy for survivors of sexual assault, and enhances communication skills. Compared to those in the comparison group, participants who engaged in the RealConsent program self-reported significantly more pro-social intervening behaviour and significantly less sexual violence at a 6-month follow-up. The odds for perpetrating among RealConsent participants were 73% lower than participants in the comparison condition as determined by scores on the Reactions to Offensive Language and Behaviour (ROLB) index and Revised Conflict Tactics scales. The findings also indicated significant improvements on a number of secondary outcomes, including, but not limited to legal knowledge of assault and rape, gender-role ideology, hostility toward women, and outcome expectancies for engaging in non-consensual sex (Salazar, Vivolo-Kantor, Hardin, & Berkowitz, 2014). Although this appears to provide an ideal sanction, some universities may be reluctant to implement this program due to the cost or the time commitment required of participants. As such, universities may choose to develop programs internally without the use of evidence-based findings.

Although most prevention programs report changes in attitudes, beliefs, and knowledge, few report decreased rates of sexual violence or assault (Vladutiu, Martin, & Macy, 2011). There are also inconsistent findings in the effectiveness and long-term impact of sexual assault education programs (Anderson & Whiston, 2005), particularly for perpetrators of sexual violence at the university level. Schaaf and colleagues (2018) held

focus groups with university students on several topics related to campus sexual violence. Specifically, for perpetrators of sexual violence, on-campus therapy was identified by the students as the most ideal outcome as well as the consideration of sanctions on an individual basis. In addition to support or education/intervention practices, students reported that they believe perpetrators should face repercussions for their actions and the university should be notified if there is a risk to other students on campus. Primary barriers to treatment for perpetrators included a lack of confidentiality, feelings of shame, and lack of personal responsibility. Mandatory attendance, individual sessions, confidentiality regulations, and social support were recommended to increase treatment participation (Schaaf et al., 2018). These barriers and recommendations suggest that developing appropriate sanctions for perpetrators of sexual violence is not a simple task.

It is evident that perpetrators have specific cognitive and social needs that require consideration during university adjudication processes. Sheehy and Gilbert (2015) who commented on Canadian and US university policies and procedures noted that transparency in the process and sanctions imposed for perpetrators is required for the development of university-specific 'laws' on sexual violence. It may be useful for universities to work together in order to develop some best practices regarding sanctions for sexual violence perpetrators. It is important for universities and colleges to examine the effectiveness of the current sanctions, including the prevention programs currently in use, for sexual violence cases to ensure that they are appropriately addressing the needs (i.e., problematic attitudes and behaviours) of sexual violence perpetrators.

**Purpose & hypothesis**

The second study expanded on the findings from the first study related to sexual consent, rape myth acceptance, sexual violence experiences, and survivor perspectives. The purpose of the second study was to examine the effectiveness of the current university sanctions or outcomes for sexual violence perpetrators at the University of Ontario Institute of Technology, as these are similar to university responses across Canada. The study explored whether university outcomes for perpetrators (i.e., writing an essay on sexual consent, watching the RISE Sexual Violence Prevention Workshop) are more effective at changing attitudes towards sexual violence and sexually violent behaviours than a comparison task (i.e., Workplace Hazardous Materials Information System (WHMIS) training). The current study aimed to examine individual differences at time 1 and time 2 as well as differences between the task groups on scores of various measures related to sexual violence, rape myth acceptance, and attitudes towards sexual consent.

It was hypothesized that the Consent Essay and the RISE Workshop would be more effective than the WHMIS training in (1) increasing understanding and use of sexual consent; (2) decreasing proclivity towards engaging in sexual violence; (3) reducing rape myth acceptance; (4) decreasing positive attitudes towards sexually violent behaviour, and; (5) reducing sexually violent behaviours. Based on the current literature on sexual violence education and prevention programs (e.g., Salazar et al., 2013; Schewe & O'Donohue, 1993; 1996), it was hypothesized that the RISE Workshop would be more effective in positively changing attitudes and behaviours of sexual violence than the Consent Essay. Unlike in the Consent Essay, students are actively taught sexual education and sexual violence prevention strategies throughout the RISE Workshop. Thus, this program may be more effective in

engaging students as well as challenging problematic attitudes of sexual violence than the essay.

## Methods

### Participants

Participants were a sample of 29 undergraduate students from the University of Ontario Institute of Technology who were enrolled in various undergraduate Psychology courses. We did not collect information on the specific class in which participants were enrolled, their year in which they were enrolled, or their faculty to ensure anonymity. It should be noted, though, that participants who typically participate in studies are enrolled in a first- or second-year Psychology course (e.g., Introductory Psychology, Developmental Psychology) and are first-year students. Students belonging to any faculty can enrol in first-year Psychology courses, thus they may come from a variety of backgrounds. The sample included three (10.3%) males and 26 (89.7%) females ranging from 18 to 47 years old ( $M = 21.11$  years old,  $SD = 7.08$ ). Regarding ethnicity, 13 (44.8%) were Caucasian, 5 (17.2%) were South Asian, 3 (10.3%) were East Asian, 3 (10.3%) were Black, 2 (6.9%) were Middle Eastern, 1 (3.4%) was Hispanic/Latino, and 2 (6.9%) reported their ethnicity as “other”. Most participants ( $n = 16$ ; 59.3%) identified as heterosexual, followed by 8 (29.6%) who identified as bisexual and 1 (3.7%) participant who each identified as homosexual, asexual, and pansexual, respectively. Most participants ( $n = 16$ ; 55.2%) indicated that they were single, 11 indicated that they were in a relationship with 10 (34.5%) not living with their partner and 1 (3.4%) living with their partner, and 2 (6.9%) were married/ in a domestic partnership.

## **Procedure**

The data collection occurred between January 2019 and June 2019, and students were recruited using the University of Ontario Institute of Technology's Faculty of Social Science and Humanities Research Participant Pool. Participants registered for part 1 (time 1) and part 2 (time 2) of the study at the same time. All of the measures were presented as an online survey on Qualtrics using a laptop provided by the University of Ontario Institute of Technology.

Upon entering the laboratory, participants were presented with a consent form outlining the study (see Appendix H). Upon agreement to participate, the participant was given an anonymous link to access the online survey. First, participants completed the demographic questionnaire. Participants then completed the set of five SES-TFR-P scales, the Sexual Consent Scale-Revised, and the updated IRMA in a counterbalanced order. After completing of the measures, participants were randomly assigned to complete one of the three tasks: watching the RISE Sexual Violence Prevention Workshop (RISE Workshop group), writing an essay on the importance of sexual consent (Consent Essay group), or watching the WHMIS training program (WHMIS Training group). Participants were provided with headphones, paper, and a pen in order to complete the task. Following the completion of the task, participants completed several feedback questions about the task. At the end of the study, participants provided four memorable words (i.e., the last letter of their last name, the last three digits of their phone number, their birth month, and their mother's birth month). Participants were debriefed (see Appendix K), thanked, and left the lab. This part of the study was approximately 90 minutes in length.

After two weeks, participants returned to the laboratory to complete the same three measures from the pre-task part of the study. Upon arrival, participants completed the consent reminder form (see Appendix L) and were asked to provide their memorable words. Participants also completed a manipulation check regarding the task they completed during Part 1. Participants were debriefed (see Appendix M), thanked, and left the lab. This part of the study was approximately 30 minutes in length.

Participants received credit toward the Psychology course in which they were enrolled at the University of Ontario Institute of Technology. Participants received 1.5 credits for completing part 1 and 0.5 credits for completing part 2. In order to ensure low attrition rates, at the end of part 1, participants were reminded that they were entered into a draw to win a \$100 Amazon gift card for completion of part 2, in addition to course credit. In reality, all participants were entered into the draw to win the gift card.

## Measures

**Sexual Consent Scale-Revised (SCS-R).** The SCS-R (Humphreys & Brousseau, 2010) (see Appendix I) is a 38-item, revised scale of the first Sexual Consent Scale (Humphreys & Herold, 2007). The scale assesses both attitudes and behaviours concerning sexual consent. All items are measured using a 7-point Likert scale from 1 = *Strongly disagree* to 7 = *Strongly agree*. Factor analysis of the SCS-R revealed three attitudinal subscales and two behavioural factors: (1) (Lack of) Perceived Behavioural Control; (2) Positive Attitude Toward Establishing Consent; (3) Sexual Consent Norms; (4) Indirect Consent Behaviours; and (5) Awareness of Consent. The scale has good reliability (i.e.,  $\alpha = 0.87$ ) and construct validity (Humphreys & Brousseau, 2010). The SCS-R was used in Study 2, as it will be able to indicate differences in participants' scores before and after the task.

**Updated IRMA Scale.** This was the same measure used in Study 1 (see Appendix F). See description on page 26.

**SES-TFR-P.** The set of four SES-TFR-P scales will be the same measures used in Study 1, except this version of the scales do not include the open-ended questions. In addition to these scales, participants also completed the Reporting SES-TFR-P. At time 2, participants completed a slightly revised version of the Behaviour SES-TFR-P. The measure at time 2 asks participants to self-report whether, in the past two weeks, they have engaged in any sexual behaviours by using the sexually coercive and aggressive tactics listed in the SES-TFR-P scales from Study 1 (see Appendix D).

**Reporting SES-TFR-P.** The Reporting SES-TFR-P (see Appendix D) measures judgments on the likelihood of being reported for engaging in sexually aggressive behaviours. This scale asks participants to indicate how likely they believe they are to be reported to a person of authority for engaging in any sexual behaviours using the sexually coercive and aggressive tactics listed in the previous section. Each item is rated on a 7-point Likert-type scale from 1 = *Very unlikely* to 7 = *Very likely*.

**Task Feedback Questions.** The task feedback questions (see Appendix J) asked participants to answer several questions regarding their experience with the task. This survey asked participants for their personal feedback on the task as well as what they believed their peers' feedback might be for the task. The survey included seven closed-ended questions that were rated on a 5-point Likert-type scale. For example, the question "How beneficial did you find the task you completed?" was rated on a scale from 1 = *Not beneficial at all* to 5 = *Very beneficial*. The survey also included three open-ended questions that asked participants how the task could be made to be more meaningful, if they found the task difficult in any way,

and three new things they learned from the task. The task feedback questions explored participants' experiences with each of the tasks, in particular the tasks representing university sanctions for perpetrators.

## **Materials**

Participants were randomly assigned to complete one of three tasks: two typical university responses at the University of Ontario Institute of Technology (i.e., RISE Workshop and Consent Essay) and one comparison task, WHMIS training.

**RISE workshop video.** The RISE workshop video is a video-recorded version of the *RISE: Sexual Violence Prevention* workshop developed at the University of Ontario Institute of Technology. The workshop primarily teaches bystander intervention skills where participants can identify ways to prevent, intervene, and respond to sexual violence and domestic violence. Topics including rape culture, consent, and the spectrum of sexual violence are also discussed in the workshop. The video recording of the workshop is similar to the in-person workshop although it lacks the formal discussion and conversational aspect among participants and the facilitator (the Equity and Inclusivity Advisor at the University of Ontario Institute of Technology). Participants watched the 45-minute video on the laptop using headphones. Participants were also provided a pen and paper to take notes and/or complete the activities throughout the workshop.

**Consent essay.** Participants assigned to this task were asked to complete an essay on the meaning and importance of consent. The essay was to be approximately one page in length, and participants were able to use the Internet to find information, if necessary. Participants had approximately 45 minutes to complete this task, although participants were



not actually timed to complete this task. Thus, the timing for the consent essay was not measured in this study. Participants were provided with a pen and paper to take notes.

**WHMIS training.** The WHMIS training is a 45-minute online training program on the hazardous materials that one may come into contact with while at work. There are several questions to complete throughout the training to progress through the program. Participants completed the program on the laptop and used the headphones provided. Participants were also provided with a pen and paper to take notes. This training was used as the comparison task in this study as it had similar cognitive demands to the other two tasks, but was not related to sexual violence or consent.

## **Analysis**

The current study aimed to examine within-subjects (i.e., individual differences between time 1 and time 2) and between-group (i.e., task group differences) differences. It was intended that mixed between-within subjects analysis of variance (ANOVA) tests would be used to examine participants' scores on each of the measures. We intended to collect data from a total of 160 participants ( $\alpha = .05$ , power = .80, partial  $\eta^2 = .06$ ), with approximately 53 participants in each group, according to a priori G\*Power analysis for mixed ANOVAs (Faul, Erdfelder, Buchner, & Lang, 2009). Circumstances beyond our control and time constraints to complete this thesis resulted in an extremely limited data collection time frame and a much smaller sample size than intended. As a result, we were unable to run mixed ANOVA tests for all of the measures, as there were not enough participants that fully completed measures in each of the task groups. In these cases, we opted for a series of t-tests—paired-samples t-tests to examine individual differences at time 1 and time 2, and independent samples t-tests to examine group differences at time 2.

Participants who responded to each of the measures were included in the analysis for a particular measure. In addition, only participants who completed measures at time 1 and time 2 were included in the analyses. All other participants were excluded. Thus, there were often fewer than approximately 10 participants in each group. It should be noted that all participants passed the manipulation check.

Mixed between-within subjects 3 X 2 ANOVAs were run to examine which of the tasks (i.e., Consent Essay, RISE Workshop, WHMIS Training) was most effective in positively changing participants' attitudes towards sexual violence and sexually violent behaviours across two time periods (pre-task and post-task). It examined the individual differences among participants' scores across the time. Finally, it identified whether there was interaction between the two variables—task and time. A separate ANOVA was run for each measure (i.e., SES-TFR-P, IRMA, and SCS-R) as each one measures a different component related to sexual violence. The assumptions for each of the ANOVA tests conducted are summarized in Table 3. Mauchly's test of sphericity was significant,  $W = 1.00$ ,  $p < .001$  for all ANOVA tests and the assumption of sphericity was violated. As such, the within-subjects main effect and interaction was interpreted using Wilks' Lambda. In addition, ANOVAs were run despite any normality violations.

Table 3.

