THE POWER OF CONSENT: AN EVALUATION OF PEER-BASED CONSENT
PROGRAMMING IN SEXUAL ASSAULT PREVENTION

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Abstract

The proposed honors thesis longitudinally evaluated two different consent education modules included in a peer-based alcohol education program to expand the research on evaluating the effectiveness of sexual assault prevention programs. The first module of consent defined consent as sober, verbal, and enthusiastic (SVE). The second consent module defined consent as fully conscious, acting freely, clear, and enthusiastic (F.A.C.E.). For this study, the SVE and F.A.C.E consent programs were incorporated into the alcohol education program and were compared to the alcohol program without any consent education, thus creating three measurable conditions. First-year student classrooms were randomly assigned to one of the three conditions. Our measures included students’ perpetration and victimization experiences, self-efficacy, knowledge of consent, ability to stop self-perpetration, and ability to communicate clearly about sex-related topics in preventing sexual assault. Results yielded no significant changes over time or across conditions as a function of consent education type.

*Keywords:* sexual assault, consent, FACE, SVE, Ohio University, POWER/GAMMA
The POWER of Consent: An Evaluation of Peer-Based Consent Programming in Sexual Assault Prevention

Sexual assault, defined as any form of sexual activity that happens without consent including rape, coercion, unwanted touching, voyeurism, exhibitionism, and harassment (Office of Women’s Health, 2015), is a problem on many college campuses. Studies show that approximately 25% of women will experience some form of sexual victimization or rape before and during undergraduate study (Brener, McMahon, Warren, and Douglas, 1999; Fisher, Cullen, and Turner, 2000; Koss, Gidycz, and Wisniewski, 1987; Krebs, Lindquist, Warner, Fisher, and Martin, 2009; Warshaw, 1988). Approximately 67% individuals who are sexually victimized (especially via childhood sexual assault) are revictimized as adults (Sorenson, Siegel, Golding, & Stein, 1991). About half of college-based assaults are due to incapacitation via alcohol (Abbey, 2002; Abbey, McAuslan, Zawacki, Clinton, and Buck, 2001; Armstrong, Hamilton, & Sweeney, 2006; Fisher et al., 2000; Koss et al., 1987) and most perpetrators of sexual assault are known by their victims (Warshaw, 1988). Studies also report about 14%-16% of undergraduate males have been pressured or forced to have sex at some point in their adult lives, usually by a female dating partner (Davies, Pollard & Archer, 2000; Struckman-Johnson, 1988).

Consent plays a vital role in discussions about sexual violence because the absence of consent is often the defining characteristic of sexual violence (Beres, 2007). Often times, college students do not know how to navigate sexual relationships or communication about sex-related topics; students struggle to communicate their interests and intentions and/or get clear consent to sexual activity (Davis, George, & Norris, 2004; LaFrance, Loe, Brown, 2012; Muehlenhard & Hollabaugh 1998). Communication alone about sex is difficult, especially for young adults who vary in their sexual experiences, partners, and interests.
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Sexual assault is more complicated than how society understands it though, especially when taking into account gender norms, power, and alcohol use, but in any situation where someone experiences unwanted sexual activity, they are experiencing sexual assault. Thus, it is vital to construct a definition of consent that addresses these complexities, and furthermore helps reduce perpetration of sexual assault. This thesis aims to create a universal, inclusive, and applicable definition of consent that educators can use to teach students how to acquire clear and affirmative consent. Through this discussion of consent and sexual assault, I will evaluate whether consent-based education has an effect on rates of sexual victimization and perpetration as well as knowledge of consent, self-efficacy about communication, as well as communication skills. Specifically, I will focus on sexual assault for both men and women, not just women as victims and men as perpetrators. By educating students on how to have healthy, safe, pleasurable, and consensual sexual activity, students may develop an improved sense of sexual agency and responsibility when getting appropriate consent from sexual partners (LaFrance, Loe, & Brown, 2012). Through an educational approach of teaching students about acquiring adequate consent, educators can help students improve their interpersonal relationships by understanding how to ask for permission without being coercive or forceful.

Since research has also found a link between consent, sexual violence, and alcohol consumption, especially in college student populations (Abbey & Ross, 1992; Mohler-Kuo, Dowdall, Koss, & Wechsler, 2004; Testa and Parks, 1996), researchers imply that educators should address drinking and sexual violence together (Ullman, Karbatsos, & Koss, 1999). Results from Ullman et al. (1999)’s study show that offender drinking strongly correlates with offender aggression. This correlation illustrates that the addition of alcohol in sexual situations makes it more difficult for individuals to get adequate sexual consent, setting up a situation
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where a sexual assault may be at risk of occurring. Often times, because alcohol was involved in a sexual assault, perpetrators hide behind this complexity and label it along the lines of “gray rape.” Jervis defines “gray rape” as the blurred line between consensual and nonconsensual sexual intercourse, a definition that inadvertently places blame on the victim and not the perpetrator (Friedman & Valenti, 2008). Jervis goes on to say that “gray rape” is synonymous with “date rape,” which similarly places responsibility and blame on victims by reducing the assault to missed signals, intoxication, and/or an “invalid ‘no’” (Friedman & Valenti, 2008). Because of these separate terms to describe what is in reality sexual assault, people do not accept that this form of assault is rape and thus dismiss and blame those particular victims. It is important to note that “gray rape” and “date rape” are no different from “rape” as a definition, despite how those in power define it. By educating about alcohol consumption and sex together, students may have greater awareness and understanding of alcohol’s role in sexual violence perpetration (Ullman, et al., 1999). Additionally, students may have a better understanding of how substance use affects healthy consensual communication and relationship responsibility, and thus be more equipped to avoid perpetration of sexual assault when alcohol is involved.

In addition to understanding the risks of drinking in relation to sexual intentions, men and women may not be aware of gender roles that may influence sexual interactions in heterosexual relationships. Men and women might not have an accurate understanding of consent due in part, to how they are socialized to initiate sexual activity. Men may have certain scripts for initiating sex that differs from women’s, so when coupled in a heterosexual relationship, there may be dominance and aggression between heteronormative partners. MacCorquodale (1989) describes traditional sexual masculinity as men initiating and pursuing sexual situations through physical strength, dominance, and unemotional dimensions of relationships, whereas
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Traditional femininity emphasizes sexual purity, submission, emotion, and dependence on a male partner. Young adults in heterosexual relationships may be conforming to these cultural gender roles unintentionally, thus resulting in uneven power dynamics, coercion, rape, and partner abuse, not only occurring, but being accepted. Thus, due to traditional gender norms that encourage such behaviors, it is even more imperative for both men and women to understand sexual consent in heterosexual relationships. It is important for educators to address gender differences in communicating and behaving when it comes to sexual activity (Jozkowski, Peterson, Sanders, Dennis, & Reece, 2014).

Many studies have shown that attitudes towards gender differences and adverse sexual beliefs predict sexual assault perpetration (Abbey, McAulsan, & Ross, 1998; Koss, Leonard, Beezley, & Oros, 1985; Malamuth, Linz, Heavey, Barnes, and Acker, 1995). Thus, mass media including movies, music, and television present sex in various problematic ways and, therefore, have the potential to instill unhealthy beliefs about sex in adults. This reinforces the notion that institutions need to have effective consent education programs to overcome any unhealthy behavior and attitudes promoted by this media influence. First, media enforces traditional gender roles and sexual scripts. Because adolescents and young adults look to media as an informative source, individuals are adopting unhealthy behaviors and understanding them as acceptable (Brown, Steele, & Walsh-Childers 2002; Christenson & Roberts, 1998; Cope-Farrar & Kunkel, 2002; Kunkel et al., 2003; L’Engle, Brown, & Kenneavy, 2006; Lowry, & Shidler, 1993; Pardun, 2002; Walsh-Childers, 1997). In one study of men and women, participants viewed male characters in prime-time television shows and used their performance to define masculinity, physical attractiveness, and personal sexual scripts (Ward 1995). A second study by Ward (2002) confirmed previous findings that television exposure correlated with endorsement of gendered
sexual stereotypes in heterosexual relationships. The most prevalent stereotypes endorsed by participants were that men are sex-driven, women are sexual objects, and dating is a recreational sport (Ward 2002). Furthermore, these portrayals of sex rarely show characters using sexual protection or discussing potential consequences of having sex (Huston, Wartella, Donnerstein, 1998; Kunkel et al., 2003; Pardun, L’Engle, & Brown, 2005). In addition, movies and television often do not display mutual or verbal consent in seduction scenes. Screenwriters tend to gloss over consent by focusing more on the overwhelming passion characters experience and using film cuts to progress from kissing to sex.

Music and music videos also gloss over consent, usually providing examples of misogynistic and/or violent behavior on the man’s part in heterosexual relationships. Additionally, women in these same music videos appear as sexualized objects (Andsager & Roe, 1999; Arnett, 2002; Sommers-Flanagan, Sommers-Flanagan, & Davis, 1993). The pop song Blurred Lines disregards affirmative consent and basic respect for women through lyrics like “Talk about getting blasted/ I hate these blurred lines!/ I know you want it.” “The way you grab me/ Must wanna get nasty,” and “I’ll give you something big enough to tear your ass in two” (Thicke, R., Williams, P., Harris, C., & Gaye, M., 2013, 1). The popular Christmas song Baby It's Cold Outside demonstrates a situation in which a partner is coerced and maybe drugged into complying with her partner’s wishes: “I ought to say, no, no, no sir (mind if I move in closer?)/ At least I'm gonna say that I tried (what's the sense in hurtin' my pride?)”, “I simply must go (but baby, it's cold outside)/ The answer is no (but baby, it's cold outside)”, and “Say what’s in this drink? (no cabs to be had out there)” (Loesser, F., 1944). Research has shown that young adults who consume this type of media are more likely to have unhealthy beliefs about sex, as well as perpetrate sexual violence (Bandura, 1994; Barnett & Feild, 1977; Brown & Steele, 1995;
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Malamuth et al., 1981; Selby, Calhoun, & Brock, 1977; Tieger, 1981; Ward, 2002). A study conducted by Malamuth and Check (1981) showed that exposure to movies portraying violence against women as positive increased male participants’ acceptance of violence against women and rape myths. Based on this research, mass media normalizes consent-less sex, gender-based violence, and rape culture, especially in heterosexual couples. Therefore, exposure to external media may be influencing students’ understandings of consent and sex long before any form of sex education tries to educate them differently. The fact that students have been exposed to problematic mass media is important to remember when educating about consent to young people because this information may be influencing what they already know about sex. It also may be affecting rates of perpetration of sexual assault in heterosexual partners if students are maintaining the harmful gender roles represented in media.