*Mixed between-within subjects ANOVA assumptions*

<i>Measures</i>	<b>Levene's test F</b>	<i>df<sub>1</sub></i>	<i>df<sub>2</sub></i>	<b>Box's M Value</b>	<i>F</i>	<i>df<sub>1</sub></i>	<i>df<sub>2</sub></i>
<i>SES-TFR-P</i>							
<i>Evaluations (T1)</i>	.35	2	17	18.14	5.08**	3	21,415.86
<i>Evaluations (T2)</i>	2.24	2	17				
<i>SES-TFR-P</i>							
<i>Proclivity (T1)</i>	3.44	2	17	40.63	11.39***	3	21,415.87
<i>Proclivity (T2)</i>	4.96*	2	17				
<i>SES-TFR-P</i>							
<i>Report (T1)</i>	.57	2	17	13.77	1.81	6	935.63
<i>Report (T2)</i>	.71	2	17				
<i>SCS-R</i>							
<i>Behav. Cont. (T1)</i>	.81	2	17	7.82	1.06	6	2622.76
<i>Behav. Cont. (T2)</i>	1.90	2	17				
<i>SCS-R</i>							
<i>Pos. Attitude (T1)</i>	2.53	2	16	24.89	3.26**	6	1015.76
<i>Pos. Attitude (T2)</i>	3.35	2	16				
<i>SCS-R</i>							
<i>Indirect (T1)</i>	4.66*	2	17	16.79	2.29*	6	2622.76
<i>Indirect (T2)</i>	.11	2	17				
<i>SCS-R</i>							
<i>Sex. Consent (T1)</i>	.80	2	18	5.35*	.73	6	2313.62
<i>Sex. Consent (T2)</i>	.60	2	18				
<i>SCS-R</i>							
<i>Awareness (T1)</i>	2.72	2	11	2.05	.53	3	4121.56
<i>Awareness (T2)</i>	1.73	2	11				
<i>IRMA</i>							
<i>(T1)</i>	1.18	2	21	2.23	.30	6	736.09
<i>(T2)</i>	1.62	2	21				

Note. Box's M is significant only if  $p < .001$ .

\* $p < .05$ , \*\* $p \leq .01$ , \*\*\* $p \leq .001$

We also conducted t-tests for two of the measures, Peer SES-TFR-P and Behaviour SES-TFR-P, as the sample size was not large enough to run a mixed ANOVA. Paired-samples t-tests were used to identify individual differences between participants' scores on these measures at time 1 and time 2 (i.e., pre-task and post-task). Independent samples t-tests were run to examine which of the tasks (i.e., Consent Essay, RISE Workshop, WHMIS Training) was most effective in positively changing participants' attitudes towards sexual violence and sexually violent behaviours. The t-tests were run despite any normality violations. Finally, to explore participants' feedback for open-ended questions, we created themes in participants' responses using content analysis. The qualitative content analysis conducted was the same as that used in Study 1 (see page 25). Responses were only coded for participants who completed the RISE Workshop or the Consent Essay, as we were particularly interested in collecting feedback on these tasks in particular.

### **Results**

Overall, the results of the study were largely non-significant. This was perhaps due to the small sample size. The descriptive statistics for all of the measures are summarized in Table 4 below.

Table 4.

*Descriptive statistics for measures at time 1 and time 2*

<i>Measures</i>	Time 1			Time 2		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
<i>Behaviour SES-TFR-P</i>						
WHMIS Training	7	1.57	2.37	7	.71	1.11
RISE Workshop	2	1.00	1.41	2	0.00	.00
Consent Essay	9	.63	1.19	9	0.00	.00
<i>Evaluations SES-TFR-P</i>						
WHMIS Training	7	1.13	.23	7	1.10	.22
RISE Workshop	4	1.12	.14	4	1.0	0
Consent Essay	9	1.14	.27	9	1.04	.11
<i>Proclivity SES-TFR-P</i>						
WHMIS Training	7	1.14	.24	7	1.09	.20
RISE Workshop	4	1.00	.00	4	1.00	.00
Consent Essay	9	1.03	.07	9	1.00	.01
<i>Peer SES-TFR-P</i>						
WHMIS Training	7	1.08	.19	7	1.09	.09
RISE Workshop	4	1.03	.06	4	1.01	.01
Consent Essay	9	1.04	.12	9	1.00	.00
<i>Report SES-TFR-P</i>						
WHMIS Training	7	4.37	1.05	7	3.80	2.22
RISE Workshop	4	4.17	1.58	4	5.54	1.45
Consent Essay	9	4.30	1.60	9	4.98	1.79
<i>Behav. Cont. SCS-R</i>						
WHMIS Training	7	20.71	6.92	7	25.29	12.13
RISE Workshop	5	31.40	7.89	5	38.80	13.70
Consent Essay	8	21.63	5.78	8	18.37	6.61
<i>Positive Attitude SCS-R</i>						
WHMIS Training	7	64.86	6.77	7	60.57	10.23
RISE Workshop	4	51.75	14.80	4	56.00	4.08
Consent Essay	8	62.21	4.64	8	67.50	5.13
<i>Indirect SCS-R</i>						
WHMIS Training	7	25.00	2.38	7	27.86	7.63
RISE Workshop	5	27.00	11.22	5	25.40	11.04
Consent Essay	8	24.00	7.91	8	24.50	8.65
<i>Sexual Consent SCS-R</i>						
WHMIS Training	7	28.29	7.13	7	26.71	8.14
RISE Workshop	5	32.60	9.45	5	30.00	12.21
Consent Essay	9	25.00	6.58	9	23.11	9.88
<i>Awareness SCS-R</i>						
WHMIS Training	5	20.40	4.93	5	21.80	4.71
RISE Workshop	2	15.00	1.41	2	14.50	10.61
Consent Essay	7	20.43	5.86	7	21.71	5.47
<i>IRMA</i>						
WHMIS Training	10	95.00	11.95	10	97.60	10.39
RISE Workshop	4	91.75	19.10	4	93.50	16.34
Consent Essay	10	97.30	16.24	10	97.80	13.79

**Sexually violent attitudes and behaviours**

The results of the mixed model ANOVAs, independent samples t-tests, and paired samples t-tests results are summarized in Tables 4 through 7, respectively. There were no significant findings related to changes in participants' attitudes towards sexual violence. In particular, there were no significant main effects or interaction effects of the mixed ANOVAs for the Evaluations SES-TFR-P, Report SES-TFR-P, or Proclivity SES-TFR. The findings for the paired-samples and independent samples t-tests for the Peer SES-TFR-P were not significant as well. Thus, there were no changes in participants' scores, before and after completing any task, related to their evaluations of sexual violence, their belief of being reported for engaging in sexual violence, their likelihood of engaging in sexual violence, and their likelihood of engaging in sexual violence based on peer influence. There were also no differences in any of the above-mentioned attitudes towards sexual violence between task groups.

There were no significant findings related to changes in the use of sexually violent behaviour. The findings of the paired-samples and independent samples t-tests for the Behaviour SES-TFR-P were not significant, indicating no change in the use of sexually violent behaviour before and after engaging in any task, as well as between task groups.

**Rape myth acceptance**

There were no significant differences in participants' acceptance of rape myths. In particular, there were no significant main effects or interaction effects for task or time on the updated IRMA scale, suggesting that participants endorsed a similar number of rape myths before and after completing any of the tasks.

Table 5.

*Mixed between-within subjects ANOVA results*

<i>Measures</i>	<i>F</i>	Wilks' Lambda/ <b>Pillai's Trace</b>	<i>df</i> <sub>1</sub>	<i>df</i> <sub>2</sub>	partial $\eta^2$
<i>Evaluations SES-TFR-P</i>					
Time	2.10	.89	1	17	.11
Task	.10		2	17	.01
Time X Task	.19	.98	2	17	.02
<i>Proclivity SES-TFR-P</i>					
Time	3.67	<b>.18</b>	1	17	.18
Task	1.34		2	17	.13
Time X Task	.96	<b>.10</b>	2	17	.10
<i>Report SES-TFR-P</i>					
Time	1.25	.93	1	17	.06
Task	.48		2	17	.05
Time X Task	1.59	.16	2	17	.16
<i>Behav. Cont. SCS-R</i>					
Time	3.06	.85	1	17	.15
Task	6.86**		2	17	.44
Time X Task	1.61	.84	2	17	.16
<i>Positive Attitude SCS-R</i>					
Time	.09	.99	1	16	.01
Task	6.56**		2	16	.45
Time X Task	1.04	.89	2	16	.12
<i>Indirect SCS-R</i>					
Time	.04	1.0	1	17	.002
Task	1.16		2	17	.12
Time X Task	.53	.94	3	17	.06
<i>Sexual Consent SCS-R</i>					
Time	1.22	.93	1	18	.06
Task	1.42		2	18	.14
Time X Task	.02	1.0	2	18	.003

<i>Awareness SCS-R</i>					
Time	.17	.99	1	11	.02
Task	1.52		2	11	.22
Time X Task	.09	.99	2	11	.02

*Note.* For Proclivity SES-TFR-P, Wilks' Lambda value is replaced with Pillai's Trace values.

\* $p < .05$ , \*\*  $p \leq .01$ , \*\*\* $p \leq .001$

Table 6.

*Independent samples t-tests results*

<i>Measures</i>					
	Levene's test	t	df	p	
<i>Behaviour SES-TFR-P</i>					
WHMIS Training & RISE Workshop	4.05	1.07	8	.31	
WHMIS Training & Consent Essay	13.29**	1.70	6	.14	
Consent Essay & RISE Workshop	-	-	-	-	
<i>Peer SES-TFR-P</i>					
WHMIS Training & RISE Workshop	2.79	.93	9	.39	
WHMIS Training & Consent Essay	7.56*	1.15	14	.27	
Consent Essay & RISE Workshop	22.85***	1.59	11	.14	

*Note.* - = t-test not completed; no difference between groups.

\* $p < .05$ , \*\* $p \leq .01$ , \*\*\* $p \leq .001$

Table 7.

*Paired-samples t-tests results*

<i>Measures</i>			
	t	Df	p
<i>Behaviour SES-TFR-P</i>			
WHMIS Training	1.44	6	.20
RISE Workshop	1.00	1	.50
Consent Essay	1.49	7	.18
<i>Peer SES-TFR-P</i>			
WHMIS Training	-.47	6	.65
RISE Workshop	1.00	3	.39
Consent Essay	1.07	8	.31

\* $p < .05$ , \*\*  $p \leq .01$ , \*\*\* $p \leq .001$



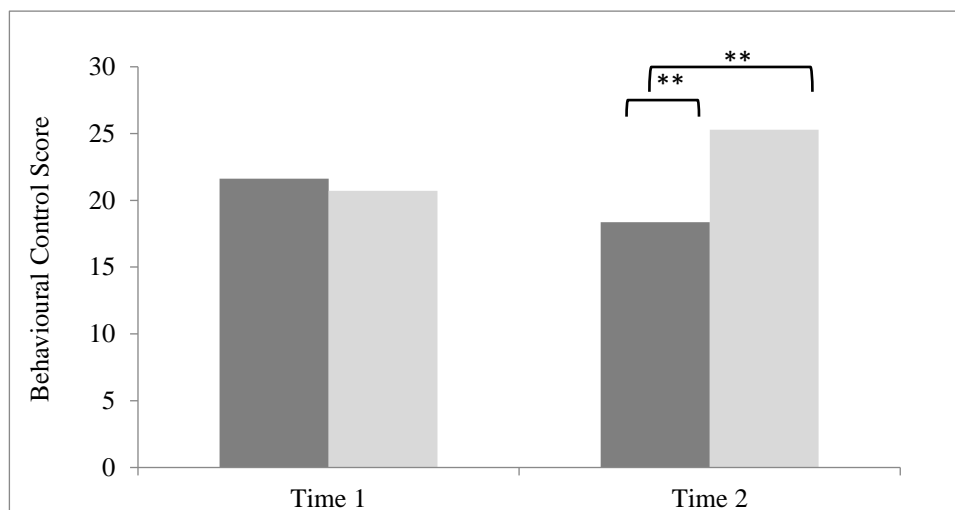
### Sexual consent

There were some significant findings related to students' understanding and use of sexual consent. It should be noted that Cronbach's alpha was high or relatively high for most of the subscales on SCS-R: Lack of Perceived Behavioural Control subscale ( $\alpha = .85$ ), the Positive Attitude Toward Establishing Consent subscale ( $\alpha = .91$ ), Indirect Behavioural Approach to Consent ( $\alpha = .77$ ), and the Sexual Consent Norms subscale ( $\alpha = .81$ ). Cronbach's alpha was very low for the Awareness and Discussion subscale ( $\alpha = .36$ ) and should be taken into consideration.

Two of the mixed ANOVAs yielded significant main effects for the Lack of Perceived Behavioural Control and the Positive Attitude Toward Establishing Consents subscales on the SCS-R. On the Lack of Perceived Behavioural Control subscale, the main effect of task was significant,  $F(1, 16) = 6.56, p = .01$ , partial  $\eta^2 = .45$  and there was a large effect size. Post-hoc analysis using Tukey's HSD found a significant difference, 12.10 (using homogenous subset means;  $p = .04$ ), CI 95% [.50, 23.70] between scores of participants in the RISE Workshop group and the WHMIS Training group. In contrast to the hypothesis, the mean score of the RISE workshop group ( $M = 38.50$ ) was significantly higher than the mean score of the WHMIS Training group ( $M = 25.29$ ) on the Lack of Perceived Behavioural Control subscale, with higher scores indicating less perceived behavioural control. There was also a significant difference, 16.10 (using homogenous subset means;  $p = .01$ ), CI 95% [4.80, 27.40] between scores on the RISE Workshop and Consent Essay. Once again, in contrast to the hypothesis, the mean score of the RISE Workshop group ( $M = 38.50$ ) was higher than the mean score of the Consent Essay group ( $M = 18.37$ ), with higher scores indicating less

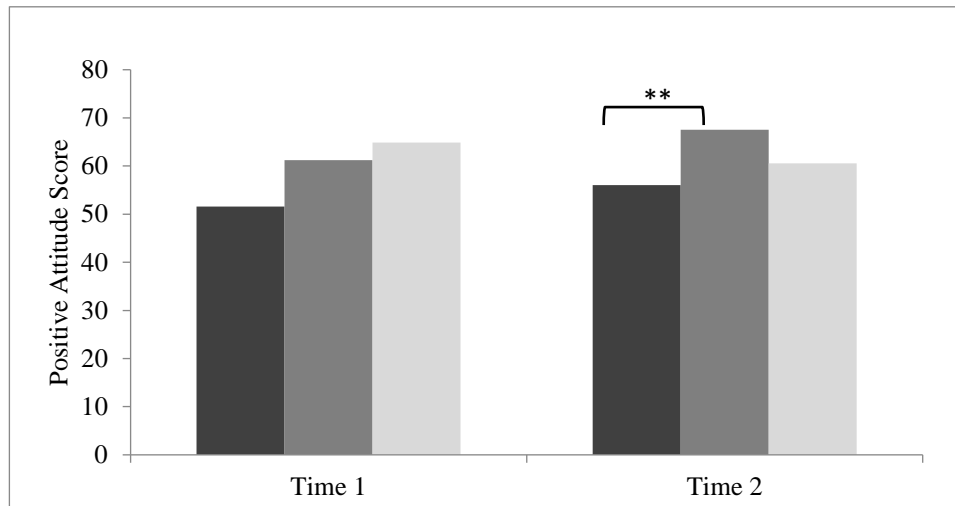
perceived behavioural control. These results are summarized in the bar graph in Figure 8 below.

*Figure 8.* This figure describes the Perceived Lack of Behavioural Control subscale (SCS-R) scores. The first bar (on the left) represents the mean score of the RISE workshop group. The middle bar represents the mean score of the consent essay group. The last bar (on the right) represents the mean score of the WHMIS training group. At time 2, there was a significant difference ( $p < .01$ ) between the RISE workshop group and the WHMIS group, and between the RISE workshop group and the consent essay group.



On the Positive Attitude Toward Establishing Consent scale, the main effect of the task was significant,  $F(2, 17) = 6.56, p = .01$ , partial  $\eta^2 = .45$ . Post-hoc analysis using Tukey HSD found a significant difference, 12.44 ( $p = .01$ ), CI 95% [3.56, 21.31] between Positive Attitude subscale scores of participants in the RISE Workshop group and the Consent Essay group. As expected, the mean score of the Consent Essay group ( $M = 67.50$ ) was significantly higher than the mean score of the RISE Workshop group ( $M = 56.00$ ) on the Positive Attitude subscale, with higher scores indicating a more positive attitude towards establishing consent. The results are summarized in the bar graph in Figure 9 below. All of the other subscales yielded non-significant results on the mixed ANOVAs, indicating no changes in participants' understanding and use of sexual consent.

*Figure 9.* This figure describes the Positive Attitude Toward Establishing Consent subscale (SCS-R) scores. The first bar (on the left) represents the mean score of the RISE workshop group. The middle bar represents the mean score of the consent essay group. The last bar (on the right) represents the mean score of the WHMIS training group. At time 2, there was significant difference ( $p < .01$ ) between the RISE workshop group and the consent essay group.



### Task feedback

The results from the feedback questions generated useful insight into participants' perspectives on the tasks. It was important to compare participants' perspectives on the Consent Essay and RISE Workshop (i.e., the university sanctions) to perspectives on the WHMIS Training, as participants should have more positive ratings of the former tasks. Participants ( $n = 10$ ) reported relatively low enjoyment of the task for themselves ( $M = 2.30$ ,  $SD = 1.06$ ) and their peers ( $M = 2.40$ ,  $SD = 1.07$ ) for the Consent Essay. These ratings were similar to enjoyment ratings for themselves ( $M = 2.50$ ,  $SD = 1.51$ ) and hypothetical others ( $M = 2.25$ ,  $SD = 1.39$ ) for the WHMIS Training. Participants ( $n = 5$ ) who completed the RISE Workshop reported higher levels of enjoyment for themselves ( $M = 4.20$ ,  $SD = .84$ ) and others ( $M = 3.80$ ,  $SD = .84$ ). In addition, participants found the RISE Workshop to be mostly beneficial to themselves ( $M = 4.20$ ,  $SD = .84$ ) and their peers ( $M = 4.00$ ,  $SD = .84$ ).

Participants who completed the Consent Essay found the task to be somewhat less beneficial for themselves ( $M = 3.50$ ,  $SD = 1.27$ ) and their peers ( $M = 2.70$ ,  $SD = 1.30$ ) than those in the RISE Workshop. Once again, these ratings were similar to participants' ( $n = 9$ ) ratings for themselves ( $M = 3.70$ ,  $SD = 1.09$ ) and their peers ( $M = 3.12$ ,  $SD = 1.55$ ) who completed the WHMIS Training. In addition, participants in the RISE Workshop group were the most likely to recommend their task to a friend or peer ( $M = 4.00$ ,  $SD = 1.22$ ) compared to those in the Consent Essay group ( $M = 3.00$ ,  $SD = 1.32$ ) and the WHMIS Training group ( $M = 3.25$ ,  $SD = 1.75$ ). In fact, participants in the WHMIS group were more likely to recommend their task to a friend or peer compared to those in the Consent Essay group.

Finally, participants who completed the WHMIS Training rated this task as having low personal use for both themselves ( $M = 2.78$ ,  $SD = 1.30$ ) and others ( $M = 2.00$ ,  $SD = 1.07$ ). Ratings of personal usefulness were slightly higher for participants in the Consent Essay group who found this task to be somewhat useful for themselves ( $M = 2.78$ ,  $SD = 1.30$ ) and others ( $M = 3.1$ ,  $SD = 1.29$ ). Participants in the RISE Workshop rated this task as mostly personally useful for both themselves ( $M = 4.00$ ,  $SD = 1.00$ ) and their peers ( $M = 4.00$ ,  $SD = 1.22$ ). Although given the option, participants did not suggest ways to make any of the tasks more personally useful. Thus, participants who completed the RISE Workshop reported higher scores on enjoyment of task, benefits of the task, and the personal usefulness of the task compared to participants' ratings in the Consent Essay group and the WHMIS Training group.

The qualitative content analysis of the open-ended feedback questions yielded relatively simple themes as few participants provided responses. It was particularly important to explore feedback on the Consent Essay and the RISE Workshop, as these are the sanctions

used in sexual violence cases. Five participants from the Consent Essay group responded to the question related to task difficulty. Three participants' responses indicated that the task was difficult to complete, as they were not prepared to complete the essay. One respondent indicated that the task was dull or boring and the other indicated that they had trouble understanding the task, making it difficult to complete. Participants in the RISE Workshop did not report any difficulties completing their task. In terms of new information learned from completing the task, four themes were identified: sexual consent, rape myths, bystander intervention, and resources. All of the respondents ( $n = 5$ ) who completed the Consent Essay indicated learning information related to the importance of sexual consent (e.g., importance of asking for consent, all sexual activity requires consent). Of those who learned new information in the RISE Workshop ( $n = 5$ ), three respondents indicated a better understanding of sexual consent, three respondents indicated learning about bystander intervention (e.g., what can be done as a bystander, how to be an effective bystander), and one respondent indicating learning about rape myths (e.g., most men are not rapists) and various resources for survivors (e.g., different resources offered on campus).

### **Discussion**

In this study, we examined the effectiveness of university sanctions or responses in changing students' attitudes towards and experiences with sexual violence, sexual consent, and rape myths. These university responses were compared to the WHMIS training to examine whether the responses were more effective in changing attitudes and behaviours than an unrelated task. Although the results of the current study did not reach statistical significance in most cases, these findings may suggest some positive and negative outcomes of the current university responses to sexual violence as well as the current sexual violence

prevention programs at the University of Ontario Institute of Technology. In a few instances, we found that the university responses changed students' attitudes towards sexual consent, in particular with regards to ideas related to having a positive attitude towards establishing consent and a lack of perceived behavioural control during sexual activity. In addition, participants generated feedback on the enjoyment, benefits, and person usefulness of the tasks in order to further explore student perspectives on university outcomes.

### **Changes in sexually violent attitudes and behaviours**

The findings of this study suggested no change in students' attitudes towards sexual violence before and after completing the task as well as between tasks. In particular, students maintained similar attitudes before and after completing either the RISE Workshop, Consent Essay, or WHMIS Training in the following areas: evaluations of sexually violent behaviour (Evaluations TFR-P), the likelihood of being reported for sexually violent behaviour (Report SES-TFR-P), the proclivity or likelihood to engage in sexually violent behaviour (Proclivity SES-TFR-P), and the proclivity to engaging in sexually violent behaviour due to peer influence (Peer SES-TFR-P). It is positive to note that the mean scores of participants at both time 1 and time 2 on these measures were very low (i.e., score of ~1.0), suggesting negative evaluations of sexually violent behaviour and no likelihood (or an extremely low likelihood) of engaging of sexual violence. Effect sizes for ANOVAs on these measures were all moderate to large (as indicated in Table 5) and may have reached significance given a larger sample size. Scores on the Report SES-TFR-P are slightly higher at time 2 than time 1 for the RISE Workshop group and the Consent Essay group, indicating that participants believe they are more likely to be reported (e.g., to authorities) for engaging in sexual violence. This may suggest that these tasks were at least somewhat effective in changing participants' attitudes

towards reporting sexual violence, which would be similar to the findings of Salazar and her colleagues (2014) as well as Schewe and O'Donohue (1993; 1996). While this difference did not reach significance, it is still an interesting finding and may have reached significance given a larger sample size, as the effect size of time was moderate (partial  $\eta^2 = .06$ ). The findings of this study indicated no significant changes in the engagement of sexually violent behaviour across time or between task groups. Mean scores decreased across time for all three task groups and may have reached significance with a larger sample size given the effect sizes were all large (partial  $\eta^2 > .20$ ). Scores on the Behaviour SES-TFR-P are extremely low at both time points and across task groups, suggesting that few participants reported engaging in sexual violence.

### **Changes in sexual consent**

There were no significant main effects or interaction effects for the mixed ANOVAs on most subscales of the SCS-R (Indirect Consent Behaviours, Sexual Consent Norms, and Awareness of Consent), indicating no change on students' understanding and use of sexual consent in these areas. In particular, mean scores decreased across time for all three groups on the Sexual Consent Norms subscale, suggesting that participants' agreed with fewer sexual consent 'norms' (e.g., obtaining consent is more necessary in a new relationship than in a committed relationship). Mean scores on the Indirect Consent Behaviours subscale increased over time for the WHMIS Training group and the Consent Essay group, indicating more agreement with the use of indirect approaches or non-verbal cues to obtain consent. Mean scores for the RISE Workshop decreased over time, suggesting that participants may have learned the more appropriate ways to obtaining consent (e.g., asking for consent) from this program. Although the difference between groups did not reach statistical significance,

the effect size of task was large (partial  $\eta^2 = .12$ ). Thus, this difference may have reached statistical significance given a larger sample size. Participants' scores in the RISE Workshop decreased over time on the Awareness of Sexual Consent subscale, indicating less discussion and awareness of consent-related issues. Mean scores increased for those in the Consent Essay and the WHMIS Training group on this subscale. This might indicate that participants' who wrote the essay were more comfortable having discussions with friends and partners on consent-related topics. There was a large effect size for differences between the tasks (partial  $\eta^2 = .22$ ) and may have reached statistical significance given a larger sample size.

### **Changes in rape myth acceptance**

Lastly, there was no significant change in rape myth acceptance across time or between tasks. It is positive to note that descriptive statistics indicated relatively high mean scores across all task groups, suggesting high rejection of rape myths overall. The scores increased slightly across time in all three groups. For the university sanction tasks, this change may indicate that participants learned about the dangers of accepting rape myths and began rejecting them over time (i.e., two-week delay). A larger sample size may have led to a statistically significant difference on this measure, as the effect size was quite large (partial  $\eta^2 = .70$ ). The greater rejection of rape myths is expected as a result of watching a sexual violence prevention program, as this has been found in Salazar and colleagues' (2014) study.

### **What this mean about the current university responses**

Although this study only examined some of the sanctions used at the University of Ontario Institute of Technology, similar sanctions are used across different universities (e.g., Ryerson University Sexual Violence Policy, 2016; University of Toronto Policy on Sexual



Violence and Sexual Harassment, 2017). Thus, the results of this study are a unique contribution to understanding the effectiveness of current university responses, as this is an area that lacks research (Malamuth et al., 2018). If we consider that the non-significant findings would remain given a larger sample size, these results may suggest several problems with the current university sanctions, particularly those at the University of Ontario Institute of Technology. The lack of significant differences across time (i.e., individual differences) may indicate that these university responses are unlikely to have lasting effects. The time delay for this study was quite short—only two weeks—and there was no significant improvement in participants' attitudes towards sexual violence, engagement in sexually violent behaviour, understanding and use of sexual consent, and acceptance of rape myths. In addition, there were no significant differences among the mean scores of three task groups: RISE Workshop, Consent Essay, and WHMIS Training. This suggests that university sanctions were no more effective or useful in changing problematic attitudes and behaviours than an unrelated task. University responses or sanctions should be used in order to stop, or at least limit, a negative behaviour. Since these responses do not appear to be improving problematic attitudes or behaviours, this should call universities to question the responses given to perpetrators in sexual violence cases, as there may be no useful, positive results. Yet, in general, participants reported relatively low acceptance of most problematic attitudes and behaviours so it is possible there was little room for improvement.

There were some significant findings related to sexual consent, in particular on the SCS-R subscales of Positive Attitude Toward Establishing Consent and Lack of Perceived Behavioural Control. There was a significant main effect between the Consent Essay group and the RISE Workshop group on the Positive Attitude Toward Establishing Consent

subscale. Mean scores increased over time for both groups, but participants who wrote the essay had significantly higher scores. This suggests that the Consent Essay group was more likely to have a positive attitude toward the importance of sexual consent (e.g., feeling a sense of responsibility for obtaining consent from a partner, verbally asking for consent before beginning any sexual activity) than the RISE Workshop group. The essay may have been a more personal task, requiring participants to reflect further on their attitude towards sexual consent than participants who simply listened to a video of the RISE workshop. Despite this difference, neither group was significantly different from the WHMIS Training group, suggesting that the university responses are no more effective than a task unrelated to sexual violence education.

There was a significant difference between task groups on the Perceived Lack of Behavioural Control subscale of the SCS-R. More specifically, there was a significant difference between the WHMIS Training group and the RISE Workshop group, as well as between the RISE Workshop group and Consent Essay group. In contrast to what was expected, mean scores increased across time for both the RISE Workshop and WHMIS Training groups, suggesting agreement with a lack of perceived behavioural control for sexual consent (i.e., verbally asking for consent is awkward and reduces pleasure). With regards to the RISE Workshop, this finding may be reflective of the *boomerang effect*, which suggests that engagement in sexual violence programs can sometimes lead to more sexually aggressive attitudes and behaviours (Malamuth et al., 2018). Participants who viewed the RISE Workshop program online may have disliked the lecture style or preaching nature of the program, resulting in further disagreement with the necessity and importance of sexual consent. Participants in the Consent Essay group had decreased scores across time and their

scores were lower than those in the RISE Workshop group. This finding may, once again, suggest that the Consent Essay is more personally relevant to participants than the RISE Workshop, thus changing their beliefs on the importance of sexual consent in a positive direction. Cognitive dissonance may also explain the significant difference between these groups. Participants in the Consent Essay group spent, arguably, a significant amount of time and effort researching and writing an essay on the importance of consent. The cognitive dissonance theory (Festinger & Carlsmith, 1959) suggests that participants, who, prior to writing the essay did not believe in the importance of sexual consent, may begin to endorse these beliefs following the investment and completion of this time-consuming task. This would result from the cognitive dissonance participants might feel as a result of writing about a topic they do not necessarily deem important or worthwhile (Elliot & Devine, 1994). This is the one finding that can show some support for the use of essays as university sanctions for perpetrators, as they may begin to change their attitudes towards sexual violence in a positive direction due to the cognitive dissonance they experience while completing the task.