Before coming to college, students may have only received abstinence-only sex education in high school, which does not help students understand their sexuality, sexual development, or how to maneuver sexual relationships (Kohler, Manhart, & Lafferty, 2008; Santelli et al., 2006). Currently in Ohio, abstinence education is funded in thirty-two Appalachian and eight urban counties, so this type of education is still popular (Ohio Abstinence Education Program, 2015). Communicating about sex and acquiring proper consent can prove difficult without appropriate education, so individuals may not communicate effectively with a partner or use appropriate safety measures during sex (Flack et al., 2007; Glenn & Marquardt, 2001; Grello, Welsh, & Harper, 2006; LaBrie et al., 2005; Paul, McManus, & Hayes, 2000; Stanley, Rhoades, & Markman, 2006; Vail-Smith, Maguire, Brinkley, & Burke, 2010). The lack of consent education is particularly problematic because college is often a setting where students experience independence from parents and begin to question their individual beliefs. Through
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this questioning, students may experience changes in health behavior through the exploration of activities like hookups, where communication and safety measures are necessary (Paul et al., 2000; Vail-Smith et al., 2010). Without these skills, students may be at risk of getting a sexually transmitted infection, having an unwanted pregnancy, or rape. In many studies, students reported consenting to unwanted sexual activity (Davis, George, and Norris, 2004; Impett & Peplau, 2002; O’Sullivan & Allgeier, 1998; Sprecher, Hatfield, Cortese, Potapova, & Levitskaya, 1994). This lack of communication, as well as the use of drugs and alcohol, impedes one’s ability to get or give proper consent and often leads to sexual assault. Therefore, students may be engaging in unhealthy sexual behavior or sexual assault without even knowing it due to the lack of education on what classifies consent and assault (Koss, 1985). Thus, the lack of education and knowledge of giving and obtaining proper consent could be a contributing factor to sexual violence. Despite the pervasiveness in sexual assault prevention education, research has yet to examine how to best educate college students about sexual consent. This study attempts to use theory and empirical evidence to construct a holistic definition of consent that is effective not only in increasing students’ understanding of consent, but also assesses whether different consent-based programs are related to reductions in sexual assault and changes in behaviors, knowledge, and efficacy related to sexual communication.

Sexual Assault Prevention

Studies have found that sexual assault prevention education is most effective when presented early and before potential victimization (Hanson & Gidycz, 1993; Schewe & O’Donohue, 1993; Simon, 1993). Moreover, studies suggest that women who had unwanted sexual experiences before college are likely to have similar experiences during college, especially in their first year (Arata, 2000; Humphrey & White, 2000; Messman-Moore & Brown,
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2004; Rich, Gidycz, Warkentin, Loh, & Weiland, 2005). Many universities have developed prevention programs for first year students. Therefore, it is critical that sexual assault prevention education reach students early in their college years, perhaps even during middle school and high school. Educators have a unique opportunity to influence students through personal and classroom interactions. Through education intervention programs, educators can encourage students to engage in healthy decision-making and behaviors when it comes to negotiating sexual activity. Many sexual assault prevention programs exist on campuses (e.g., Gidycz, Orchowski, & Edwards, 2011) and usually these programs focus on sexual assault awareness, the types of assault, consent, bystander intervention (Banyard, Plante, & Moynihan, 2004; Banyard, Moynihan, & Plante, 2007), and strategies to reduce one's own risk of assault (e.g., avoiding walking home alone at night, or avoiding leaving a drink unattended, or self-defense) Breitenbecher, 2000; Yeater & O’Donohue, 1999). The latter form of prevention, however, may put responsibility on victims to avoid being assaulted, instead of perpetrators committing the assault. Good risk reduction self-defense programs do not victim blame. What is needed are muti-pronged approaches where consent education is a piece of the puzzle. Other approaches, including programs that target potential victims, perpetrators, and the community are also needed. Most recently, an emphasis has been placed on bystander intervention strategies such that the focus is on teaching the community of individuals to intervene when they observe behavior that appears to be risky for sexual assault (Gidycz et al., 2015). Even though these intervention programs mention consent in their overall discussion of sexual assault prevention, few intervention strategies focus exclusively on consent education as an effective addition to structured interventions.
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Extant literature shows that sexual violence prevention programs are frequently utilized on college campuses and are successful initiatives in raising awareness about assault, preparing bystander intervention strategies, and developing resistance tactics for potential victims (Banyard et al., 2004; Banyard et al., 2007; Katz, 1994). Furthermore, consent education is a component of many current sexual assault prevention efforts that have been shown to decrease sexual assault behavior and increase bystander behavior (e.g., Banyard et al., 2004; Gidycz et al., 2011). Despite the dissemination of these programs, the consent components of these programs have had limited evaluation. Therefore, it is not clear how impactful consent education is, nor do educators fully know how it should be taught. Consent is often coupled with other prevention strategies, so the present study will evaluate consent education along with alcohol responsibility education and bystander intervention education. Based on previous research surrounding sexual assault and prevention efforts, comprehensive consent education programs could help young adults learn appropriate sexual communication, navigate sexual relationships, identify and manage sexual expectations, and make healthy judgments (DeGue et al., 2014). Furthermore, consent education could be an effective tool to decrease the number of sexual assaults on college campuses.

Defining Consent

Because of the limited amount of evaluation, there is a lot of ambiguity in how consent is defined and what the content of consent education programs should consist of (Beres, 2007). Thus, many institutions and universities vary in policy definitions of consent based on different scholars’ understandings of it. Scholars debate the issue of verbal and/or non-verbal communication, whether consent is a psychological or mental act, if contextual information is
enough of a conversation about sexual intentions, if social constructions of power and gender thwart the consent process, and if desire is a necessary element of consent.

Some scholars argue that consent should strictly require verbal communication. Pineau (1989) suggests that deliberate communication (verbal or nonverbal) about one’s willingness to participate in sexual activity is ideal. Since verbal confirmation is often the clearest form of communication, many institutions like Antioch College implemented positive verbal permission into their sexual consent policy. However, college students insisted that verbal permission during sex was unrealistic and hard to implement because it lacks romance and spontaneity (Antioch College, 2006; Humphreys & Herold, 2003). Furthermore, four studies on sexual consent behaviors (Beres et al., 2004; Hall, 1998; Hickman & Muehlenhard, 1999; Humphreys, 2005) suggest that people use non-verbal behaviors more frequently than verbal behaviors to communicate consent. These findings show that people often negotiate consent nonverbally and suggest that individuals feel more comfortable and capable of asking for and giving consent in this manner (Beres, 2007; Muehlenhard et al., 1992; Muehlenhard, 1995, 1996). Thus, whereas verbal affirmation is the most direct way to communicate in sexual situations, non-verbal communication is also a viable option to use in conjunction with verbal communication. Consent education programs can accordingly advise students to ensure they have clear consent by assessing their partner’s verbal and non-verbal responses.

Academics also argue whether consent should be defined as a mental act or a physical act. Consent as a purely mental act implies that giving consent is an individual mental process. Thus, someone can never really know if another person is consenting because the instigator cannot read private thoughts. Consequently, this leads to potential misunderstandings or sexual assaults (Abbey, 1987; Hickman & Muehlenhard, 1999; Jozkowski et al., 2014; Perilloux,
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Easton, & Buss, 2012). However, defining consent as purely a physical act means that the initiator relies on body language to determine if their partner is consenting. This form of interpretation leads to issues of misreading nonverbal cues and possible sexual assault (Abbey 1987; Jozkowski et al., 2014). Therefore, as discussed previously, using both verbal and nonverbal communication can be a more effective method in guaranteeing mental and physical consent because a partner can verbally ask what their partner thinks, as well as read their partner’s body language. Through both methods, partners can determine if their partner is affirmatively saying “yes” or not to a sexual proposal through physical communication and communication of internal thoughts.

But even simply saying “yes” is not enough when ensuring clear communication between partners, as Hall’s (1995) study shows. Results show that communicating about sex is complex when it comes to types of sexual activity, and partners should specify what kind of sexual activity someone is proposing (Hall, 1995). Sexual desire and pleasure vary from person to person, so assuming everyone has the same definition of “sex” when asking for consent disregards this diversity. Thus, by ignoring this factor in sexual communication, someone can still misconstrue what another partner is consenting to, which may lead to embarrassment, confusion, or at worst, sexual assault. Consent programs can be aware of this complexity by explaining to students that being specific when asking a partner to engage in a particular sexual activity can be a clearer way of communicating. Additionally, by being more specific, students can know exactly what their partner wants and does not want to participate in. This reduces the amount of ambiguity in “sex,” and encourages partners to communicate specifically and clearly about the type of sex they want to engage in.
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Whereas scholars concur some form of agreement to sex must occur, they disagree regarding the circumstances in which “yes” is given. That is, some scholars believe that “any yes” is consensual, even when forced or coerced from someone, whereas others believe that consent should be freely given without coercion (Beres, 2007; Dripps, 1992; Hall, 1998; Hickman and Muehlenhard, 1999; Humphreys, 2005). Since rape usually involves coercion and/or force, the former argument about consent is problematic and victim blaming because it implies that anyone who says “yes” no matter the circumstances should be held at their word. Defining consent along the lines of freely given however, allows for a discussion of power relations among heterosexual partners. These scholars agree that someone cannot give consent if they are coerced or threatened, for this is not “freely given” (Hall, 1998; Hickman & Muehlenhard, 1999; Humphreys, 2005). This definition refutes the claim that any sort of “yes” is consent by explaining that a victim of sexual violence may have been unwillingly forced by a perpetrator into obeying. Thus, this definition of consent puts emphasis on one’s autonomy and willingness to engage in the sexual activity. Furthermore, it points out how those in power can disregard one’s ability to freely consent and consequently strip someone of their agency through sexual assault. Consent education should not only be cognizant of gendered power dichotomies, but also of power discrepancies in age, organizational status, and situations in which potential partners are disadvantaged. In including these discussions, consent programs can help students be aware of their own power, and how to avoid situations where they might use that power to coerce a partner into unwanted sexual activity, which is by definition committing sexual assault.

A final element of consent that perhaps is less discussed compared to others is the concept that sexual activity should be desired by a partner. In other words, sexual partners should be excited to engage in whatever sexual activity is being proposed, and if not then perhaps the
“yes” that was given may have been coerced. In many situations, partners are harassed into giving an unenthusiastic “yes,” even though they did not want to engage in sexual activity (Clark & Pino, 2016). In others, partners say “yes” to unwanted sexual intercourse for various reasons including out of love, annoyance, or just to get it over with (Friedman & Valenti, 2008). Based on these experiences, which many adults may have experienced already, “any yes” is not an indication of freely-given or enthusiastic consent. Clearly, there are other factors at play, like partner appeasement, that contribute to someone unenthusiastically saying “yes” to a sexual partner. Therefore, it is vital that students be able to identify when a partner is unenthusiastic about sexual activity and thus respect that fact by not coercing them into sex.