A few of the findings of this study show some support for the effectiveness of current university responses while most of the findings reflect no significant, positive changes in attitudes and behaviours related to sexual violence and sexual consent across time. In particular, there is some support for the use of educational essays to change students' perspectives toward sexual consent, at the very least. Yet, feedback on this task was similar to feedback on the WHMIS Training, with relatively low to mid-range scores on ratings of enjoyment, benefits of the task, and personal usefulness. Our findings did not support most of the literature on sexual violence education programs that showed positive changes in participants' attitudes and behaviours related to sexual violence following completion of

programs (e.g., Salazar et al., 2014; Schewe & O'Donohue, 1993; 1996). Instead, our findings support the *boomerang effect*, suggesting an increase in problematic attitudes and behaviours following participation in education or prevention programs (Malamuth et al., 2018).

Despite these findings, feedback on the RISE Workshop indicated that students found it to be mostly enjoyable, beneficial, and personally useful. Students appear to have a positive outlook on the program despite the lack of change, even negative change, in attitudes and behaviours related to sexual violence. Furthermore, participants indicated that they learned about the importance of sexual consent, resources available on campus, bystander intervention techniques, and the dangers of rape myth acceptance from completing the consent essay and watching the RISE workshop. This positive feedback was present even in the absence of statistically significant findings on attitudes and behaviours, as well. More data (i.e., larger sample size) and research is required to draw more decisive and generalizable conclusions on the results of the study, and to further understand the effectiveness of university sanctions.

### **Limitations and future directions**

The current study has several limitations that should be considered while interpreting the results. The largest limitation of the current study was the size and gender diversity of the sample. Due to the limited sample size, the intended analyses could not be conducted in some cases due to violation of assumptions and lack of sufficient power. In those cases, alternative analyses (i.e., t-tests) were run. Thus, it is important that the results of this study be interpreted with caution; large-scale, generalizable conclusions should not be drawn from the results based on the current data set. Data collection will continue following the completion

of this thesis in order to further examine the data and publish a more completed version of this research in the future.

The second limitation of the study relates to its generalizability to the effectiveness of university responses for perpetrators of sexual violence specifically. Firstly, the RISE workshop that participants viewed was an online video. It is unlikely that perpetrators would watch a video of this workshop, but would most likely be required to attend in-person. Although the video contained the same information as the in-person version of the workshop, the video lacks the interaction (i.e., group discussions, group activities) that are important to the success of the RISE workshop at the University of Ontario Institute of Technology. Future research can examine the effectiveness of this program for students who attend in-person. In addition, the participants of the study were not all perpetrators of sexual violence; thus the results of the study cannot be generalized to this population. The sample was too small to examine those who reported engagement in sexual violence separately. Furthermore, since the participants were not found to have perpetrated sexual violence on campus, there may have been a lack of motivation to be fully invested in completing the university sanction tasks. Future research can attempt to create a more similar scenario to those sexual violence perpetrators may be involved in, thus improving on our methodology. Most ideally, this research should be conducted with sexual violence perpetrators to most accurately examine the effectiveness of university responses for this population. In addition, there was also a two-week time period between time 1 and time 2. This is relatively short and should be taken into consideration when interpreting results. Future research should examine a longer time period following the completion of the university sanction or task to better understand its long-term effects.

Finally, the study relied heavily on self-report data on a variety of socially taboo topics (i.e., sex, sexual violence, rape myths). Participants may have been engaging in some impression management, responding to questions in a socially desirable way rather than being truthful. Socially desirable responding coupled with the small sample size likely contributed to the floor effects on the Behaviour SES-TFR-P measure. In particular, some of the task groups had no participants who reported engaging in sexual violence. The floor effects may have skewed the differences between the task groups, as the group with no self-reported perpetrators may have been too different from the other groups at time 1. Future research can include a measure for social desirability to appropriately deal with participants who may be responding untruthfully and to avoid floor effects. However, by allowing anonymous responding, we helped to reduce the likelihood of socially desirable responding.

The findings of this research, as well as the limited sample in terms of size and gender diversity (our sample was mostly female), suggest the need for further research in area. Increasing the sample size can also avoid the likelihood of having floor effects, particularly for engagement in sexual violence. This research contributed to the limited research on the effectiveness of university sanctions or responses in sexual violence cases. It is important for future research to examine the effectiveness of university sanctions on sexual violence perpetrators, specifically, in order to ensure that these responses are useful and appropriate. The use of this population will also limit the use of self-report data, as participants will not have to self-disclose engagement in sexually violent behaviour. Colleges and universities across North America should become more transparent with regards to their policies and procedures in order to ensure the most effective outcomes for both survivors and

perpetrators (Sheehy & Gilbert, 2015). Finally, post-secondary education institutions should rely on evidence-based programs and experts in the field to handle these difficult cases.

### **Conclusion**

The current study is novel as it is one of the first to examine the effectiveness of university responses to sexual violence. Unfortunately, the main findings of this study were largely non-significant. Yet, given the small sample size, these results should be interpreted with caution. Many of the effect sizes for the statistical tests were moderate to large, suggesting that a larger sample size may lead to significant results. Given the current sample, there were no significant findings that suggested changes in (1) attitudes towards sexual violence; (2) sexually violent behaviour; or (3) rape myth acceptance. There were two significant differences between task groups related to attitudes towards sexual consent: lack of perceived behavioural control and a positive attitude towards establishing consent. On both measures of consent, participants who wrote the consent essay had more positive attitudes towards sexual consent (i.e., more agreement with the importance and usefulness of sexual consent) than participants who watched a video of the RISE workshop. Student feedback indicated more positive outcomes (i.e., higher ratings of enjoyment, benefits, and personal usefulness of the task) of the RISE workshop compared to the essay, which had similar, low ratings to the WHMIS training. Future research should continue to examine university sanctions for sexual violence, as there is limited knowledge in this area. It is imperative that universities to use evidence-based responses in order to adequately manage sexual violence perpetrators on campus.

## CHAPTER 3

### GENERAL DISCUSSION

#### **Perspectives of university students**

The findings of the thesis revealed interesting student perspectives on a number of important issues related to sexual health, sexual behaviours, and sexual violence. The findings also provided insight into the potential effectiveness of the current university responses at the University of Ontario Institute of Technology. The first study revealed that, for the most part, students have relatively healthy perspectives on sexual behaviours, including a high rejection of rape myths and mostly appropriate expressions of sexual consent. Despite this, there are still areas in need of improvement. Although students report the use of verbal and non-verbal cues for consent on some occasions, they do not often indicate the need for consent to be non-coercive or non-violent, and often indicate consent would be less important in a long-term relationship. In addition, students often hold ideologies that place blame on victims of sexual violence by excusing perpetrators for their actions (e.g., he did not mean to rape her, she lied about it being rape).

A number of self-reported perpetrators and individuals who had a proclivity or interest to engage in some form of sexual violence (e.g., using an aggressive or coercive tactic to engage in various sexual behaviours) were present in our sample. The self-reported perpetrators in our sample also endorsed these rape myths, blaming their partner (i.e., the victim) for the sexually violent incident (e.g., she led me on). More specifically, they tended to endorse more rape myths and had more positive evaluations of sexual violence than their non-offending and non-interested counterparts. These individuals had similar perspectives



and expressions of consent as the general student sample. This study revealed novel information with regards to student perspectives in this area, as it has been lacking from previous research (e.g., Beres, 2007).

The problematic attitudes and behaviours of students can be indicative of the sexual scripts that exist in society (e.g., Metts & Spitzberg, 1996; Simon & Gagnon, 1986), where men and women are held to traditional roles in sexual encounters (i.e., men initiate sex and women are the gatekeepers). Traditional sexual scripts are evident in students' expressions of a reduced need for consent in long-term relationships (i.e., Precedence Theory; Shotland & Goodstein, 1992). Token resistance (Jozkowski & Peterson, 2013), seen in perpetrators' explanations for sexual violence (e.g., not taking refusals seriously), can reflect gender-normed sexual scripts as well. Men's tendency to disregard a woman's refusals and prefer ambiguity in consent allows them to continue putting their sexual needs before those of their (female) partner. These attitudes and behaviours continue to allow men to be sexual initiators while women put men's needs ahead of their own, simply being used to satisfy men's egos (e.g., Jozkowski & Peterson, 2013; Jozkowski & Peterson, 2017). Thus, the traditional sexual scripts that dictate sex to be about a man's sexual pleasure at the expense of a woman's pleasure (e.g., Simon & Gagnon, 1986) continue to persist in the minds and lives of university students today.

The problematic attitudes and behaviours suggest specific areas that may be useful to target in sexual violence intervention programs, including the dangers of holding rape myths, the negative consequences of sexual violence, and healthy ways of gaining and giving consent. In fact, students, including survivors of sexual violence, indicated that ideal outcomes for perpetrators for sexual offenders should include some component of sexual

violence education or prevention and/or rehabilitation. Furthermore, some self-reported perpetrators revealed that having a better understanding of the importance of consent (e.g., respecting partner's boundaries, asking for consent) might have helped them avoid engagement in sexual violence. In addition, enhancing university responses to sexual violence may increase reporting rates, as survivors would be more likely to report if they believed that campus judicial procedures would hold perpetrators accountable by providing adequate sanctions (Brubaker, 2009).

### **Effectiveness of university responses to sexual violence**

As previously discussed, some researchers have found promising results of sexual violence prevention programs (Salazar et al., 2014; Schewe & O'Donohue, 1993; 1996). Yet, there is an absence of research on university sanctions, including potential sexual violence intervention programs, for perpetrators of sexual violence (Malamuth et al., 2018). This thesis is one of the first research studies to examine the effectiveness of university responses in sexual violence cases; thus, the results of this thesis have made a unique contribution to this research area. In particular, the thesis examined the effectiveness of current university responses—that have some focus on factors related to sexual consent and rape myths—on changing students' attitudes and behaviours of sexual violence. As previously mentioned, these responses often include sexual violence prevention programs or educational essays (e.g., University of Ontario Student Sexual Violence Policy and Procedures, 2019) that highlight the importance of gaining and giving consent appropriately, de-bunking rape myths (e.g., reducing victim-blaming), and bystander intervention techniques. In short, at least some university responses seem to cover topics related to students' and perpetrators' problematic attitudes and behaviours. Despite this, the findings of the current study did not find these

responses to be very successful over time or compared to an unrelated task. More specifically, watching a video of the RISE workshop or completing an essay on the importance of consent was mostly ineffective in positively changing students' attitudes and behaviours of sexual violence, sexual consent, and rape myths. Interestingly, the sexual violence prevention workshop actually negatively changed students' scores on some ideas towards consent. Although the sample size of this study was relatively small, this particular finding may suggest some potential problems with the way that current university responses address the problematic attitudes and behaviours of students.

The results of this thesis, while important and interesting, can also lead to some confusion. While we identified several problematic attitudes and behaviour related to sexual violence often held by students, the current university responses, or even current prevention programs, that focus on these attitudes and behaviours do not seem to be successful. This may suggest that sexual violence prevention programs and sexual education are not appropriately addressing students' concerning beliefs and behaviours in a way that is particularly salient for them. One explanation for this can be the *boomerang effect*, which suggests that some sexual violence intervention programs can actually increase participants' negative attitudes and behaviours (Malamuth et al., 2018). This may be due to the preaching nature of the programs, which often dictate to students how their behaviours are problematic and teach methods for changing it. The results of the second study of this thesis as well as others suggest that this structure may not be the most effective in positively changing students', especially perpetrators', attitudes and behaviours (e.g., Malamuth et al., 2018). It may be important for sexual violence prevention and intervention practices to avoid a lecture-style that could make attendees feel attacked or belittled for endorsing rape myths,

having positive evaluations of sexual violence, or even engaging in sexual violence. Instead, programs should empower individuals, particularly perpetrators, to learn from their mistakes and change their behaviour in this future, promoting engagement in healthy sexual behaviours.

### **Recommendation for positive sexuality model**

The lack of positive changes in problematic attitudes and behaviours resulting from current university sanctions, including sexual violence prevention programs may suggest a problem with the design of the current programs. The positive sexuality model (Williams, Thomas, Prior, & Walters, 2015) may possess the qualities of an appropriate intervention for sexual violence perpetrators at the university level. This positive sexual perspective is based on embracing sexual diversity, open and honest communication, empowering individuals in their sexual choices, and acknowledging the importance of sexual pleasure while considering any risk in order to gain this pleasure. In general, sexual education programs based on this model have been found to help young adults successfully navigate sexual interactions (e.g., Williams, Prior, & Wegner, 2013). Anderson (2013) found that students who engaged in sex positive education had increased levels of sexual satisfaction, sexual self-esteem, and sexual pleasure.

This model has also been suggested to be useful for sexual offenders, thus it may be particularly important to consider as a potential university outcome in sexual violence cases. More specifically, the positive sexuality model may be an effective way of minimizing sexual victimization by allowing individuals with uncommon sexual interests (e.g., fetishes) to communicate and practice these interests in a healthy, consensual way. Furthermore, this model acknowledges that people can act in problematic ways, accepting that this is part of

being human. It empowers individuals to realize their capacity to change and improve. Sexual violence prevention and intervention programs based in positive sexuality can support perpetrators in their efforts to change problematic behaviours without ostracizing the individual based on their past wrongdoings (Williams, Thomas, & Prior, 2015). This may decrease perpetrators' likelihood of feeling attacked for having engaged in sexual violence, thereby decreasing the *boomerang effect* and increasing pro-social sexual attitudes and behaviours.

Future research should explore the effectiveness of implementing positive sex education into universities as a prevention measure to decrease rates of sexual violence on campus. It is equally as important to explore this model as a possible intervention strategy for perpetrators of sexual violence in order to adequately address and change their problematic attitudes and behaviours of sexual behaviours, violence and consent. Finally, it is important the future intervention programs consider the barriers often faced by perpetrators in treatment, including confidentiality and feelings of shame (Schaaf et al., 2018).

### **Limitations and future studies**

Although the limitations of each study were previously discussed, there is one overarching limitation of the thesis that should be noted while considering the overall results and implications of this thesis. Data was only collected from undergraduate students at the University of Ontario Institute of Technology. The studies were conducted at only one post-secondary institution across multiple in Canada and the rest of the world. Thus, the results of the study cannot be conclusively generalized to other universities. Each university (and even broader, each country) is likely to have different a culture among students, such as varying rates rape-supportive attitudes and sexual violence on campus. Future research should

explore students' perspectives more widely across universities and countries, including survivors, perpetrators, and those with a proclivity for sexual violence, on important topics that are related to sexual violence. This would ensure an understanding of students' attitudes and behaviours more broadly, leading to more generalizable results to develop prevention and intervention programs applicable to a wide range of universities. In addition, future research should examine the effectiveness of adjudication responses used in campus sexual violence at other universities. The current study only included the university responses at the University of Ontario Institute of Technology, although similar responses are used across Canadian universities. As mentioned in Sheehy and Gilbert's (2015) report, the successes and failures of university responses should be shared, rather than hidden, in order to ensure the most effective strategies are being used across North American universities in attempt to address sexual violence perpetrators and reduce rates of sexual violence on campus.

The research in this area of campus sexual violence is relatively novel, particularly with regards to the effectiveness of university responses for perpetrators, as this thesis is one of the first to examine this topic. Given the high rates of sexual violence on campus (e.g., DeKeseredy, 2013) coupled with the laws in place to ensure appropriate policies and procedures within Canadian universities (*Bill 132*, 2016), it is essential that these institutions take their role in sexual violence investigations and adjudications seriously for the safety of students. Colleges and universities have an obligation to educate their students, which should include perpetrators of sexual violence. It is necessary that future research continue with the work of this thesis in order to investigate the most effective ways to target university students' problematic attitudes and behaviours that may lead to sexual violence as well as

suggest programs and techniques that post-secondary educational institutions can implement into policies and procedures.

### **Conclusion**

The current body of work lends interesting and novel results to the field of campus sexual violence through its examination of students' attitudes and behaviours related to sexual violence, including sexual consent and rape myths, as well as the effectiveness of university responses. Although most students do not endorse problematic attitudes related to sexual violence and do engage in healthy sexual behaviours, a number of university students do not fit this criteria. There are students who have engaged in sexual violence and who have a proclivity to engage in sexual violence that have problematic attitudes (e.g., do not think consent is always important, endorse various rape myths) and engage in problematic sexual behaviour. Moreover, this thesis lends a unique contribution to understanding the effectiveness of university responses, whereby these responses are not appropriately addressing problematic attitudes and behaviours, including the needs of sexual violence perpetrators. This may indicate a need to change the direction of sexual violence education, prevention, and intervention to a sex positive model that has shown success, particularly among young adults and sexual offenders (e.g., Walters et al., 2015). Future research should continue to focus on students' perspectives on sexual consent and sexual violence, including the relationship between these variables, as well as developing the most effective intervention strategies for perpetrators of campus sexual violence.

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## Appendix A

### Study 1 Consent Form

You are invited to participate in a research study entitled Understanding students' perspectives on consent & sexual experiences. This study (REB# 14704) has been reviewed by the University of Ontario Institute of Technology Research Ethics Board and has been approved as of April 16, 2018. Please read this form carefully, and feel free to ask any questions you might have. If you have any questions about your rights as a participant in this study, please contact the Compliance Officer at (905) 721-8668 ext 3693 or [compliance@uoit.ca](mailto:compliance@uoit.ca).

#### **Researcher(s):**

This research is being carried out by Alisia Palermo, M.Sc. Candidate and Dr. Leigh Harkins.

#### **Purpose and Procedure:**

The purpose of this study is to understand university students' beliefs, attitudes, and behaviours related to sexual consent, sexual relationships, and sexual violence, as well as students' perspectives on university outcomes for sexual violence cases. If you decide to take part in this study, you will be asked to fill out a number of questionnaires—a demographics questionnaire, and four questionnaires related to your perceptions of sexual relationships, as well as your sexual experiences. Your responses are completely anonymous and will not be identifiable to any of the researchers. There will be no repercussions from being honest about these activities (provided you do not disclose details of a past offense with a victim for which you have not been charged; see **Confidentiality** section below for more details). It is important to answer all questions as honestly as possible in order to ensure accurate results for the study. There will be no penalty (i.e., you will still receive one course credit) for leaving questions blank and/or for leaving the study early for any reason. In the event that a participant decides to leave the study, their data will be deleted (i.e., web browser will be closed). The researchers would like to emphasize the importance of self-care following the study. Further on this form, as well as on the Debrief Form, you will find several support services that you can contact if you experience any psychological or emotional discomfort from participating in this study. Following participation in the study, you will be debriefed. The entire experiment will take approximately 60 minutes.



**Compensation:**

You will receive one (1) credit that will go toward your course for your participation in the study as outlined on SONA.

**Potential Benefits:**

There are no direct benefits for participating in this study. By understanding students' perspectives on sexual relationships, sexual violence, and current university outcomes for sexual violence cases, we will

be able to develop better outcomes for sexual violence perpetrators. By participating in this study, you will help to create a safer university environment and successful university outcomes for survivors and perpetrators of sexual violence.

**Potential Risk or Discomforts:**

Some people may experience negative feelings, thoughts, and emotions (i.e., anger, sadness, frustration) from answering questions about their attitudes, beliefs, and behaviours related to sexual relationships and sexual violence. If so, please know you can stop the study and leave the lab at any time, leave questions blank, or contact the support services listed below. If you leave the study at any time, you will not receive any penalty (i.e., you will still receive compensation). You have the right to withdrawal from the study until July 1<sup>st</sup>, 2018 using your memorable word (see instructions under **Right to Withdraw** section below). Please be assured that all of your responses will be anonymous, and your responses will not be connected to you in any way. If at any point in time during the study you have any questions or concerns, please do not hesitate to inform the experimenter.

**Distress Centre Durham (24-hour, confidential): 1-800-452-0688 UOIT Student LifeLine (Mon-Fri., 8:30am-4:30pm): 905-721-3392 Durham Rape Crisis Centre (24-hour, confidential): 905-668-9200**

**Storage of Data:**

The information you provide will be entered into a computer database and stored in a locked lab on a password-protected laptop accessible only by the research team. The data file will also be password-protected to ensure the safety of your responses. No identifying information, such as your name or student ID, will appear in the database. All the data will

be aggregated to further protect the confidentiality of your responses. The anonymous data will be kept indefinitely, may be used in future studies and aggregated/grouped data may be shared with other researchers as required by the ethics and publication guidelines of psychology. If this is the case, none of your identifying information will be included.

**Confidentiality:**

It is entirely up to you if you want to take part in the study. You will be asked to provide a memorable word at the end of the study, which will be linked with your responses to protect the anonymity of your data. This means your responses will remain anonymous, but will allow us to withdraw your data if you decide you no longer want it to be included. In addition, the web browser will be closed (i.e., your responses are no longer available once you have submitted the questionnaire), or if you choose to leave at any point during the study. All data will remain anonymous by the principal investigator and research team. Please also rest assured that the principal investigator and research team will all be required to sign confidentiality agreements to further protect you. In addition, all data will be kept on an encrypted USB key, and will only be accessible to designated members of the research team.

Confidentiality will be provided to the fullest extent possible by law, professional practice and ethical codes of conduct. Your privacy shall be respected. No information about your identity will be shared or published without your permission, unless required by law. There are some situations in which confidentiality may need to be breached - if you report the intention to harm yourself or someone else, or if you report committing a specific previous crime with a victim that can be identified. We also may have a duty to report any abuse to children under the age of 18 to the Children's Aid Society (i.e. if you provide unsolicited information about an identifiable victim) as per the *Child, Youth and Family Services Act, 2017*. Any disclosure using identifying information made to the researcher or principal investigator regarding incidents of sexual violence will be followed up as required by UOIT's Sexual Violence Policy.

Please note that we have designed the questionnaires in a way that *should not* result in the situations described above, so please feel free to answer the questions honestly. We do ask, however, that you not provide any extra or identifying details regarding past offences so your confidentiality can be maintained.

**Right to Withdraw:**

Your participation is voluntary, and you can choose to answer only those questions that you are comfortable with. The information that is shared will be held in strict confidence and discussed only with the research team.

You may withdraw from the study at any time without affecting entitlement to research credit. If you withdraw from the research project at any time, any data that you have contributed will be removed from the study, up until July 1<sup>st</sup>, 2018, at which point the data will be analyzed and it will no longer be possible to identify your individual responses. As a participant, you are not waiving any rights to legal recourse in the event of research-related harm. To withdraw during the course of the study, verbally indicate to the experimenter you would like to stop and withdraw, and all of your data will be discarded without having been viewed.

The process for withdrawing from the study after completion is as follows:

1. At the end of the study, you will be prompted to provide a memorable code word (your initials, mother's maiden name, and last 3 digits of your phone number).
2. We recommend that you make note of your memorable code word on your debrief form, or another location you can easily access (ex. Cell phone)
3. If you wish to withdraw your data, you can contact Alisia Palermo and Dr. Leigh Harkins using the email or phone number provided on your debrief form/consent form. If you would like to ensure complete anonymity, please call Dr. Leigh Harkins using a blocked number. Your email will be deleted following the removal of your data.
4. When contacting Alisia Palermo or Dr. Leigh Harkins, please clearly state your intent to withdraw your data, and provide your memorable word.
5. Providing your memorable word will allow for all data collected from you to be identified and destroyed. You do not have to provide a reason for withdrawal. Once you have stated your intent for your data to be withdrawn, it will not be viewed again, even in the process of withdrawal.

**Participant Concerns and Reporting:**

This research project has been approved by the University of Ontario Institute of Technology

Research Ethics Board REB #14704 on April 16, 2018. If you have any questions, concerns, or complaints, you may contact Alisia Palermo (alisia.palermo@uoit.ca) or Dr. Harkins (leigh.harkins@uoit.ca; 905-721-8668 ext. 5991). Any questions regarding your rights as a participant, complaints or adverse events may be addressed to Research Ethics Board through the Research Ethics Officer – researchethics@uoit.ca or 905.721.8668 x. 3693.”

### **Debriefing and Dissemination of Results:**

At the end of the study, you will receive a debrief form with further information about the study, as well as how to withdrawal from the study, if necessary. As a participant, you are entitled to be informed of the results of this study if interested. The results may be published in the form of an academic journal. Even in this form, all data will be aggregated and remain anonymous. If you are interested in the results of this study, please contact the alisia.palermo@uoit.ca.

### **Consent to Participate:**

1. I have read the consent form and understand the study being described [L] [SEP]
2. I have had an opportunity to ask questions and my questions have been answered. I am free to [L] [SEP]ask questions about the study in the future. [L] [SEP]
3. I understand that the anonymous data I provide in this study may be subject to additional [L] [SEP]analyses not outlined in this study. [L] [SEP]
4. I freely consent to participate in the research study, understanding that I may discontinue [L] [SEP]participation at any time without penalty. A copy of this Consent Form has been given to me for my records. [L] [SEP]

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(Name or identifier of Participant) (Date)

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(Signature of Participant)

**Appendix B**  
**Demographics Questionnaire**

**1. How old are you (in years)? \_\_\_\_\_**

**2. What is your gender?**

- a. Male
- b. Female
- c. Non-binary
- d. Transgender
- e. Other: \_\_\_\_\_

**3. What is your sexual orientation?**

- a. Heterosexual
- b. Homosexual
- c. Bisexual
- d. Asexual
- e. Pansexual

**4. What is your race/ethnicity?**

- a. Caucasian
- b. Black
- c. East Asian
- d. South Asian
- e. South East Asian
- f. Middle Eastern
- g. West Indian
- h. Hispanic/Latino
- i. Native/Aboriginal
- j. Other

**5. What is your current relationship status?**

- a. Single
- b. In a relationship, not living together
- c. In a relationship, living together
- d. Married/Domestic Partnership
- e. Divorced/Separated
- f. Widowed

**6. Which of the following best describes where you grew up?**

- a. An urban centre (i.e. mid-to-large sized city)
- b. A rural centre (i.e. a farm, acreage, or small town)

**7. How would you describe your political beliefs?**

- a. Very conservative
- b. Conservative
- c. Slightly conservative
- d. Middle of the road
- e. Slightly liberal
- f. Liberal
- g. Very liberal
- h. Prefer not to answer

**8. How religious would you say you are?**

- a. Very religious
- b. Somewhat religious
- c. Slightly religious
- d. Not religious at all
- e. Prefer not to answer

**Appendix C**  
**Consent Questionnaire**

- 1. Roughly how many, if any, different adult female sexual partners have you had?**
- 2. Roughly how many, if any, different adult male sexual partners have you had?**
- 3. Roughly how many, if any, different adult transgender or non-gender conforming sexual partners have you had?**
- 4. How often do you have conversations regarding consent before engaging in sexual activities?**
  - a. Always
  - b. Usually
  - c. Sometimes
  - d. Only when it does not feel awkward
  - e. Rarely
  - f. Never

- 5. How do you try to obtain consent when you engage in sexual activities?**

Explanation:

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- 6. When having sex with someone more than once on one particular occasion, would the first time obtaining consent be enough?**

- a. Yes
- b. No

- 7. If you have had sex with someone on another occasion, is it necessary to obtain consent again?**

- a. Yes
- b. No

- 8. Do you believe the length of time of a relationship changes how you would ensure consent?**

- a. Yes
- b. No

If yes, then how does the length of time of a relationship change the need for consent?

---

**9. How likely is it that you would have sex with someone without their consent/against their will/when they are resisting if you would not get caught and/or punished?**

- a. 1: Not at all likely
- b. 2: Somewhat likely
- c. 3: Moderately likely
- d. 4: Very likely
- e. 5: Completely likely

**10. How likely is it that you would have sex with someone without their consent/against their will/when they are resisting you if you knew that your *friend* had previously engaged in this behaviour with a sexual partner?**

- a. 1: Not at all likely
- b. 2: Somewhat likely
- c. 3: Moderately likely
- d. 4: Very likely
- e. 5: Completely likely

**11. Imagine you are about to engage in sexual activity with someone, and you learn they are drunk and/or has taken drugs (i.e. marijuana, cocaine, MDMA). How likely would you be to proceed to sexual intercourse?**

- a. 1: Not at all likely
- b. 2: Somewhat likely
- c. 3: Moderately likely
- d. 4: Very likely
- e. 5: Completely likely

**12. Please specify what indicators of consent are important in order to determine full participation in a sexual activity—what YOU do to indicate *consent and willingness*?**

---

**13. Please specify what indicators of consent are important in order to determine that consent is not being given for a sexual activity—what YOU do to indicate *you are not giving consent and are unwilling*?**

---



**14. Please specify what indicators of consent are important in order to determine full participation in a sexual activity—what you look for in YOUR PARTNER to indicate that they are giving *consent and willingness*?**

---

**15. Please specify what indicators of consent are important in order to determine that consent is not being given for a sexual activity—what you what you look for in YOUR PARTNER indicate *they are not giving consent and are unwilling*?**

---

**Appendix D****Sexual Experiences Survey-TFR (SES-TFR)-Perpetrator Version****Instructions:**

**We are now going to ask you some questions about:**

- a. your **past** experiences with different types of sexual behaviour,
- b. how **likely** you would be to do these different sexual behaviours in the future, and
- c. how you **evaluate** these different types of sexual behaviour.