In fact, some scholars suggest that consent education model itself after BDSM (Bondage/Discipline, Dominance/Submission, Sadism/Masochism) education because the explicit communication of clear and freely given consent is paramount in all BDSM activity (Pitagora, 2013). Furthermore, when BDSM practitioners engage in dominance and submission, Dominants, who lead the BDSM activity, focus on their partner’s pleasure, while Submissives, who receive to the Dominant’s actions, focus on their own pleasure (Pitagora, 2013; Yost, 2007). Therefore, physical and psychological pleasure plays a vital part in BDSM relationships, which draws a distinctive line between voluntary and aware BDSM interactions and non-consensual and harmful sexual violence. If BDSM practitioners are successful in distinguishing consensual sexual activity from violence, then vanilla-sex practitioners (i.e., non-BDSM practitioners) can incorporate a similar understanding of pleasure and communication into consent education. By being mindful of pleasure and desire, students can better identify when a partner wants to engage in sexual activity and when they do not, thus increasing their ability to avoid perpetrating sexual assault.
The propositions above describing how consent education programs should define and teach consent were incorporated into the F.A.C.E (Fully Conscious, Acting Freely, Clear Intent, and Enthusiastic) consent module at Ohio University and were evaluated in the present study. Because this is a theoretical approach to consent education, no definite module of consent that incorporates all of these suggestions exists. Furthermore, little evaluation of consent education exists, so institutions use consent modules that they believe work, but they have no empirical data to support their claims. Consequently, definitions in consent vary between institutions.

Based on the discrepancies between academics and institutions about what is consent and how it can be communicated, it proves difficult for both policy-makers and students to establish a clear and cohesive definition of consent. These differences in definitions clearly do not conform to a uniform understanding of consent. Therefore, policies about sexual violence based on consensual and nonconsensual behavior will differ between institutions and statewide, especially in regards to legal proceedings of sexual violence cases (Henry, 2017). As Beres (2007) suggests, it is important that researchers explore, understand, and articulate what is meant by sexual consent in order to inform educators and policy-makers about issues of consent in relationships and sexual violence. Without a sense of uniformity in defining consent, ambiguity, confusion, and corruption are likely to accompany personal sexual relationships and the legal system. Thus, the present study aims to verify a cohesive version of consent education as an effective and universal tool for students and institutions.

**Ohio University’s Consent Education**

Ohio University has used several models to approach consent education, namely F.A.C.E (Full Conscious, Acting Freely, Clear Intent, and Enthusiastic) and SVE (Sober, Verbal, and Enthusiastic). Before the invention of F.A.C.E, POWER/GAMMA, a peer health education
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organization, taught consent as sober, verbal, and enthusiastic (SVE). Simply, the SVE model articulates that no sexual partner should be under the influence of drugs and alcohol, a clear “yes” or “no” needs to be stated, and everyone involved should be enjoying themselves. Consequently, this definition dealt in absolutes and left students with many situational questions in which these three requirements were unrealistic. This model of consent did not account for gray areas that often occur when consuming alcohol or for situations when verbal consent is difficult to give. Thus, peer educators questioned the practicality of the model, and with these deficits in mind, reformatted the consent program to address the gaps in the education students receive. Using the new model, F.A.C.E., students may now understand the gray areas in sex that often involve substance use, coercion, unequal power dynamics, subjective pleasure, and embarrassment.

F.A.C.E is a consent model facilitated by POWER/GAMMA that educates on proper consent in sexual relationships at Ohio University. This student-based program has the goal of increasing sexual communication and sexual responsibility between partners. Specifically, this model focuses on complicated sexual situations made complex through alcohol consumption, power relations, and variations in sexual activity and desire. It attempts to fill in the gaps of understanding that students have early on before they experience these complicated situations. The acrostic F.A.C.E stands for Fully conscious, Acting freely, Clear intent, and Enthusiastic, which are the four steps students should follow to ensure they have proper consent in a sexual relationship, and thus navigate complicated sexual situations healthily. The F.A.C.E model enables potential reductions in sexual coercion, which can be an important sexual assault prevention technique (Pacifici, Stoolmiller, & Nelson, 2001). F.A.C.E discusses the gray areas in communication, substance use, and sexual intercourse that often lead to complexities in sexual
assault (see Appendix D for F.A.C.E facilitator guide). In doing so, F.A.C.E. aims to educate potential perpetrators of these complexities in sexual assault as an attempt to prevent the perpetration during the consent process. By working towards this goal, adults may develop a stronger sense of sexual responsibility and safety when engaging in sex. Therefore, these individuals may become better at ensuring consensual and pleasurable sex, and avoiding sexual coercion and violence. Taking a sex-positive and enthusiastic approach to consent education not only increases the likelihood of sexual safety, but also encourages adults to have vital conversations about pleasure and satisfaction before and during sex.

A significant amount of research supports how the F.A.C.E. module defines consent. Scholars have relentlessly debated on the best way to classify, teach, and make policies about consent, and F.A.C.E embodies a combination of the many theories that exist. Beres (2007) implores researchers to articulate and discuss a clear definition of consent in order to inform readers about their perspective. Thus, F.A.C.E defines consent as freely given verbal or nonverbal willingness and approval to engage in sexual activity. This definition takes into account one’s attitude and sureness, one’s physical and psychological capabilities, the environment, and potential coercive factors when deciding whether to have sex or not. By being inclusive, F.A.C.E’s definition hopes to reduce the amount of systematic victim blaming that often occurs when singular definitions of consent are used (Beres, 2007; Kazan, 1998; Muehlenhard, Powch, Phelps, & Giusti, 1992).

Whereas POWER/GAMMA believes that this model is more effective than SVE in consent education, there is no data to support such a statement. Given the F.A.C.E consent program will reach approximately 5,000 students per year, it is important to examine the program’s impact on sexual assault frequency, students’ understanding of consent, students’ use
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of consent, students’ ability to communicate clearly about sex-related topics, and students’ likelihood of stopping sexual assault. This is a crucial mission because many sexual assault and sex education programs lack a longitudinal evaluation of programs' effectiveness (McCall, 1993; Yeater & ODonohue, 1999). By evaluating consent programs like F.A.C.E and SVE, we can examine if consent knowledge is a major factor in sexual assaults and an effective preventative step. Furthermore, we can determine if the proposed model is a solution to eliminating sexual assault between heterosexual partners.

The Present Study

The present study looked to address these gaps in the literature by examining the impact of consent education on the reduction of sexual violence perpetration and victimization, as well as the promotion of healthy sexual communication, self-confidence, and consent knowledge. F.A.C.E was integrated in fall 2016 into a mandatory first-year student focused program titled “CHOICES,” which teaches students how to responsibly handle alcohol and make informed low-risk choices. The CHOICES program broaches topics such as high-risk drinking, standard drink sizes, Blood Alcohol Concentration (BAC), alcohol absorption, risk factors, sobering up, and bystander intervention. Before the integration of F.A.C.E, there was no discussion of getting consent in the CHOICES program. However, since research has shown that about half of college students’ sexual assaults have been related to alcohol consumption (Abbey, 2011; Abbey, Ross, McDuffie, McAuslan, 1996; Mohler-Kuo et al., 2004; Testa, & Cleveland, 2016), the Ohio University Health Promotion office found consent education to be an appropriate addition. Thus, F.A.C.E appears in the CHOICES program as a discussion section for students to understand the relationship between alcohol and sexual violence prevention.
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Because of the recent addition of the consent education into the CHOICES program, the current study evaluated the CHOICES program with the addition of the F.A.C.E. consent module, focusing specifically on how consent education affects sexual assault rates. The goal was to determine if F.A.C.E helps students understand clear consent and furthermore determine if F.A.C.E represents successful programming of sexual violence prevention, as compared to another consent module (SVE), and a wait-list control group that had no consent education in the CHOICES program. The study examined and assessed the effectiveness of the F.A.C.E. consent program in relation to students’ perpetration and victimization experiences, students’ ability to stop touching someone who is uncomfortable, students’ self-efficacy, and students’ ability to communicate clearly about sex-related topics in preventing sexual assault. It also examined students’ understanding and knowledge of consent as well as their ability to apply that knowledge to real life in relation to the F.A.C.E. consent program. The specific hypotheses were as follows:

1. Participants in the F.A.C.E. consent condition will score a higher percentage of correct answers on an objective knowledge assessment of consent at Time 2 than participants in the SVE consent condition and the CHOICES program without a consent module.

2. The change in the F.A.C.E. consent condition participants’ consent self-efficacy (confidence in using consent) scores from Time 1 to Time 2 will be greater than the change in self-efficacy scores for participants in the SVE consent condition and the CHOICES condition without the consent module.

3. The change in the F.A.C.E. consent condition participants’ sexual communication (communicating clearly about not participating in unwanted sexual activity) scores
from Time 1 to Time 2 will be greater than the change in sexual communication scores for participants in the SVE consent condition and the CHOICES program without a consent module.

4. Participants in the F.A.C.E. consent condition will report experiencing a lower percentage of sexual assault victimization over the interim period than participants in the Sober, Verbal, Enthusiastic (SVE) consent condition and participants in the CHOICES program without a consent module. Furthermore, we predict that participants in either form of consent education will report experiencing a lower percentage of sexual assault victimization over the interim period, than participants in the CHOICES program without a consent module.

5. Participants in the F.A.C.E. consent condition will report experiencing a lower percentage of sexual assault perpetration over the interim period than participants in the Sober, Verbal, Enthusiastic (SVE) consent condition and participants in the CHOICES program without a consent module. Furthermore, we predict that participants in either form of consent education will report experiencing a lower percentage of sexual assault perpetration over the interim period, than participants in the CHOICES program without a consent module.

6. Participants in the F.A.C.E. consent condition will be more likely to stop unwanted sexual activity as a response to someone’s expression of unwillingness at Time 2 than participants in the SVE consent condition and the CHOICES program without a consent module.
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7. Participants in the F.A.C.E. consent condition will be better at applying their consent knowledge at Time 2 to real life scenarios than participants in the SVE consent condition and the CHOICES program without a consent module.

Method

Participants

Ninety-two incoming first-year college students involved in learning communities from Ohio University (27 male, 65 female, $M_{age}=18.2$ years, age range 17-20 years) participated in the current study (see Table 1). Participants described themselves as White, Non-Hispanic (84.8%), Black or African American (4.3%), Latino or Hispanic (1.1%), Asian (4.3%), Other (2.2%), and Two or more races (3.3%). Participants identified as Exclusively Heterosexual (83.7%), Predominantly heterosexual, only incidentally homosexual (7.6%), Predominantly heterosexual, but more than incidentally homosexual (2.2%), Equally heterosexual and homosexual (3.3%), Predominantly homosexual, only incidentally heterosexual (1.1%), and Exclusively homosexual (2.2%). Participants also reported their current dating status as I do not date (26.1%), I date casually (33.7%), I date seriously (18.5%), I am involved in a long-term monogamous relationship (more than 6-months) (20.7%), and I am engaged (1.1%). Participants reported whether they were involved in a sorority/fraternity, Yes (13%) and No (85.9%), and whether they were involved in a sports team, Yes, collegiate/varsity (2.2%), Yes, club (4.3%), Yes, intramural (15.2%), and No (78.3%). 35.9% of participants were Christian (Catholic), 18.5% were Christian (Protestant), 5.4% nondenominational, 9.8% some other religion, and 27.2% had no religion. Finally, participants reported having ever participated in a sexual assault prevention or risk reduction program, Yes (37%) and No (62%). Participation in this study was
on a voluntary basis. Unanswered items were recorded as “missing.” There was a 50% attrition rate of participants from Time 1 to Time 2.

Materials

The following questionnaires were measured in both the Time 1 and Time 2 surveys. The Demographics questionnaire was only measured at Time 1, however.

Code Identification. Participants responded to a questionnaire to create a code unique to them. The code is based on random personal information (e.g., phone number, date of birth, mother's name, pet, and childhood friend). Participants’ individual responses to the questions created the code, which was used to link data from the pre-test and the post-test without using the participants’ names. Thus, the code identification questions were the first section in both surveys so as to link the following data from Time 1 and Time 2.

Demographics. A demographics questionnaire was used to gather background information about participants in the sample that helps the researchers to determine what factors influence participants’ answers. This demographic information included age, race/ethnicity, gender, sexual orientation, religion, campus involvement, and relationship status.

Consent Knowledge. A Consent Knowledge Survey questionnaire was uniquely created for the current study to assess participants’ knowledge of clear consent (see Appendix B). The assessment contained eleven true-false, yes-no, and multiple choice questions that specifically related to the material discussed in the F.A.C.E. consent program. Scores were averaged and higher mean scores indicated greater knowledge and understanding of consent. The number of correct responses ranged from zero to eleven. Mean scores were compared within each condition from Time 1 to Time 2, as well as between the three conditions.
Confidence Levels. A self-efficacy questionnaire was uniquely created for the current study to assess participants’ confidence in their ability to utilize their understanding of clear consent in various situations. A definition of clear consent was provided in the survey. The survey consisted of twenty-eight items, and for each item participants rated their ability on a 5-point Likert scale ranging from “not at all confident” to “very confident.” Scores were averaged and higher mean scores indicated a higher confidence level. Mean scores from Time 1 to Time 2 were compared within and between conditions to see if they changed over the interim period. The Cronbach’s alpha for this scale was .92 at Time 1 and .97 at Time 2, indicating high internal consistency.

Sexual Communication. A modified version of the Sexual Communication Survey (SCS; Hanson & Gidycz, 1993) assessed participants’ behavior when engaging in sexual activity with someone. It measured students’ ability to communicate clearly about not wanting to engage in specific types of sexual activity. The survey consisted of twenty-eight items, and for each item participants rated themselves on a 7-point Likert scale ranging from “never” to “always” with an additional “not applicable” point. The “not applicable responses were recoded as “missing.” Ratings indicated participants’ frequency of engaging in certain sexual behaviors. Scores were averaged and higher mean scores indicated one’s increased inability to say “no” to a partner regarding a sexual act due to concerns like embarrassment or damaged reputation. To determine one’s level of inability to communicate, we calculated the mean score of respondents in each condition and compared mean scores from Time 1 to Time 2 within and between conditions to see if they changed over the interim period. The Cronbach’s alpha for this scale was .93 at Time 1 and .934 at Time 2.
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**Sexual Assault Victimization.** The Sexual Experiences Survey-Short Form Victimization (SES-SFV; Koss et al., 2007), a revised version of the Sexual Experiences Survey (Koss & Oros, 1982) assessed participants’ sexual victimization experiences since 14 years old. This scale measures the frequency of unwanted sexual experiences and the behavioral tactics used to avoid unwanted sex. The survey consisted of seven behaviorally-specific experiences, each with five possible tactics, for a combination of thirty-five combinations of behaviors and tactics. Johnson, Murphy, and Gidycz (2017) have found the SES-SFV to be reliable and valid, with a Cronbach’s alpha of .92 for internet data collection, suggesting a very strong internal consistency. When participants filled out the survey the first time, they were asked about their sexual experiences since age 14. When they filled out survey at Time 2, they were asked about their experiences over the interim period of seven weeks. To determine the frequency of sexual victimization, we observed the number of “yes” and “no” responses to each item and hence determined the prevalence of incidents of victimization.

**Sexual Assault Perpetration.** The Sexual Experiences Survey-Short Form Perpetration (SES-SFP; Koss et al., 2007), a revised version of the Sexual Experiences Survey (Koss & Oros, 1982) assessed participants’ sexual aggression behavior since 14 years old. It measured the frequency of perpetrating unwanted sexual experiences and the behavior tactics used that lead to unwanted sex. The survey consists of seven behaviorally-specific experiences, each with five possible tactics, for a combination of thirty-five combinations of behaviors and tactics. Johnson et al. (2017) have found the SES-SFP to be reliable and valid, with a Cronbach’s alpha of .99 for internet data collection, suggesting a very strong internal consistency. When participants filled out the survey the first time, they were asked about their sexual perpetration experiences since age 14. When they filled out the survey a second time, they were asked about their perpetration
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experiences over the interim period of seven weeks. To determine the frequency of sexual perpetration, we observed the number of “yes” and “no” responses to each item and hence determined the prevalence of incidents of perpetration.

**Resisting Unwanted Sexual Behavior.** The Direct Response Survey (DRS) was created for the current study to assess participants’ responses to sexual assault behavior. It measured participants’ likelihood of stopping the unwanted activity in response potential victims’ expression of unwillingness. The survey consisted of five yes-no conditional items that ask whether one has had a particular experience (1-5). Within a given item is a multiple-choice sub-question that asks how the experience ended (1b-5b). Multiple-choice answers (A-G) range from “This experience did not happen to me” to the situation stopped “because someone else or something intervened.” The last two items were separate from the conditional items and were Likert scale measures. After conducting a frequency analysis by condition, we found that the sample size was too small to conduct follow-up analyses. Thus, results from this measure were inconclusive. Reliability analysis was not appropriate for this measure.

**Real Life Application of Consent Knowledge.** Scenarios were created for the current study to assess participants’ application of their knowledge of consent to a real life situation. There were three subjective scenarios: 1) Your partner kisses you and tries to put their hand in your waistband even though you move their hand away and shake your head “no.” 2) A friend of your date tells you that the person likes to be bit on the neck, and when you try it later while kissing, your date freezes and uncomfortably shifts away from you. 3) You meet up on Halloween with someone you met on Tinder. You both have been drinking, and the other person starts to sexually flirt with you. You notice they are slurring their words and you do not know how much they have had to drink. For each scenario, participants read from the perspective of
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“you,” and openly responded to the question “How would you react/respond to this situation?” Participant’s responses were categorized by the frequency of a particular theme that participants reported, and expressed as a percentage. The most common responses were then analyzed by condition, so percentages from each condition added up to 100%. Frequency in reporting the common themes were compared by condition, and assessed to see if percentages in common responses changed over time.

Procedure

Ninety-seven learning community classrooms were approached by the primary investigator about the present study. Forty-six of those learning communities allowed the primary researcher and research assistants to enter their classroom and provide students with a short description of the study. Students were asked if they would like to participate, and interested students wrote down their emails on a sign-up sheet, which was given to the primary investigator, who emailed the survey to participants. Learning communities containing participating students (N = 46) were randomized to one of the three possible conditions: the CHOICES program with the addition of the F.A.C.E. module, the CHOICES program with the addition of the Sober, Verbal, Enthusiastic (SVE) module, or the CHOICES as usual program without any consent education. This meant that because each learning community was randomly assigned to a condition, individuals were not randomly assigned. Therefore, the entire learning community received the same condition education regardless of how many students were participating in the study.

The pre-test and post-test were online and completed through Qualtrics. The primary investigator entered participating students’ emails into Qualtrics, through which those students
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received the survey via an email blast. Participating students were recommended in the pre-test email to take the survey on a personal device, take the survey in a private location where others could not see the screen, and clear their browser history after completing the survey. Participants consented (see Appendix A) electronically prior to participating in the survey. Participants also were provided with a short questionnaire (see Appendix B) used to create a unique code that would keep individual data anonymous. This code was based on random personal information (e.g., phone number, date of birth, mother's name, pet, and childhood friend).

Before completing the survey, participants were given a code number for extra credit and asked to email their instructor that code number after finishing the survey. The code for extra credit was provided at the end of the survey also. The participants continued taking the survey that measured their understanding and knowledge of consent, their self-confidence in acquiring clear consent, their sexual experiences in victimization and perpetration, their ability to communicate clearly about sex-related topics, their likelihood of stopping unwilling sexual activity expressed by a partner, and their application of consent to subjective real life scenarios. Participants took approximately 20 minutes to complete the survey. Participants were reminded via Qualtrics email to complete the pre-test before their scheduled CHOICES program date, and to complete the post-test after the seven-week interim period. For each CHOICES presentation, peer health educators were told which of the three conditions they were to present to each learning community. Depending on the randomly assigned condition, the peer health educators either educated on the CHOICES program with the addition of the F.A.C.E. module, CHOICES program with the addition of the Sober, Verbal, Enthusiastic (SVE) module, or the CHOICES as usual program without any consent education. During the consent education piece in the CHOICES plus F.A.C.E. condition, students had a F.A.C.E. worksheet to guide the activity. The
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CHOICES plus SVE condition did not have a worksheet, but peer health educators briefly defined consent using the SVE model. The CHOICES as usual condition did not have a worksheet, and the peer health educator did not include any education regarding consent. At the end of the entire CHOICES program, students completed a peer health educator facilitator evaluation before leaving.

Seven weeks after participants completed their CHOICES program, the primary investigator sent an email through Qualtrics with the follow-up survey. The survey started with the identification form that asked participants for their personal code based on random personal information. This is the same code used for the pre-test. Participants continued to take the survey, which measured the same items that the pre-test measured except within the timeframe of the past seven weeks. It took approximately 20 minutes to complete the survey. Participants were reminded via Qualtrics email to complete the survey up until the last day of the semester. Participants who completed the study also were reminded to email the code number for extra credit to their learning community instructor after participating.