**Please answer the following questions by choosing an answer from the drop down menus for each item.**

**SES-TFR Response Scale**

How many times SINCE YOU WERE 16 years old...

0 = Never to 9 = 9 times or more

**SES-TFR Evaluations Response Scale**

How POSITIVE or NEGATIVE do you think the behaviour below is?

1 = Very Negative to 7 = Very Positive

**SES-TFR-Proclivity Response Scale**

How LIKELY would you be to do the behaviour below?

1 = Not at all likely to 7 = Very likely

**SES-TFR-Peer Influence Scale**

How LIKELY would you be to do the behaviour below?

1 = Not at all likely to 7 = Very likely

### SES-TFR-Reporting Scale

**How LIKELY do you think someone is to report you (i.e., to a person of authority) for the below below?**

1 = Not at all likely to 7 = Very likely

### SES-TFR-Outcome Scale 1

**What do you think the MOST SEVERE outcome for engaging in this behaviour?**

- 1) Experiencing negative feelings/emotions (i.e., anger, sadness, guilt)
- 2) Being reported to a person of authority (i.e., police, formal report to a university)
- 3) Being reported to a friend, parent, and/or psychologist, counselor, etc.
- 4) Retaliation from the sexual partner and/or someone else
- 5) I don't think there would be any outcomes for engaging in this behaviour
- 6) Other: \_\_\_\_\_

### SES-TFR-Outcome Scale 2

**How LIKELY do you think each of these outcomes is to happen to you?**

1 = Not at all likely to 7 = Very likely

### SES-TFR Behaviours and Tactics

**[How many times SINCE YOU WERE 16 years old.../How LIKELY would you be to do the behaviour below?/ How POSITIVE or NEGATIVE do you think the behaviour below is?/If you knew your friend had engaged in the behaviour below, how LIKELY would you be to engage in the SAME behaviour?/How LIKELY do you think someone is to report you for behaviour below?/What do you think is the MOST SEVERE outcome for engaging in the behaviour below?/How LIKELY do you think each of these outcomes is to happen to you?]**

*1. Have you ever overwhelmed someone with arguments and pressure, although they indicated they didn't want to, in order to...*

- a. fondle, kiss, or sexually touch them without their permission?
  - b. attempt to make them have sexual intercourse with you, but for some reason intercourse didn't happen?
  - c. make them have oral sex with you?
  - d. make them have sexual intercourse with you?
  - e. make them have anal sex with you?
  - f. insert an object into them?
2. *Have you ever told someone lies or made promises that you knew were untrue (after they indicated they didn't want to), in order to...*
- a. fondle, kiss, or sexually touch them without their permission?
  - b. attempt to make them have sexual intercourse with you, but for some reason intercourse didn't happen?
  - c. make them have oral sex with you?
  - d. make them have sexual intercourse with you?
  - e. make them have anal sex with you?
  - f. insert an object into them?
3. *Have you ever shown you were not happy by making someone feel guilty, swearing, sulking, or getting angry (after they indicated they didn't want to), in order to...*
- a. fondle, kiss, or sexually touch them without their permission?
  - b. attempt to make them have sexual intercourse with you, but for some reason intercourse didn't happen?
  - c. make them have oral sex with you?
  - d. make them have sexual intercourse with you?
  - e. make them have anal sex with you?
  - f. insert an object into them?
4. *Have you ever given someone drugs or alcohol without their permission in order to...*
- a. fondle, kiss, or sexually touch them without their permission?
  - b. attempt to make them have sexual intercourse with you, but for some reason intercourse didn't happen?
  - c. make them have oral sex with you?
  - d. make them have sexual intercourse with you?
  - e. make them have anal sex with you?
  - f. insert an object into them?
5. *When a person was passed out or too drunk to give permission or stop what was happening, have you ever...*

- a. fondle, kiss, or sexually touch them without their permission?
- b. attempt to make them have sexual intercourse with you, but for some reason intercourse didn't happen?
- c. make them have oral sex with you?
- d. make them have sexual intercourse with you?
- e. make them have anal sex with you?
- f. insert an object into them?

6. *Have you ever used some degree of physical force (twisting their arm, holding them down) or in any other way held down or physically hurt a person in order to...*

- a. fondle, kiss, or sexually touch them without their permission?
- b. attempt to make them have sexual intercourse with you, but for some reason intercourse didn't happen?
- c. make them have oral sex with you?
- d. make them have sexual intercourse with you?
- e. make them have anal sex with you?
- f. insert an object into them?

7. *Have you...*

- a. fondled, kissed, or sexually touched someone without their permission?
- b. attempted to make someone have sexual intercourse with you, but for some reason intercourse didn't happen?
- c. make someone have oral sex with you?
- d. make someone have sexual intercourse with you?
- e. make someone have anal sex with you?
- f. insert an object into someone?

If you have ever been involved in one or more of the above scenarios/situations, please answer the following questions. **Please do not disclose any information that could be used as identifiers to anyone involved in any case (i.e. names, specific locations, etc.).**

8. What do you think led to the situation occurring?

---

9. Has this behaviour ever been reported to an organization/institution (ie. university, workplace, human resources, etc.)

- a. Yes
- b. No

9. A. If yes, what was the outcome?

---

10. Were legal charges ever pressed against you?

- a. Yes
- b. No

10. A. If yes, what was the outcome?

- a. Found guilty, sentenced to jail time
- b. Found guilty, sentenced to community service
- c. Found guilty, sentenced to something else

Explain: \_\_\_\_\_

- d. Found not guilty
- e. Other

11. What do you think could have helped you avoid being involved in this situation?

---

12. If you found yourself in a similar situation again, is there anything that you would do differently?

- a. Yes
- b. No

If yes, explain what you would do differently:

---

13. Is there anything that you know now that you wish you knew at the time of the situation?

- a. Yes
- b. No

If yes, explain what:

---

## Appendix E

### Sexual Experiences Survey-TFR (SES-TFR)—Revised Version for Survivors/Victims

#### Instructions:

We are now going to ask you some questions about:

1. Your **past** experiences with different types of sexual behaviour
2. How you **evaluate** these different types of sexual behaviour.

Please answer the following questions by choosing an answer from the drop down menus for each item.

#### SES-TFR Response Scale

How many times in your life...

0 = *Never* to 9 = *9 times or more*

#### SES-TFR Evaluations Response Scale

How POSITIVE or NEGATIVE do you think the behaviour below is?

1 = *Very Negative* to 7 = *Very Positive*

#### SES-TFR Behaviours and Tactics

[How many times in your life.../How POSITIVE or NEGATIVE do you think the behaviour below is?]

1. *Have you ever been overwhelmed by someone with arguments and pressure, although you indicated you didn't want to, in order for them to...*

- a. fondle, kiss, or sexually touch you without your permission?
- b. attempt to make you have sexual intercourse with them, but for some reason intercourse didn't happen?
- c. make you have oral sex with them?
- d. make you have sexual intercourse with them?
- e. make you have anal sex with them?
- f. insert an object into you?

2. *Have you ever been told lies or made promises that were untrue by someone (after you indicated that you didn't want to), in order to for them to...*

- a. fondle, kiss, or sexually touch you without your permission?
- b. attempt to make you have sexual intercourse with them, but for some reason intercourse didn't happen?
- c. make you have oral sex with them?
- d. make you have sexual intercourse with them?
- e. make you have anal sex with them?
- f. insert an object into you?

3. *Has someone ever shown that they were not happy by making you feel guilty, swearing, sulking, or getting angry with you (after you indicated that you didn't want to), in order to for them to...*

- a. fondle, kiss, or sexually touch you without your permission?
- b. attempt to make you have sexual intercourse with them, but for some reason intercourse didn't happen?
- c. make you have oral sex with them?
- d. make you have sexual intercourse with them?
- e. make you have anal sex with them?
- f. insert an object into you?

4. *Has anyone ever given you drugs or alcohol without your permission in order to for them to...*

- a. fondle, kiss, or sexually touch you without your permission?
- b. attempt to make you have sexual intercourse with them, but for some reason intercourse didn't happen?
- c. make you have oral sex with them?
- d. make you have sexual intercourse with them?
- e. make you have anal sex with them?
- f. insert an object into you?

5. *When you were passed out or too drunk to give permission or stop what was happening, has someone ever (to your knowledge)...*

- a. fondle, kiss, or sexually touch you without your permission?



- b. attempt to make you have sexual intercourse with them, but for some reason intercourse didn't happen?
  - c. make you have oral sex with them?
  - d. make you have sexual intercourse with them?
  - e. make you have anal sex with them?
  - f. insert an object into you?
6. *Has someone ever used some degree of physical force (twisting your arm, holding you down) or in any other way you held down or physically hurt you in order for them to...*
- a. fondle, kiss, or sexually touch you without your permission?
  - b. attempt to make you have sexual intercourse with them, but for some reason intercourse didn't happen?
  - c. make you have oral sex with them?
  - d. make you have sexual intercourse with them?
  - e. make you have anal sex with them?
  - f. insert an object into you?
7. *Do you feel that someone has...*
- a. fondle, kiss, or sexually touch you without your permission?
  - b. attempt to make you have sexual intercourse with them, but for some reason intercourse didn't happen?
  - c. make you have oral sex with them?
  - d. make you have sexual intercourse with them?
  - e. make you have anal sex with them?
  - f. insert an object into you?

If you have ever been involved in any of the scenarios/situations above, please answer the following questions. **Please do not disclose any information that could be used as identifiers to anyone involved in any case (i.e. names, specific locations, etc.).**

8. Why do you think the situation occurred?
-

9. What do you think went wrong that lead to this scenario?

---

10. Did you legal press charges against the perpetrator?

- a. Yes
- No

10. A. If yes, what was the outcome?

- a. Defendant found guilty, sentenced to jail time
- b. Defendant found guilty, sentenced to community service
- c. Defendant found guilty, sentenced to something else

Explain: \_\_\_\_\_

- d. Defendant found not guilty
  - e. Other.
- 

11. Have you have reported your experience to an organization/institution (ie. university, workplace, human resources, etc.)

- a. Yes
- b. No

11. A. If yes, what was the outcome?

---

12. Have you ever shared your experience with a professional (ie. psychologist, counsellor, social worker, etc.)?

- a. Yes
- b. No

13. Have you ever received some form of support from a professional (i.e. psychologist, counsellor, social worker, etc.) for this experience?

- a. Yes
- b. No

14. In your opinion, what would be the ideal outcome for a perpetrator of sexual violence?

- a. Punishment (i.e., suspension, jail time, expulsion from school, fired from job, etc.)

- b. Rehabilitation (i.e., attending a treatment program)
- c. Sexual violence education (i.e., attending a workshop, participating in an online education program)
- d. Reformative justice (i.e., victim-offender mediation, community group conferencing, financial restitution)
- e. Other (explain below)

If you have any other outcomes that you think would be useful or appropriate, please explain:

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## Appendix F

### Updated Illinois Rape Myth Acceptance Scale

**Please choose how much you agree or disagree with the following statements from 1 = strong disagree to 7 = strongly agree.**

#### Subscale 1: (Lack of Perceived Behavioural Control)

1. I would have difficulty asking for consent because it would spoil the mood.
2. I am worried that my partner might think I'm weird or strange if I asked for sexual consent before starting any sexual activity.
3. I would have difficult asking for consent because it doesn't really fit with how I like to engage in sexual activity.
4. I would worry that if other people knew I asked for sexual consent before starting sexual activity, that they would think I was weird or strange.
5. I think that verbally asking for sexual consent is awkward.
6. I have not asked for sexual consent (or given my consent) at times because I felt that it might backfire and I wouldn't end up having sex.
7. I believe that verbally asking for sexual consent reduces the pleasure of the encounter.
8. I would have a hard time verbalizing my consent in a sexual encounter because I am too shy.
9. I feel confident that I could ask for consent from a new sexual partner. (Reverse coded)
10. I would not want to ask a partner for consent because then it would remind me that I'm sexually active
11. I feel confident that I could ask my current partner for sexual consent. (Reverse coded)

#### Subscale 2: Positive Attitude toward Establishing Consent

12. I feel that sexual consent should always be obtained before the start of sexual activity.
13. I believe that asking for sexual consent is in my best interest because it reduces any misinterpretations that might arise.
14. I think it is equally important to obtain sexual consent in all relationships regardless of whether or not they have had sex before.
15. I feel that verbally asking for sexual consent should occur before proceeding with any sexual activity.

16. When initiating sexual activity, I believe that one should always assume they do not have sexual consent.
17. I believe that it is just as necessary to obtain consent for genital fondling as it is for sexual intercourse.
18. Most people that I care about feel that asking for sexual consent is something I should do.
19. I feel it is the responsibility of both partners to make sure sexual consent is established before sexual activity begins.
20. Before making sexual advances, I think that one should assume “no” until there is clear indication to proceed.
21. Not asking for sexual consent some of the time is okay. (Reverse coded)

#### Subscale 3: Indirect Behavioural Approach to Consent

22. Typically I communicate sexual consent to my partner using nonverbal signals and body language.
23. It is easy to accurately read my current (or most recent) partner’s nonverbal signals as indicating consent or non-consent to sexual activity.
24. Typically I ask for consent by making a sexual advance and waiting for a response, so I know whether or not to continue.
25. I don’t have to ask or give my partner sexual consent because my partner knows me well enough.
26. I don’t have to ask or give my partner sexual consent because I have a lot of trust in my partner to “do the right thing”.
27. I always verbally ask for consent before I initiate a sexual encounter. (Reverse coded)

#### Subscale 4: Sexual Consent Norms

28. I think that obtaining sexual consent is more necessary in a new relationship than in a committed relationship.
29. I think that obtaining sexual consent is more necessary in a casual sexual encounter than in a committed relationship.
30. I believe that the need for asking for sexual consent decreases as the length of an intimate relationship increase.
31. I believe it is enough to ask for consent at the beginning of a sexual encounter.