After finishing each survey, participants were debriefed (see Appendix C). The debriefing form provided a list of resources that may be used if participants experienced emotional discomfort during the survey. The contact information for the researchers was also listed. Furthermore, the debriefing described POWER as a resource for health and sex education that they may continue to utilize as a student. In the spring, participants in the SVE and control conditions were emailed a short video of a POWER/GAMMA peer educator facilitating the F.A.C.E consent module. This was to ensure that all participants received sufficient consent education.

Results
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Table 1 shows the frequencies of participant demographics by consent education condition (F.A.C.E, SVE, and Control). Interestingly, about 70% of participants in the study were female. Most, about 85%, students were white, as is typical at the Midwestern university where data were collected. Also, about 36% participants were Christian (Catholic), and 37% of participants said that they had participated in a sexual violence risk-reduction program before.

Table 1

Demographics

<table>
<thead>
<tr>
<th></th>
<th>F.A.C.E</th>
<th>SVE</th>
<th>Control</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>34.2%</td>
<td>25.9%</td>
<td>26.6%</td>
<td>29.3%</td>
</tr>
<tr>
<td>Female</td>
<td>65.7%</td>
<td>74%</td>
<td>73.3%</td>
<td>70.7%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>0%</td>
<td>3.7%</td>
<td>0%</td>
<td>1.1%</td>
</tr>
<tr>
<td>18</td>
<td>77.1%</td>
<td>70.3%</td>
<td>83.3%</td>
<td>77.2%</td>
</tr>
<tr>
<td>19</td>
<td>22.8%</td>
<td>22.2%</td>
<td>16.6%</td>
<td>20.7%</td>
</tr>
<tr>
<td>20</td>
<td>0%</td>
<td>3.7%</td>
<td>0%</td>
<td>1.1%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>85.7%</td>
<td>88.8%</td>
<td>80%</td>
<td>84.8%</td>
</tr>
<tr>
<td>Black/African</td>
<td>2.8%</td>
<td>3.7%</td>
<td>6.6%</td>
<td>4.3%</td>
</tr>
<tr>
<td>American</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>0%</td>
<td>0%</td>
<td>3.3%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.8%</td>
<td>3.7%</td>
<td>6.6%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Other</td>
<td>2.8%</td>
<td>0%</td>
<td>3.3%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>5.7%</td>
<td>3.7%</td>
<td>0%</td>
<td>3.3%</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>80%</td>
<td>85.1%</td>
<td>86.6%</td>
<td>83.7%</td>
</tr>
<tr>
<td>Heterosexual,</td>
<td>11.4%</td>
<td>3.7%</td>
<td>6.6%</td>
<td>7.6%</td>
</tr>
<tr>
<td>incidentally</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>homosexual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hetero, more than</td>
<td>2.8%</td>
<td>0%</td>
<td>3.3%</td>
<td>2.2%</td>
</tr>
<tr>
<td>incidentally homo.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equally hetero. and</td>
<td>2.8%</td>
<td>7.4%</td>
<td>0%</td>
<td>3.3%</td>
</tr>
<tr>
<td>homo.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homo., incidentally</td>
<td>0%</td>
<td>3.7%</td>
<td>0%</td>
<td>1.1%</td>
</tr>
<tr>
<td>hetero.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homosexual</td>
<td>2.8%</td>
<td>0%</td>
<td>3.3%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

**Relationship Status**
For Hypotheses 1, 2, and 3, a 3x2 two-way mixed analyses of variance (ANOVA) was conducted. A two-way mixed design ANOVA, using one between-subjects factor with three levels (consent education condition: F.A.C.E, SVE, Control) and one within-subjects variable with two levels (Time 1 and Time 2), was used to compare change over time for the dependent variables. Changes in mean scores were compared across time and across the three conditions. Table 2 presents the mean scores and standard deviations of the dependent variables that were measured by ANOVAs: Consent Knowledge, Self-Efficacy, and Sexual Communication.
Looking at Table 2, a majority of participants did not get all eleven of the knowledge questions correct, and the average score was only 69% out of 100%. Some relationships are also apparent. For example, there was a main effect of knowledge of consent scores changing over time. Something else we found was that participants are already very confident and good communicators about consent and sexual activity. This is indicative of a ceiling effect regarding these hypotheses. No other interactions were significant, but means for participants in the F.A.C.E condition increased by a little bit for Self-Efficacy scores and Sexual Communication scores.

The interaction of consent condition x time on knowledge was not significant, which means that there was no differential change in knowledge scores in any of the three consent
education conditions, $F(2,85) = 1.065, p = .349, \eta^2 = .024$. Looking at knowledge scores collapsed across the three levels of consent condition, knowledge of consent did in fact change over time, $F(1,85) = 5.242, p < .05, \eta^2 = .058$. The main effect implies that knowledge of consent at Time 2 ($M = 7.6477, SD = 1.18457$) was different from knowledge of consent at Time 1 ($M = 7.3409, SD = 1.12328$), regardless of the consent education condition. The main effect of time collapsed across the three levels of consent was not significant, $F(1,85) = .734, p = .483, \eta^2 = .017$.

The consent condition x time interaction on self-efficacy was also not significant, which means that there was no differential change in self-efficacy scores in any of the three consent education conditions, $F(2,80) = .327, p = .722, \eta^2 = .008$. The main effect time collapsed across the three levels of consent was not significant $F(2,80) = 2.050, p = .135, \eta^2 = .049$. Looking at self-efficacy scores collapsed across consent condition, self-efficacy did not significantly change over time, $F(1,80) = .140, p = .710, \eta^2 = .002$. Thus, no significant differences were found regarding self-efficacy.

The consent condition x time interaction on sexual communication was also not significant, which means that there was no differential change over time in sexual communication scores in any of the three consent education conditions, $F(2,43) = .478, p = .623, \eta^2 = .022$. Looking at sexual communication scores collapsed across the three levels of consent condition, the ability to communicate about sexual activity did not change over time, $F(1,43) = .005, p = .945, \eta^2 = .000$. The main effect of time collapsed across the three levels of consent was also not significant, $F(1,43) = .054, p = .947, \eta^2 = .003$. Thus, no significant differences were found regarding sexual communication.
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For Hypotheses 4 and 5, the frequency of student victimization and perpetration experiences, a chi-square test of association for Time 2 scores was conducted. To confirm there were no difference present at Time 1 the same analysis was run for Time 1 scores. Table 3 presents the frequencies and percentages of the variables measured by chi-square tests of association: Sexual Assault Victimization and Sexual Assault Perpetration.

Table 3

Descriptive statistics for Hypotheses 4 and 5

<table>
<thead>
<tr>
<th></th>
<th>F.A.C.E</th>
<th>SVE</th>
<th>Control</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Victimization Time 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>21</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Percent</td>
<td>38.2%</td>
<td>61.7%</td>
<td>33.3%</td>
<td>66.6%</td>
</tr>
<tr>
<td><strong>Victimization Time 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td></td>
<td>343%</td>
<td>65.6%</td>
</tr>
<tr>
<td><strong>Perpetration Time 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
<td>2</td>
<td>30</td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td></td>
<td>6.2%</td>
<td>93.7%</td>
</tr>
<tr>
<td><strong>Perpetration Time 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
<td>1</td>
<td>31</td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td></td>
<td>3.1%</td>
<td>96.8%</td>
</tr>
</tbody>
</table>

As seen from Table 3, no significant differences were found. However, there was a marginally significant change in perpetration rates. Some interesting things we found were that people did not self-report as perpetrating sexual assault (N = 7 at Time 1, N = 4 at Time 2), which may be affecting the marginal result. We also found that reports of sexual victimization reflect the percentages found in the literature (34.8% at Time 1, 25.6% at Time 2).

To test Hypothesis 4, whether participants in one condition report experiencing lower percentages of sexual assault victimization than other conditions and at Time 2, a chi-square test of association using sexual victimization experience (yes or no) and consent education condition (F.A.C.E, SVE, and Consent) was conducted. The results were not statistically significant $\chi^2 =$
2.536, \( p = .281 \), indicating that type of sexual consent education did not affect rates of sexual victimization experiences at Time 2.

For Hypothesis 5, whether participants in one condition report experiencing lower percentages of sexual assault perpetration than other conditions and at Time 2, a chi-square test of association using sexual perpetration experience (yes or no) and consent education condition (F.A.C.E, SVE, and Consent) was conducted. The results were not statistically significant \( \chi^2 = 4.227, \ p = .121 \), indicating that type of sexual consent education did not affect rates of sexual perpetration experiences at Time 2.

After conducting a frequency analysis by condition for Hypothesis 6 results, it was evident that the sample size was too small \( (n = 4) \) to conduct a chi-square test of association for Time 2 scores regarding perpetration of specific activities. Thus, no follow-up analyses were conducted for this measure, and so we cannot determine if participants are more likely to stop unwanted sexual activity as a response to someone’s expression of unwillingness in one condition compared to the others and at Time 2.

To address Hypothesis 7, whether participants in a certain condition will be better at applying their consent knowledge compared to other conditions and at Time 2, open-ended responses were coded into categories based on frequently occurring themes mentioned in the responses. Participants reported how they would respond to three scenarios for Time 1 \( (N = 84) \) and Time 2 \( (N = 61) \). Tables 4, 5, and 6 show percentages of the most common responses for each scenario.
### Scenario 1

<table>
<thead>
<tr>
<th></th>
<th>F.A.C.E</th>
<th>SVE</th>
<th>Control</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Say something</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>39%</td>
<td>39%</td>
<td>24%</td>
<td>40%</td>
</tr>
<tr>
<td>Time 2</td>
<td>41%</td>
<td>25%</td>
<td>34%</td>
<td>52%</td>
</tr>
<tr>
<td><strong>Leave</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>28%</td>
<td>38%</td>
<td>34%</td>
<td>35%</td>
</tr>
<tr>
<td>Time 2</td>
<td>44%</td>
<td>31%</td>
<td>25%</td>
<td>26%</td>
</tr>
</tbody>
</table>

### Scenario 2

<table>
<thead>
<tr>
<th></th>
<th>F.A.C.E</th>
<th>SVE</th>
<th>Control</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Apologize</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>35%</td>
<td>25%</td>
<td>40%</td>
<td>48%</td>
</tr>
<tr>
<td>Time 2</td>
<td>44%</td>
<td>28%</td>
<td>28%</td>
<td>52%</td>
</tr>
<tr>
<td><strong>Stop</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
<td>43%</td>
</tr>
<tr>
<td>Time 2</td>
<td>35%</td>
<td>31%</td>
<td>35%</td>
<td>43%</td>
</tr>
<tr>
<td><strong>Communicate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>49%</td>
<td>66%</td>
<td>17%</td>
<td>42%</td>
</tr>
<tr>
<td>Time 2</td>
<td>44%</td>
<td>19%</td>
<td>38%</td>
<td>26%</td>
</tr>
</tbody>
</table>

### Scenario 3

<table>
<thead>
<tr>
<th></th>
<th>F.A.C.E</th>
<th>SVE</th>
<th>Control</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leave</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>52%</td>
<td>21%</td>
<td>28%</td>
<td>35%</td>
</tr>
<tr>
<td>Time 2</td>
<td>32%</td>
<td>32%</td>
<td>36%</td>
<td>41%</td>
</tr>
<tr>
<td><strong>Not engage in sexual</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>38%</td>
<td>38%</td>
<td>23%</td>
<td>25%</td>
</tr>
<tr>
<td>Time 2</td>
<td>36%</td>
<td>36%</td>
<td>29%</td>
<td>23%</td>
</tr>
</tbody>
</table>
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Scenario 1 was “Your partner kisses you and tries to put their hand in your waistband even though you move their hand away and shake your head ‘no.’” At Time 1, 40% of responses mentioned saying something to the partner. Responses included “Tell them to stop,” “Tell them no,” and “Tell them to wait.” Additionally, 35% of responses involved leaving the situation, with responses such as “I would get up and leave,” “Leave the theater,” “Tell them to stop, leave if necessary,” and “I would call a friend and ask them to pick me up.” At Time 2, 52% of responses mentioned saying something to the partner. Responses included “Tell them to stop again,” and “Say no.” 26% of responses involved leaving the situation, with responses such as “Leave,” “I would make a scene,” and “Tell them to stop or leave.” Frequency per condition was: 44% F.A.C.E, 31% SVE, and 25% Control.

Scenario 2 was “A friend of your date tells you that the person likes to be bit on the neck, and when you try it later while kissing, your date freezes and uncomfortably shifts away from you.” At Time 1, 48% of responses mentioned apologizing to the date. Common responses included “Apologize” and “Say sorry.” 43% responses mentioned stopping physical touching. Respondents said, “I would immediately stop,” “Stop and apologize,” and “Stop biting their neck” 42% of responses mentioned some form of communication about the situation beyond just apologizing. Types of communication mentioned included “Ask them what is wrong,” “Ask if everything is all right,” “I'd apologize, and ask them what they do like.” At Time 2, 52% of responses mentioned apologizing to the date. Common responses included “Say sorry” and “Apologize.” 43% responses mentioned stopping physical touching. Respondents said, “I would stop,” “Stop biting them,” and “stop and apologize.” 26% of responses mentioned some form of communication about the situation beyond just apologizing. Types of communication mentioned included “I would ask what's wrong,” and “stop and talk about what is off limits.”
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Scenario 3 was “You meet up on Halloween with someone you met on Tinder. You both have been drinking, and the other person starts to sexually flirt with you. You notice they are slurring their words and you do not know how much they have had to drink.” At Time 1, a majority (35%) of responses mentioned leaving the situation: “I would remove myself from the situation,” “Politely leave,” and “Leave them and go away with my friends.” 25% said that they would not engage in any sexual activity with the person, having said, “I would avoid having sex or any other sexual encounter,” “Don't do them,” and “not having sex with them.” At Time 2, a majority (41%) of responses mentioned leaving the situation: “Leave,” “I would get away from them,” and “Say I have to go.” 23% said that they would not engage in any sexual activity with the person, having said, “Don't proceed with sexual activity,” “I would steer the interaction away from being sexual,” and “I would tell them no.”

Results from this measure are not supportive of the hypothesis that F.A.C.E participants would be more able to apply their consent knowledge to real life scenarios. We expected that participants would report more communication behavior, however it seems like they reported avoidant behavior more frequently. Furthermore, participants in the F.A.C.E group who initially reported high frequencies of communication at Time 1, reported less often in Time 2 about this same response. Oddly, participants in the Control group and SVE group reported much higher frequencies of the desired behavior at Time 2 compared to Time 1, which may be a result of environmental factors.

Discussion

The purpose of this study was to determine if different modules of consent education were more effective in increasing student knowledge, confidence, and communication skills regarding consent. Certain modules may be more effective in reducing student sexual
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victimization and perpetration experiences. Specifically, feminist theory and research informed modules of consent might lend to more effective models compared to rigid and impractical models, or even compared to interventions that do not educate about consent. The results from the current study lent no significant support to any of these hypotheses, however some changes from Time 1 and Time 2 may suggest some backing for further research. Overall, the results indicated that the manipulation of the CHOICES program plus consent program did not impact the dependent variables of self-efficacy in communicating and understanding consent, sexual communication about unwanted sexual activity, sexual assault victimization experiences, and sexual assault perpetration experiences.

Regarding consent knowledge, one significant time effect was found (see Table 2). While there was no relationship between the type of consent education and how much knowledge of consent participants had, there was a difference in knowledge for all the groups over time. That is, after the CHOICES program, knowledge scores were higher across the groups than the scores before CHOICES. This was the only significant effect found for the consent knowledge hypothesis. Interestingly, participants only improved by a little bit from the original average score. Scores before the education indicate that participants received some education about consent, which is supported by the fact that 37% of participants reported participating in a sexual assault or risk reduction program before. However, a majority of participants did not get all eleven of the knowledge questions correct, and the average score was only 69% out of 100%. Thus, participants on average got what would be a C- letter grade on this questionnaire even after the education program. This below average status shows that participants still had room to grow because they were not answering all the questions correctly.
No other significant changes were found in the self-efficacy and sexual communication results. There was no interaction between the type of consent education and self-efficacy and sexual communication. We anticipated that participants’ confidence in getting/giving consent and ability to communicate would be higher in the F.A.C.E condition compared to the SVE and Control conditions. We also figured these scores would be higher over time, however no support was found for this hypothesis. Based on these results, we can conclude that the type of education about consent does not influence students’ confidence in getting/giving consent or their ability to communicate consent. Because these scores only increased by a little after the intervention and the additional seven weeks, it could indicate a ceiling effect regarding confidence and communication ability. This means that because they were already very confident and capable in communicating about consent, participants did not have much more room to improve. This is inconsistent with prior studies that have indicated that education of a concept aids in growth and mastery of that concept (Bandura & Schunk, 1981; Banyard et al., 2004; Gidycz et al., 2011). The null result could be due to the format of the intervention (CHOICES plus consent versus consent education alone) or how the consent education was taught (length of time, or lecture based versus discussion based). Conversely, our results could also indicate that participants are not retaining all of the information learned in the consent program, and so their performance remains constant. Furthermore, based on their non-significance, these results could signify that the CHOICES plus F.A.C.E program is no more effective than the CHOICES plus SVE consent program or CHOICES without consent education.

Concerning sexual assault victimization and perpetration experiences, there were no significant changes in the frequency of these experience after the CHOICES plus consent education intervention. Consistent with the literature, about 25% of participants reported having
been sexually victimized since age 14, but these rates in victimization did not differ in rates after the intervention plus the seven week time period (See Table 3). Therefore, we can draw the conclusion that type of consent education did not influence victimization rates of participants. Furthermore, we can assume that consent education does not significantly influence rates of perpetration experiences either. Only a few participants admitted perpetrating some form of sexual assault since age 14, which is typical; most people will not admit to perpetrating an assault, even if it is an anonymous survey. Thus, our small sample size limits our analysis of the consent education reducing perpetration experiences. These null results for victimization and perpetration experiences may be due to small sample size, as previously mentioned. Results could also be due to the format of the intervention (CHOICES plus consent versus consent education alone) or how the consent education was taught (shorter length of time, time spent on consent education). Based on their non-significance, these results could signify that the CHOICES plus F.A.C.E program is no more effective than the CHOICES plus SVE consent program or CHOICES without consent education.

Because the sample size contained only four participants, no tests were run to analyze the data for whether participants would be more likely to stop unwanted sexual activity as a response to someone’s expression of unwillingness. Therefore, we were unable to determine if scores changed over time over differed by consent education type for this hypothesis.

Responses to the three different scenarios for the final hypothesis yielded some noteworthy results. Given that the consent education programs should have encouraged certain behaviors like positive communication, we anticipated that responses to each of the scenarios would fall in line with these desired behaviors. Initially, for the first scenario, which was about being inappropriately touched by a partner in a movie theater, more participants reported that
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they would say something, like “stop” to their partner (see Table 4). Interestingly, after the education intervention, a higher percentage of people in the F.A.C.E and Control conditions reported that they would say something. Fewer people in the SVE group reported this however. Since clearly communicating consent, or in this case non-consent, to a partner is the ideal response for this scenario, it is odd that the Control group improved the most, by 10%, in this regard. Perhaps this is due to environmental factors; participants could have been exposed to sexual assault prevention programming outside of the education provided in the study. Also, the bystander education portion of the CHOICES program may have impacted the participants in the Control condition more because they did not have any other discussion of intervention in a sexually-charged situation. Alternatively, perhaps demand characteristics could be at play in that participants may have figured out what the researchers wanted them to say and purposefully did not. Conversely, more participants in the F.A.C.E condition reported at Time 2 that they would get up and leave the situation if the partner did not stop touching them. The reason behind this may be that the F.A.C.E program promotes physically leaving the uncomfortable situation rather than communicating about it. This may be a good lesson overall in terms of bystander response, however it was not what we expected to find.

For the second scenario, which was about kissing and biting a partner who was uncomfortable by the act, the ideal response would be for participants to stop biting the person and to communicate about what the partner wants to do. In terms of stopping the behavior, many F.A.C.E participants reported that they would respond this way at Time 1, which was a larger proportion than the other two groups (see Table 5). This may be a result of random assignment failure because scores across conditions should be similar before the intervention. However, this proportion drastically decreased by 15% in the F.A.C.E group after the intervention program,
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whereas it increased by 6% for SVE and 10% for the Control group. Again, perhaps the F.A.C.E consent program implicitly taught participants that the best response would be to apologize and/or communicate with the partner, since those were the next highest scores at Time 2.

Regarding communication, F.A.C.E responses for communication decreased only by 5%, but the SVE responses endorsing communicating condition decreased by 47%, while responses in the Control condition increased by 21%. This is another strange trend that may be indicative of environmental factors, or perhaps the SVE education discouraged communication. That is the opposite response that educators want, so the change in score for SVE may be evidence for why it is not an effective model.