32. I believe that sexual intercourse is the only sexual activity that requires explicit verbal consent.

33. I believe that partners are less likely to ask for sexual consent the longer they are in a relationship.

34. If consent for sexual intercourse is established, petting and fondling can be assumed.

Subscale 5: Awareness and discussion

35. I have discussed sexual consent issues with a friend.

36. I have heard sexual consent issues being discussed by other students on campus.

37. I have discussed sexual consent issues with my current (or most recent) partner at times other than during sexual encounters.

38. I have not given much thought to the topic of sexual consent. (Reverse coded).

## Appendix G

### Study 1 Debrief Form

Firstly, thank you for participating in this study—it is greatly appreciated!

In this study you answered a series of questionnaires on your understanding of consent, past sexual experiences, and demographic information. The purpose of this research is to understand university students' beliefs, attitudes, and behaviours related to sexual consent, sexual relationships, and sexual violence, as well as students' perspectives on university outcomes for sexual violence cases. The results of this study will guide the development of a future sexual violence education program. All responses you gave over the course of this study will remain confidential in agreement with the confidentiality agreements the research team has signed. In order to ensure you can withdraw your data at any time during data collection, please make a note of your memorable word on your copy of the debrief form, or somewhere else that is easily accessible. It is important to note you will need to remember your memorable word in order to withdraw your data. If at any point in time you would like to withdraw your data, you can contact Alisia Palermo ([alisia.palermo@uoit.ca](mailto:alisia.palermo@uoit.ca)) or Dr. Harkins ([leigh.harkins@uoit.ca](mailto:leigh.harkins@uoit.ca); 905-721-8668 ext. 5991) and provide your memorable word. Your email will be deleted following the removal of your data. If you are worried about anonymity in this process, please call Dr. Harkins using a blocked number and leave a message that includes your memorable word. After doing so, your data will be removed from the study.

It would be greatly appreciated if you would keep the details of this study confidential until the end of the academic year in order to help us maintain the study's integrity. We do recognize, however, that due to the sensitive nature of the topics discussed in this study, you may feel upset or distressed. If you do feel upset as a result of this study, and feel the need to discuss the study content with a professional (i.e., counsellor, psychologist), please feel free to do so. Your personal health is of the utmost importance! As a research team, we want to ensure you feel supported following study completion. If you should feel distressed, upset, or simply would like to speak to a counsellor about this study, please feel free to use of the contacts below:

**Distress Centre Durham (24-hour, confidential): 1-800-452-0688 UOIT Student LifeLine (Mon-Fri., 8:30am-4:30pm): 905-721-3392 Durham Rape Crisis Centre (24-hour, confidential): 905-668-9200**

Once again, thank you for your participation in this study!

If you have any further questions, concerns, or complaints about this study, you may contact Alisia Palermo (alisia.palermo@uoit.ca) or Dr. Harkins (leigh.harkins@uoit.ca; 905-721-8668 ext. 5991). Any questions regarding your rights as a participant, complaints or adverse events may be addressed to Research Ethics Board through the Research Ethics Officer – researchethics@uoit.ca or 905.721.8668 x. 3693.

This study has been approved by the UOIT Research Ethics Board REB #14704 on April 16, 2018.



## Appendix H

### Study 2 Consent Form

You are invited to participate in a **two-part** research study entitled Assessing University Responses to Sexual Violence. This study has been reviewed by the UOIT Research Ethics Board REB #15001 on [insert date]. Any questions regarding your rights as a participant, complaints, or adverse events may be addressed to Research Ethics Board through the Research Ethics Coordinator – [researchethics@uoit.ca](mailto:researchethics@uoit.ca) or 905.721.8668 x. 3693. If you have any questions concerning the research study or experience any discomfort related to the study, please contact the researcher, Alisia Palermo at [alisia.palermo@uoit.net](mailto:alisia.palermo@uoit.net) or Dr. Leigh Harkins at [leigh.harkins@uoit.ca](mailto:leigh.harkins@uoit.ca) or 905-721-8668 ext. 5991.

#### Researcher(s):

This research is being carried out by Alisia Palermo, M.Sc. Candidate and Dr. Leigh Harkins.

#### Purpose and Procedure:

The purpose of this study is to assess university responses, specifically UOIT's university responses, in cases of sexual violence. If you decide to take part in this study, you will be asked to fill out a number of questionnaires—a demographics questionnaire, and four questionnaires related to your perceptions of sexual relationships, as well as your sexual experiences. You will then complete **one** of three online tasks, which are examples of typical university responses, following the completion of these questionnaires. This task will take approximately one hour to complete. Your responses are completely anonymous and will not be identifiable to any of the researchers. There will be no repercussions from being honest about these activities (provided you do not disclose details of a past offense with a victim for which you have not been charged; see **Confidentiality** section below for more details). It is important to answer all questions as honestly as possible in order to ensure accurate results for the study. There will be no penalty (i.e., you will still receive one course credit) for leaving questions blank and/or for leaving the study early for any reason. In the event that a participant decides to leave the study, their data will be deleted (i.e., web browser will be closed). The researchers would like to emphasize the importance of self-care following the study. Further on this form, as well as on the Debrief Form, you will find several support services that you can contact if you experience any psychological or emotional discomfort from participating in this study. Following participation in the study, you will be debriefed. The entire experiment will take approximately 90 minutes.

You will be contacted via email to participate in Time 2 of this study at a later date. This part of the study will take place in the lab, as well. The second part of the experiment will take approximately 30 minutes. Further instructions and information on Time 2 of the study will be provided in the email that you receive.

**Compensation:**

You will receive one and a half (1.5) credits that will go toward your course for your participation in Time 1 of the study as outlined on SONA. By participating in Time 2 of the study, you will receive an additional half (0.5) credit. You will be granted 1.5 credits today, and 0.5 credits on the day that you complete Time 2.

By participating in Time 2 of the study, you will also be entered into a draw to win a \$100 Amazon Gift Card. You will only be eligible to enter into this draw by coming into the lab to participate in Time 2 of the study.

**Potential Benefits:**

There are no direct benefits for participating in this study. By understanding the effectiveness of these outcomes, we will be able to develop better outcomes for sexual violence perpetrators. By participating in this study, you will help to create a safer university environment and successful university outcomes for survivors and perpetrators of sexual violence.

**Potential Risk or Discomforts:**

Some people may experience negative feelings, thoughts, and emotions (i.e., anger, sadness, frustration) from answering questions about their attitudes, beliefs, and behaviours related to sexual relationships and sexual violence. If so, please know you can stop the study and leave the lab at any time, leave questions blank, or contact the support services listed below. If you leave the study at any time, you will not receive any penalty (i.e., you will still receive compensation). You have the right to withdrawal from the study until January 1<sup>st</sup>, 2019 using your memorable word (see instructions under **Right to Withdraw** section below). Please be assured that all of your responses will be anonymous, and your responses will not be connected to you in any way. If at any point in time during the study you have any questions or concerns, please do not hesitate to inform the experimenter.

**Distress Centre Durham (24-hour, confidential): 1-800-452-0688**

**UOIT Student LifeLine (Mon-Fri., 8:30am-4:30pm): 905-721-3392**

**Durham Rape Crisis Centre (24-hour, confidential): 905-668-9200**

**Storage of Data:**

The information you provide will be entered into a computer database and stored in a locked lab on a password-protected laptop accessible only by the research team. The data file will also be password-protected to ensure the safety of your responses. No identifying information, such as your name or student ID, will appear in the database. All the data will be aggregated to further protect the confidentiality of your responses. The anonymous data will be kept indefinitely, may be used in future studies and aggregated/grouped data may be shared with other researchers as required by the ethics and publication guidelines of psychology. If this is the case, none of your identifying information will be included.

**Confidentiality:**

It is entirely up to you if you want to take part in the study. You will be asked to provide a code word at the end of the study, which will be linked with your responses to protect the anonymity of your data. This means your responses will remain anonymous, but will allow us to withdraw your data if you decide you no longer want it to be included. In addition, the web browser will be closed (i.e., your responses are no longer available once you have submitted the questionnaire), or if you choose to leave at any point during the study. All data will remain anonymous by the principal investigator and research team. Please also rest assured that the principal investigator and research team will all be required to sign confidentiality agreements to further protect you. In addition, all data will be kept on an encrypted USB key, and will only be accessible to designated members of the research team.

Confidentiality will be provided to the fullest extent possible by law, professional practice and ethical codes of conduct. Your privacy shall be respected. No information about your identity will be shared or published without your permission, unless required by law. There are some situations in which confidentiality may need to be breached - if you report the intention to harm yourself or someone else, or if you choose to provide unsolicited, identifying information about yourself (which you will not be asked to do in this study), report committing a specific previous crime with a victim that can be identified. We also may have a duty to report any abuse to children under the age of 18 to the Children's Aid Society (i.e. if you provide unsolicited information about an identifiable victim) as per the *Child, Youth and Family Services Act, 2017*. Any disclosure using identifying information made to the researcher or principal investigator regarding incidents of sexual violence will be followed up as required by UOIT's Sexual Violence Policy.

Please note that we have designed the questionnaires in a way that *should not* result in the situations described above, so please feel free to answer the questions honestly. We do ask, however, that you not provide any extra or identifying details regarding past offences so your confidentiality can be maintained.

**Right to Withdraw:**

Your participation is voluntary, and you can choose to answer only those questions that you are comfortable with. The information that is shared will be held in strict confidence and discussed only with the research team.

You may withdraw from the study at any time without affecting entitlement to research credit. If you withdraw from the research project at any time, any data that you have contributed will be removed from the study, up until January 1<sup>st</sup>, 2019, at which point the data will be analyzed and it will no longer be possible to identify your individual responses. As a participant, you are not waiving any rights to legal recourse in the event of research-related harm. To withdraw during the course of the study, verbally indicate to the experimenter you would like to stop and withdraw, and all of your data will be discarded without having been viewed.

The process for withdrawing from the study after completion is as follows:

1. At the end of the study, you will be prompted to provide the response to four personal questions (the last letter of your last name, your birth month, your mother's birth month, and the last 3 digits of your phone number). This will be your code word.
2. We recommend that you make note of your code word in a place that is secure and easily accessible to you.
3. If you wish to withdraw you data, you can contact Alisia Palermo and Dr. Leigh Harkins using the email or phone number provided on your debrief form/consent form. If you would like to ensure complete anonymity, please call Dr. Leigh Harkins using a blocked number. Your email will be deleted following the removal of your data.
4. When contacting Alisia Palermo or Dr. Leigh Harkins, please clearly state your intent to withdraw your data, and provide your identification code.
5. Providing your code word will allow for all data collected from you to be identified and destroyed. You do not have to provide a reason for withdrawal. Once you have stated your intent for your data to be withdrawn, it will not be viewed again, even in the process of withdrawal.

#### **Participant Concerns and Reporting:**

This research project has been approved by the University of Ontario Institute of Technology Research Ethics Board REB #15001. If you have any questions, concerns, or complaints, you may contact Alisia Palermo (alisia.palermo@uoit.ca) or Dr. Harkins (leigh.harkins@uoit.ca; 905-721-8668 ext. 5991). Any questions regarding your rights as a participant, complaints or adverse events may be addressed to Research Ethics Board through the Research Ethics Officer – researchethics@uoit.ca or 905.721.8668 x. 3693.”

#### **Debriefing and Dissemination of Results:**

At the end of the study, you will receive a debrief form with further information about the study, as well as how to withdrawal from the study, if necessary. As a participant, you are entitled to be informed of the results of this study if interested. The results may be published in the form of an academic journal. Even in this form, all data will be aggregated and remain anonymous. If you are interested in the results of this study, please contact the alisia.palermo@uoit.ca.

#### **Consent to Participate:**

1. I have read the consent form and understand the study being described (part one and part two).
2. I have had an opportunity to ask questions and my questions have been answered. I am free to ask questions about the study in the future.
3. I understand that the anonymous data I provide in this study may be subject to additional analyses not outlined in this study.

4. I freely consent to participate in the research study, understanding that I may discontinue participation at any time without penalty. A copy of this Consent Form has been given to me for my records.
5. I understand that if I wish to withdraw my input from the study that I must do so before January 1, 2019”.

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(Name or identifier of Participant)

(Date)

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(Signature of Participant)

**Participation in Time 2:**

Once again, this study includes a Time 2 that will occur at a later date. This part of the study will also occur in the lab. You will be contacted via email and provided with further instructions on when to complete Time 2 of the study. Remember that you will only be eligible to be entered into the draw to win a \$100 Amazon Gift Card by participating in Part 2 of the study.

Please provide your email address so that you can be contacted for participation in Time 2 of this study.

Email address: \_\_\_\_\_

## Appendix I

### Sexual Consent Scale-Revised

Please choose how much you agree or disagree with the following statements from 1 = strong disagree to 7 = strongly agree.