Finally, for the third scenario, which describes a participant meeting up with an intoxicated stranger on Halloween night, the preferred response was that participants not engage in any sexual activity with the stranger because they are too intoxicated to consent. This response was for the most part constant across the three conditions before and after the consent education intervention (see Table 6). Participants in the Control condition perhaps showed the most change, a 6% increase in endorsing this response at Time 2, compared to the 2% decrease for F.A.C.E and SVE. Again, this may be due to environmental factors during the seven-week interim period, such as actually attending the Halloween block party and interacting with intoxicated people. Because some participants may have taken the post-test late October and December, this variability may be affecting responses. Participants also reported that they would leave the situation, F.A.C.E having the largest proportion of this response at Time 1. This proportion decreased by 20% though at Time 2, which may provide support the idea that F.A.C.E taught participants to communicate with the intoxicated person rather than just abandon them. SVE and Control participants both reported more at Time 2 that they would leave. This
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seems concerning given that this is also a scenario in which the participant is a bystander and participants should be intervening based on the bystander education information provided in the CHOICES program.

Limitations and Future Research

The current study suffers from a few key limitations. Firstly, we had a small sample of participants. The number of participants in the study ($N = 92$) was far below the a priori estimated sample size ($N = 159$) that was needed to detect a medium significant effect of .25. Moreover, all of our tests had effect sizes below .25. This small sample size resulted in low power, which decreased the chance of finding a significant effect, and increased the probable amount of Type II error. This decreased chance in finding a significant effect was largely due to lack of motivation for students to participate in the study, and because of a 50% attrition rate of participants from Time 1 to Time 2. The retention rate may have been low because Time 1 surveys were distributed close to midterm exams, and Time 2 surveys were distributed close to and during final exams. By completing data collection earlier in the semester, future studies could avoid retention issues due to poor timing.

Additionally, if future studies created an incentive for participants through sufficient compensation for completing the entire study, more people would participate. Although the current study did offer an opportunity for extra credit for participating, the extra credit code was provided at the beginning of the survey. As a result, some participants started the survey, grabbed the code, and did not finish the survey. Because the code was so accessible and because it was the same code for everyone, participants may have shared the code with fellow students in the learning community to get extra credit points without having to complete the survey.
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Although the setup of having the code readily available may have affected attrition, it did not force the participant to take the entire survey in order to earn the extra credit. Thus, this setup was ethically sound because participants could quit the study at any time and not be penalized. Future studies should avoid this format, and offer incentive in a way that does not drastically affect retention rates of participants.

It is important to keep in mind that the participants who chose to complete the entire study had to opt-in. These participants thus may have already been interested in the topic of research and/or had been predisposed to consent education, so our sample may have not been representative of all first-year students. Furthermore, participants may have only given socially desirable responses to portray themselves in a more positive way. Using incentives and random sampling for a larger body of students may prevent this issue in the future, and thus allow for more variability in responses and experiences. Additionally, having another scale that measures the tendency of giving socially desirable answers responses would help in adjusting the main scale’s responses.

Another limitation of the study was timing. Pre-tests were distributed at the beginning of October because CHOICES programs started during that time. As a result, it was not possible to account for the time prior to October when participants may have already had victimization or perpetration experiences. Literature shows that many sexual assaults occur within the first two to three months of the semester (Krebs, et al., 2009), so future studies should distribute pre-tests close to the beginning or before the start of the fall semester, and distribute post-tests at the beginning of the spring semester. That way, results have a better chance of representing student experiences, having high variability between time points, and showing significant change over time.
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Additionally, future research should consider increasing the interim period from seven weeks to a few months in order collect more data regarding students’ victimization and perpetration experiences over time. Because CHOICES was only offered in the fall semester for a span of two months, we were compelled to limit the interim period to seven weeks, which may be under-representing sexual experiences that may have occurred later in the semester. Ideally, a second post-survey would also be distributed at the end of the spring semester to collect changes in scores from the beginning of the year to the end. Furthermore, the current study did not collect participant data immediately after the intervention. During the time after the consent education intervention and the post-test distribution, participants may have forgotten some of the information they learned from the program. Having multiple post-tests after the intervention may be a better method for evaluating short-term and long-term growth.

There may be limitations specific to the consent program also. One may be that the intervention of consent education was only provided once. Previous studies have shown that repeated interventions produce better performance (DeGue et al., 2014), but because the current study only had one instance of intervention, change scores may not accurately reflect complete understanding of consent-related content. Thus, it may be more effective to evaluate repeated education in order to see what students are learning over time. Another way to alter the intervention itself to make it more effective may be designing a longer consent education program. Because the SVE and F.A.C.E models were added to the CHOICES program, which is already two-hours long, peer educators could only allot about five to ten minutes to the consent education segment of the entire program. Plus, peers may have varied based on how much time they actually spent on the consent piece. Perhaps longer consent education programs (eg., one hour long workshops) would produce better results in terms of accomplishing learning outcomes.
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Since SVE and F.A.C.E are only a few minutes long, much of the content is surface level. By having more depth to the education’s content, students may gain more meaningful information about consent that they can understand through a personalized lens. Furthermore, with more streamlined time allotted to the consent education program, there would be less variability in the quality of education between facilitators. Training all facilitators to present the program with the same attitude, engagement, and time consistently between presentations would help reduce variability over time and between facilitators.

Finally, the Direct Response Survey was a limitation in terms of the study’s method. The first problem was that this unique survey’s coding methodology had been lost. Thus, we had no concrete way to analyze responses. Because of the scale’s format, figuring out how to test the data was complicated. Finally, because the scale concerned perpetration experiences, only a few participants’ data could be analyzed. This is important to keep in mind for future studies using perpetration-based scales because small sample sizes could render the scale unusable. Researchers who intend to use such scales should make sure that they have a large sample size with a lot of variability so as to get more diverse demographics, and maybe even to explore atypical dynamics of gendered sexual assault (ie., female perpetrators and male victims).

**Practical Implications**

Based on the results, we could make the assumption that perhaps no consent education is just as effective as consent education given that there were no statistical differences across consent education conditions. However, these results must be taken with a grain of salt given there are some methodological and maybe statistical concerns that take away from our ability to say consent education does not work. Additionally, most education initiatives lead to better developed skills and understanding of a concept, so one would expect that this is the case for
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consent education as well. Regardless, more research needs to be conducted in order to explore this hypothesis further.

One potential area to research is the format of consent education. The results of this study may suggest that the format of the intervention itself may be less effective than other formats. Based on our results, teaching consent within the larger context of CHOICES did not impact students’ knowledge or experiences regarding consent and sexual assault. That is, the consent education was integrated into a larger program focused on alcohol education, the consent education piece was only a few minutes long, it was mostly lecture-based with little group interaction, and it was only offered once. Therefore, the program as is was not very effective. The consent education may have been drowned out, so teaching consent as its own program may be more useful. Future researchers should explore these different alterations and see if certain formats are more conductive to student learning and sexual violence prevention. This includes formats that utilize multimedia approaches or games. Using popular YouTube videos like the Tea Consent video (see Blue Seat Studios, 2015) may be a fun and tool to explain sexual consent for sex educators to use for various age-groups. These videos may be able to provide education that is relevant to its consumers and not dictated by out of touch authority figures. Media in the form of podcasts, essays, art, poetry, short stories, music, visual messages, illustrations, animation, and videos, may also be effective ways to have open discussion about sex and consent. Diverse media like this may prove to be more effective in teaching consent and preventing sexual assault than lecture based formats like the F.A.C.E and SVE models. Finally, given this study was limited to first-year college students and that the education was provided only once to participants, education that starts earlier and is provided more frequently may be more effective than the education in the study. By starting consent education during childhood,
educators can reinforce knowledge and application of consent well before any institutional sex education.

Evidently, many formats of consent education exist currently and any one of them may be influential in sexual assault prevention. By evaluating these intervention styles and the definitions of consent they use, future research can pave the way in advancing the scope of this issue. With more evaluative research, educators can collectively know how to best define sexual consent and teach it to populations of students.

Conclusion

Although future work is necessary to gain a more comprehensive understanding of consent education’s impact on students’ sexual experiences, in addition to knowledge of how to define consent and create interventions based on that definition, our findings indicate that the present format of consent education in the larger framework of CHOICES does not affect consent understanding or sexual assault rates. This may be because the format of the consent education was too short, informal, and provided only once. Other formats that are consent education alone, more fun and engaging, and repeatedly administered may be more effective in increasing consent knowledge and use, as well as reduce sexual assault victimization and perpetration rates. Even though the results of this study were non-significant, this study contributes to the small body of literature surrounding consent education and evaluation. Sexual assault and consent topics are growing more popular, so research projects like this one opens the gates to further exploration. There are very little studies that evaluate consent education interventions alone, so more research needs to be conducted in this area. Moreover, with more advanced research in this field, perhaps some time in our lifetime we will see global reductions in sexual assault victimization and perpetration.
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Appendix A

Ohio University Consent Form

**Title of Research:** The POWER of Consent: An Evaluation of Peer-Based Consent Programming in Sexual Assault Prevention

**Researcher:** Phoenix Crane

You are being asked to participate in research. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks. It also explains how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to participate in this study. You may print a copy of this document to take with you.

**Explanation of Study**

The purpose of this study is to examine the effectiveness the peer health organization POWER's CHOICES program and its impact on students’ sexual experiences, students’ confidence in using consent, and students’ communication of sex-related topics. If you choose to participate, you will be asked to fill out several questionnaires prior to participating in the CHOICES program, and again after completion of the program in 7 weeks. You should not participate in this study if you are under the age of 18 years old. Your participation for this session should take approximately 20 minutes.

**Risks and Discomforts**

During this study, you will be asked for personal and sexual information including several questions about sexual experiences and those that were unwanted. Please consider your comfort level with these types of question before agreeing to participate in the study. This study involves no physical risks for participants. However, some individuals might experience emotional discomfort. Participation is voluntary, and you may stop responding and withdraw from the study at any point without penalty. It is recommended that you take the survey in a private location where others cannot see the screen. Upon completion, it is recommended that you clear your browser history. Furthermore, by reporting your demographic data, you may be at risk for being identified within your learning community, however, this is unlikely. You do not have to provide demographic information if you wish not to.

The following are a list of resources that may be used if you experience emotional discomfort during the survey.

**Ohio University Counseling and Psychological Services:** 740-593-1616

Hudson Health Center, 3rd Floor

1 Ohio University

Athens, Ohio 45701

**Hopewell Mental Health Services:** 740-592-3091

90 Hospital Drive

Athens, Ohio 45701

**OU Psychology and Social Work Clinic** 740-593-0902

Ohio University
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002 Porter Hall  
Athens, Ohio 45701

Survivor Advocacy Program  
038 Lindley Hall  
Athens, Ohio 45701

OU Counselor-in-Residence:  
Shannon Johnson, Anne Dawson, Heather Davis Gahagen  
Walk-ins Sunday to Friday from 5-10pm at LLC 160

Benefits  
There are no individual benefits. However, your participation may benefit science and society by helping researchers better understand students’ sexual experiences.