#### Subscale 1: (Lack of Perceived Behavioural Control)

1. I would have difficulty asking for consent because it would spoil the mood. [L] [SEP]
2. I am worried that my partner might think I'm weird or strange if I asked for [L] [SEP] sexual consent before starting any sexual activity. [L] [SEP]
3. I would have difficult asking for consent because it doesn't really fit with how [L] [SEP] I like to engage in sexual activity. [L] [SEP]
4. I would worry that if other people knew I asked for sexual consent before [L] [SEP] starting sexual activity, that they would think I was weird or strange. [L] [SEP]
5. I think that verbally asking for sexual consent is awkward. [L] [SEP]
6. I have not asked for sexual consent (or given my consent) at times because I [L] [SEP] felt that it might backfire and I wouldn't end up having sex. [L] [SEP]
7. I believe that verbally asking for sexual consent reduces the pleasure of the [L] [SEP] encounter. [L] [SEP]
8. I would have a hard time verbalizing my consent in a sexual encounter [L] [SEP] because I am too shy.
9. I feel confident that I could ask for consent from a new sexual partner. [L] [SEP] (Reverse coded)
10. I would not want to ask a partner for consent because then it would remind [L] [SEP] me that I'm sexually active [L] [SEP]
11. I feel confident that I could ask my current partner for sexual consent. [L] [SEP] (Reverse coded) [L] [SEP]

#### Subscale 2: Positive Attitude toward Establishing Consent [L] [SEP]

12. I feel that sexual consent should always be obtained before the start of sexual activity.
13. I believe that asking for sexual consent is in my best interest because it [L] [SEP] reduces any misinterpretations that might arise. [L] [SEP]
14. I think it is equally important to obtain sexual consent in all relationships

- regardless of whether or not they have had sex before.
15. I feel that verbally asking for sexual consent should occur before proceeding with any sexual activity.
  16. When initiating sexual activity, I believe that one should always assume they do not have sexual consent.
  17. I believe that it is just as necessary to obtain consent for genital fondling as it is for sexual intercourse.
  18. Most people that I care about feel that asking for sexual consent is something I should do.
  19. I feel it is the responsibility of both partners to make sure sexual consent is established before sexual activity begins.
  20. Before making sexual advances, I think that one should assume “no” until there is clear indication to proceed.
  21. Not asking for sexual consent some of the time is okay. (Reverse coded)

#### Subscale 3: Indirect Behavioural Approach to Consent

22. Typically I communicate sexual consent to my partner using nonverbal signals and body language.
23. It is easy to accurately read my current (or most recent) partner’s nonverbal signals as indicating consent or non-consent to sexual activity.
24. Typically I ask for consent by making a sexual advance and waiting for a response, so I know whether or not to continue.
25. I don’t have to ask or give my partner sexual consent because my partner knows me well enough.
26. I don’t have to ask or give my partner sexual consent because I have a lot of trust in my partner to “do the right thing”.
27. I always verbally ask for consent before I initiate a sexual encounter. (Reverse coded)

#### Subscale 4: Sexual Consent Norms

28. I think that obtaining sexual consent is more necessary in a new relationship than in a committed relationship.
29. I think that obtaining sexual consent is more necessary in a casual sexual encounter

- than in a committed relationship. [L] [SEP]
30. I believe that the need for asking for sexual consent decreases as the length [L] [SEP] of an intimate relationship increase. [L] [SEP]
31. I believe it is enough to ask for consent at the beginning of a sexual [L] [SEP] encounter. [L] [SEP]
32. I believe that sexual intercourse is the only sexual activity that requires [L] [SEP] explicit verbal consent. [L] [SEP]
33. I believe that partners are less likely to ask for sexual consent the longer they [L] [SEP] are in a relationship. [L] [SEP]
34. If consent for sexual intercourse is established, petting and fondling can be [L] [SEP] assumed. [L] [SEP]

Subscale 5: Awareness and discussion [L] [SEP]

35. I have discussed sexual consent issues with a friend.
36. I have heard sexual consent issues being discussed by other students on [L] [SEP] campus. [L] [SEP]
37. I have discussed sexual consent issues with my current (or most recent) [L] [SEP] partner at times other than during sexual encounters. [L] [SEP]
38. I have not given much thought to the topic of sexual consent. (Reverse coded). [L] [SEP]



## Appendix J

### Task Feedback Questions

Please answer the following questions regarding your experience the task you completed.

#### Questions:

Please rate the following questions on a scale from 1 to 5, where 1 = Strongly dislike and 5 = Strongly like.

1. How much did you enjoy the task you completed?
2. How much do you think others (i.e., your peers) would enjoy the task you completed?

Please rate the following questions on a scale from 1 to 5, where 1 = Not beneficial at all and 5 = Very beneficial.

3. How beneficial did you find the task you completed?
4. How beneficial do you think others (i.e., your peers) would find the task you completed?

Please rate the following questions on a scale from 1 to 5, where 1 = Not personally useful at all and 5 = Very personally useful.

5. How personally useful did you find the task you completed?
6. How personally useful do you think others (i.e., your peers) would find the task you completed?
7. (Freeform question) Is there anything that would make the task more personally useful or  meaningful to you?

Please rate the following questions on a scale from 1 to 5, where 1 = Very unlikely and 5 = Very likely.

8. How likely would you be to recommend this task to a friend or peer? Please answer the following freeform questions.
9. Was there anything about this task that make it difficult for you to complete? 10. What are three new things you learned from the task that you completed?

## Appendix K

### Study 2 Debrief Form-Time 1

Firstly, thank you for participating in this study—it is greatly appreciated!

In this study you answered a series of questionnaires on your understanding of consent, past sexual experiences, and demographic information, and you have also completed one of four online tasks. These online tasks represent some examples of typical university responses in cases of sexual violence. The purpose of this research is to compare these university responses, and the results of this study will guide the development of the most successful education techniques for sexual violence prevention on university campuses. All responses you gave over the course of this study will remain confidential in agreement with the confidentiality agreements the research team has signed. Please make note of the code word you created at the end of this study (the last letter of your last name, your birth month, your mother's birth month, the last 3 digits of your phone number) in a place that is secure and easily accessible. You will also need this code word if you choose to withdrawal from the study at any time and for Time 2 of the study. If at any point in time you would like to withdraw your data, you can contact Alisia Palermo (alisia.palermo@uoit.ca) or Dr. Harkins (leigh.harkins@uoit.ca; 905-721-8668 ext. 5991) and provide your code word. Your email will be deleted following the removal of your data. If you are worried about anonymity in this process, please call Dr. Harkins using a blocked number and leave a message that includes your identification code. After doing so, your data will be removed from the study.

It would be greatly appreciated if you kept the details of this study confidential until the end of the academic year in order to help us maintain the study's integrity. We do recognize, however, that due to the sensitive nature of the topics discussed in this study, you may feel upset or distressed. If you do feel upset as a result of this study, and feel the need to discuss the study content with a professional (i.e., counsellor, psychologist), please feel free to do so. Your personal health is of the utmost importance! As a research team, we want to ensure you feel supported following study completion. If you should feel distressed, upset, or simply would like to speak to a counsellor about this study, please feel free to use of the contacts below:

**Distress Centre Durham (24-hour, confidential): 1-800-452-0688**  
**UOIT Student LifeLine (Mon-Fri., 8:30am-4:30pm): 905-721-3392**  
**Durham Rape Crisis Centre (24-hour, confidential): 905-668-9200**

Please remember that you will be contacted via email to participate in Time 2 of this study. By participating in Time 2 of the study, you will be entered into a draw to win a \$100 Amazon Gift Card. Once again, thank you for your participation in this study!

This study has been reviewed by the UOIT Research Ethics Board REB #15001 on [insert date]. Any questions regarding your rights as a participant, complaints, or adverse events may be addressed to Research Ethics Board through the Research Ethics Coordinator –

researchethics@uoit.ca or 905.721.8668 x. 3693. If you have any questions concerning the research study or experience any discomfort related to the study, please contact the researcher, Alisia Palermo at [alisia.palermo@uoit.net](mailto:alisia.palermo@uoit.net) or Dr. Leigh Harkins at [leigh.harkins@uoit.ca](mailto:leigh.harkins@uoit.ca) or 905-721-8668 ext. 5991.

## Appendix L

### Study 2 Consent Reminder Form

You are invited to participate in the second part of this two-part study entitled Assessing University Responses to Sexual Violence. This is a reminder that you consented to participating in Time 2 of this study about one month ago. The purpose of this study is to compare university responses, specifically UOIT's university responses, in cases of sexual violence. In this portion of the study, you will be asked to fill out four questionnaires related to your perceptions of sexual relationships, as well as your sexual experiences.

Prior to beginning the survey, you must provide your code word that you created at Time 1. Your code word is: 1) the last letter of your last name; 2) your birth month; 3) your mother's birth month; and 4) the last 3 digits of your phone number.

This study has been reviewed by the UOIT Research Ethics Board REB #15001 on [insert date]. Any questions regarding your rights as a participant, complaints, or adverse events may be addressed to Research Ethics Board through the Research Ethics Coordinator – [researchethics@uoit.ca](mailto:researchethics@uoit.ca) or 905.721.8668 x. 3693. If you have any questions concerning the research study or experience any discomfort related to the study, please contact the researcher, Alisia Palermo at [alisia.palermo@uoit.net](mailto:alisia.palermo@uoit.net).

Please click “Agree and Proceed” button below in order to continue onto the second part of this study.

## Appendix M

### Study 2 Debrief Form-Time 2

Firstly, thank you for participating in this study—it is greatly appreciated!

In this study you answered a series of questionnaires on your understanding of consent, past sexual experiences, and demographic information. The purpose of this research is to understand the effectiveness of typical university responses, particularly UOIT's responses, to sexual violence in changing attitudes towards sexual violence. The results of this study will guide the development for the most successful education techniques for sexual violence prevention/intervention programs on university campuses. All responses you gave over the course of this study will remain confidential in agreement with the confidentiality agreements the research team has signed. In order to ensure you can withdraw your data at any time during data collection, please make note of your code word (the last letter of your last name, your birth month, your mother's birth month, and the last 3 digits of your phone number) in a place that is secure and easily accessible. It is important to note you will need to remember your code word in order to withdraw your data. If at any point in time you would like to withdraw your data, you can contact Alisia Palermo (alisia.palermo@uoit.ca) or Dr. Harkins (leigh.harkins@uoit.ca; 905-721-8668 ext. 5991) and provide your memorable word. Your email will be deleted following the removal of your data. If you are worried about anonymity in this process, please call Dr. Harkins using a blocked number and leave a message that includes your identification. After doing so, your data will be removed from the study.

It is imperative that you keep the details of this study confidential until the end of the academic year in order to help us maintain the study's integrity. We do recognize, however, that due to the sensitive nature of the topics discussed in this study, you may feel upset or distressed. If you do feel upset as a result of this study, and feel the need to discuss the study content with a professional (i.e., counsellor, psychologist), please feel free to do so. Your personal health is of the utmost importance! As a research team, we want to ensure you feel supported following study completion. If you should feel distressed, upset, or simply would like to speak to a counsellor about this study, please feel free to use of the contacts below:

**Distress Centre Durham (24-hour, confidential): 1-800-452-0688**  
**UOIT Student LifeLine (Mon-Fri., 8:30am-4:30pm): 905-721-3392**  
**Durham Rape Crisis Centre (24-hour, confidential): 905-668-9200**

Once again, thank you for your participation in this study!

This study has been reviewed by the UOIT Research Ethics Board REB #15001 on [insert date]. Any questions regarding your rights as a participant, complaints, or adverse events may be addressed to Research Ethics Board through the Research Ethics Coordinator – researchethics@uoit.ca or 905.721.8668 x. 3693. If you have any questions concerning the

research study or experience any discomfort related to the study, please contact the researcher, Alisia Palermo at [alisia.palermo@uoit.net](mailto:alisia.palermo@uoit.net) or Dr. Leigh Harkins at [leigh.harkins@uoit.ca](mailto:leigh.harkins@uoit.ca) or 905-721-8668 ext. 5991.

**Appendix N****Ethics Approval Letter for Study 1**

*Date:* April 04, 2018  
*To:* Leigh Harkins  
*From:* Shirley Van Nuland, REB Chair  
*File # & Title:* 14704 - Understanding students' perspectives on consent & sexual experiences  
*Status:* **APPROVED**  
*Current Expiry:* March 01, 2019

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Notwithstanding this approval, you are required to obtain/submit, to UOIT's Research Ethics Board, any relevant approvals/permissions required, prior to commencement of this project.

The University of Ontario, Institute of Technology Research Ethics Board (REB) has reviewed and approved the research proposal cited above. This application has been reviewed to ensure compliance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2 (2014)) and the UOIT Research Ethics Policy and Procedures. You are required to adhere to the protocol as last reviewed and approved by the REB.

**Continuing Review Requirements** (all forms are accessible from the [IRIS research portal](#)):

- **Renewal Request Form:** All approved projects are subject to an annual renewal process. Projects must be renewed or closed by the expiry date indicated above ("Current Expiry"). Projects not renewed 30 days post expiry date will be automatically suspended by the REB; projects not renewed 60 days post expiry date will be automatically closed by the REB. Once your file has been formally closed, a new submission will be required to open a new file.
- **Change Request Form:** Any changes or modifications (e.g. adding a Co-PI or a change in methodology) must be approved by the REB through the completion of a change request form before implemented.
- **Adverse or Unexpected Events Form:** Events must be reported to the REB within 72 hours after the event occurred with an indication of how these events affect (in the view of the Principal Investigator) the safety of the participants and the continuation of the protocol (i.e. un-anticipated or un-mitigated physical, social or psychological harm to a participant).
- **Research Project Completion Form:** This form must be completed when the research study is concluded.

Always quote your REB file number (**14704**) on future correspondence. We wish you success with your study.

Dr. Shirley Van Nuland

Janice Moseley

REB Chair

[shirley.vannuland@uoit.ca](mailto:shirley.vannuland@uoit.ca)

Research Ethics Officer

[researchethics@uoit.ca](mailto:researchethics@uoit.ca)

*NOTE: If you are a student researcher, your supervisor has been copied on this message.*



**Appendix O****Ethics Approval Letter for Study 2**

*Date:* December 04, 2018  
*To:* Leigh Harkins  
*From:* Ruth Milman, REB Chair  
*File # & Title:* 15001 - Assessing University Responses to Sexual Violence  
*Status:* **APPROVED**  
*Current* December 01, 2019  
*Expiry:*

Notwithstanding this approval, you are required to obtain/submit, to UOIT's Research Ethics Board, any relevant approvals/permissions required, prior to commencement of this project.

The University of Ontario, Institute of Technology Research Ethics Board (REB) has reviewed and approved the research proposal cited above. This application has been reviewed to ensure compliance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2 (2014)) and the UOIT Research Ethics Policy and Procedures. You are required to adhere to the protocol as last reviewed and approved by the REB.

**Continuing Review Requirements** (all forms are accessible from the [IRIS research portal](#)):

- **Renewal Request Form:** All approved projects are subject to an annual renewal process. Projects must be renewed or closed by the expiry date indicated above ("Current Expiry"). Projects not renewed 30 days post expiry date will be automatically suspended by the REB; projects not renewed 60 days post expiry date will be automatically closed by the REB. Once your file has been formally closed, a new submission will be required to open a new file.
- **Change Request Form:** Any changes or modifications (e.g. adding a Co-PI or a change in methodology) must be approved by the REB through the completion of a change request form before implemented.
- **Adverse or Unexpected Events Form:** Events must be reported to the REB within 72 hours after the event occurred with an indication of how these events affect (in the view of the Principal Investigator) the safety of the participants and the continuation of the protocol (i.e. un-anticipated or un-mitigated physical, social or psychological harm to a participant).
- **Research Project Completion Form:** This form must be completed when the research study is concluded.

Always quote your REB file number (**15001**) on future correspondence. We wish you success with your study.

Dr. Ruth Milman

Janice Moseley

REB Chair  
ruth.milman@uoit.ca

Research Ethics Officer  
researchethics@uoit.ca

*NOTE: If you are a student researcher, your supervisor has been copied on this message.*