Confidentiality and Records  
Any information you provide to the experimenters cannot be tied to you. No individual names will be used in reporting the results of the study. All survey responses are stored on a secure server. However, given that the surveys can be completed from any computer (e.g., personal, work, school), we are unable to guarantee the security of the computer on which you choose to enter your responses. To enhance security, you are advised delete the browsing history, when the survey is completed, as well as complete the survey in a private manner, away from peers and distractions.

Additionally, while every effort will be made to keep your study-related information confidential, there may be circumstances where this information must be shared with:
* Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
* Representatives of Ohio University (OU), including the Institutional Review Board, a committee that oversees the research at OU.

Compensation  
It is possible that your Learning Community instructor will provide extra credit for your participation in the study. If your instructor provides extra credit for participation in the study, there is an alternative method to receiving the extra credit if you choose to not participate - a reflection paper on consent. If your instructor chooses not to provide extra credit, no extra credit will provided for participating in this research.

Contact Information  
If you have any questions regarding this study, please contact:

POWERconsentstudy@gmail.com

Phoenix Crane (Primary Researcher)  pc226712@ohio.edu  (630-632-2740)  
Kimberly Rios, Ph.D. (Faculty Advisor)  rios@ohio.edu  (740-593-1065)  
Christine A. Gidycz, Ph.D. (Faculty Advisor)  gidycz@ohio.edu  (740-593-1092)

If you have any questions regarding your rights as a research participant, please contact Dr. Chris Hayhow, Director of Research Compliance, Ohio University, (740)593-0664 or hayhow@ohio.edu.

By agreeing to participate in this study, you are agreeing that:

Walk-ins Sunday to Friday from 5-10pm at LLC 160
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- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered
- you have been informed of potential risks and they have been explained to your satisfaction.
- you understand Ohio University has no funds set aside for any injuries you might receive as a result of participating in this study
- you are 18 years of age or older
- your participation in this research is completely voluntary

you may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you and you will not lose any benefits to which you are otherwise entitled.
Appendix B

Code Questionnaire

DIRECTIONS: Please answer the following questions to create a code that is unique to you so that we can match your data without using your name. It is important to answer the questions honestly.

Last 4 digits of your phone number:

Your birth year:

Number of letters in your mother’s name:

Name of your favorite pet:

Your childhood best friend’s name:

Demographics Questionnaire

DIRECTIONS: Please choose the best response for each question.

1. What is your age?
   A. 18
   B. 19
   C. 20
   D. 21
   E. 22
   F. 23
2. What is your race/ethnicity?
   A. Caucasian, Non-Hispanic
   B. African American
   C. Latino or Hispanic
   D. Asian or Pacific Islander
   E. American Indian or Alaska Native
   F. Two or more races
   G. Other

3. What is your religion?
   A. Catholic (Christian)
   B. Protestant (Christian)
   C. Jewish
   D. Muslim
   E. Nondenominational
   F. Other
   G. None

4. What is your sexual orientation?
   A. Exclusively heterosexual
THE POWER OF CONSENT

B. Predominantly heterosexual, only incidentally homosexual
C. Predominantly heterosexual, but more than incidentally homosexual
D. Equally heterosexual and homosexual.
E. Predominantly homosexual, but more than incidentally heterosexual
F. Predominantly homosexual, only incidentally heterosexual
G. Exclusively homosexual
H. Asexual, or Non-Sexual

5. What is your current dating status?
   A. I do not date
   B. I date casually
   C. I date seriously
   D. I am involved in a long-term monogamous relationship (more than 6-months)
   E. I live with my partner
   F. I am engaged
   G. I am married

6. Have you ever participated in a sexual assault prevention or risk reduction program?
   A. Yes
   B. No

   7. If yes, how long ago? _________

8. Are you in a sorority/fraternity?
   A. Yes    B. No
9. Are you on a sports team?
   A. Yes, collegiate/varsity
   B. Yes, club
   C. Yes, intramural
   D. No

10. How do you identify?
   A. Male
   B. Female
   C. FTM (female-to-male)
   D. MTF (male-to-female)
   E. Intersex
   F. Genderqueer/Androgynous
   G. Other (please fill in): ___________________

11. Who is your Learning Community instructor? __________________________

12. What day does your Learning Community class meet? _____________________

13. What time does your Learning Community class meet? ____________________

Consent Knowledge Survey

DIRECTIONS: Please choose only one option for each item and circle the response.

1. Consent must be verbal.
   a. True    b. False

2. Consent must be sober.
   a. True    b. False
THE POWER OF CONSENT

3. A student can give consent to a Teaching Assistant (TA) if they are both sober.
   a. True  
   b. False

4. Dating partners have to get consent each time they have sex
   a. True  
   b. False

5. If someone does not actively resist, then it is not rape.
   a. True  
   b. False

6. People are more likely to be assaulted by a stranger than someone they know.
   a. True  
   b. False

7. Can consent be withdrawn once given?
   a. Yes  
   b. No

8. Someone asks their partner if they want to have sex and the other partner replies “no.” The person asks again immediately and are told “yes.” Is this consent?
   a. Yes  
   b. No

9. If someone says “yes” to “Netflix and chill?” is it clear consent?
   a. Yes  
   b. No

10. How much alcohol can someone consume before they CAN NOT give consent?
    a. 1 drop  
    b. Enough to be impaired  
    c. Enough to knock them unconscious  
    d. It is impossible to know

11. Consent implies which of the following?
    a. all parties are eager  
    b. all parties are equally free to act  
    c. all parties want to have sex
THE POWER OF CONSENT

d. all of the above
e. both a and b above

Consent Self-Efficacy Survey

DIRECTIONS: Please answer the following questions as honestly as possible by selecting a number on the scale provided.

The definition of “clear consent” is when someone willingly and unambiguously agrees to a sexual act under the conditions that it is consciously given, mutually understood, and non-coercive.

How confident are you in your ability to...

1. Know what clear consent is when having sex
2. Clearly communicate with your sexual partner that you do not want to have sex
3. Communicate clearly with your partner about what form of intercourse you both want
4. Avoid having sex when a sexual partner cannot give clear consent
5. Avoid having sex when a sexual partner does not want to have sex
6. Avoid having sex when you cannot give clear consent
7. Avoid having sex even when you feel pressured to have sex with a partner
8. Say “no” to a sexual partner even if it disappoints them
9. Accept “no” as an answer even if you are disappointed
10. Get clear consent from a sexual partner using verbal methods
11. Get clear consent from a sexual partner using non-verbal methods
12. Determine if a sexual partner is too intoxicated to give clear consent
13. Determine if a sexual partner is acting freely when giving clear consent
14. Determine if a sexual partner is enjoying sex
15. Get clear consent from a new sexual partner
16. Get clear consent from a long-standing sexual partner
17. Get clear consent from a partner when you are intoxicated
THE POWER OF CONSENT

18. Ask for clear consent even when you really want to have sex
19. Give clear consent to a new sexual partner
20. Give clear consent to a long-standing sexual partner
21. Give clear consent to a partner when you are intoxicated
22. Give clear consent to a partner who is intoxicated
23. Stop sexual activity if you do not receive clear consent even when you really want to have sex
24. Avoid doing something with my sexual partner that they do not enjoy
25. Obtain clear consent from a sexual partner all of the time.
26. Give clear consent to a sexual partner all of the time
27. Ask for clear consent even when other people say it is unnecessary
28. Explain clear consent to someone else

Sexual Communication Survey

DIRECTIONS: The following questions refer to sexual communication. Think about how you typically behave when someone engages with you sexually. Please indicate by circling the choice that best fits you. If a situation does not apply to you, please respond “Not applicable” to the question.

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<td>Never</td>
<td>Almost Never</td>
<td>Some of the Time</td>
<td>Half of the Time</td>
<td>Most of the Time</td>
<td>Almost Always</td>
<td>Always</td>
<td>Not applicable</td>
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1. Do you speak openly to the people about the issue of protection/birth control? A B C D E F G H
2. Do you speak openly to people about the issue of sexually transmitted infections? A B C D E F G H
3. Do you ever say "yes" to something sexual when you really mean "no"? A B C D E F G H
4. Do you ever say "no" to something sexual when you really mean "yes"? A B C D E F G H
5. Do you ever end up allowing a person to hold your hand when you don't really want to, not because you feel forced or coerced, but because of some other concern (such as wanting them to like you or being too embarrassed to talk about it)? A B C D E F G H
6. Do you ever end up allowing a person to put their arms around you when you don't really want to, not because you feel forced or coerced, but because of some other concern (such as A B C D E F G H
### THE POWER OF CONSENT

wanting them to like you or being too embarrassed to talk about it)?

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<td>7. Do you ever end up allowing a person to kiss you when you don't really want to, not because you feel forced or coerced, but because of some other concern (such as wanting them to like you or being too embarrassed to talk about it)?</td>
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<td>8. Do you ever end up allowing a person to touch your body when you don't really want to, not because you feel forced or coerced, but because of some other concern (such as wanting them to like you or being too embarrassed to talk about it)?</td>
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<tr>
<td>9. Do you ever end up allowing a person to touch your genitals when you don't really want to, not because you feel forced or coerced, but because of some other concern (such as wanting them to like you or being too embarrassed to talk about it)?</td>
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<td>Always</td>
<td>Not applicable</td>
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<tr>
<td>10. Do you ever end up allowing a person to perform oral sex with you (you as the recipient) when you don't really want to, not because you feel forced or coerced, but because of some other concern (such as wanting them to like you or being too embarrassed to talk about it)?</td>
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<tr>
<td>11. Do you ever end up allowing a person to perform oral sex with you (you as the administrator) when you don't really want to, not because you feel forced or coerced, but because of some other concern (such as wanting them to like you or being too embarrassed to talk about it)?</td>
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<td>12. Do you ever end up having vaginal intercourse with a person when you don't really want to, not because you feel forced or coerced, but because of some other concern (such as wanting them to like you or being too embarrassed to talk about it)?</td>
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<td>13. Do you ever end up having anal intercourse with a person when you don’t really want to, not because you feel forced or coerced, but because of some other concern (such as wanting them to like you or being too embarrassed to talk about it)?</td>
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<td>14. Do you ever want to hold hands with a person, but not actually do it, because of some concern (such as fear that they will think badly of you or that your reputation might be damaged)?</td>
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<td>15. Do you ever want to put your arms around a person, but not actually do it, because of some concern (such as fear that they will think badly of you or that your reputation might be damaged)?</td>
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### Sexual Experiences Survey – Short Form Victimization

The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Place a check mark in the box □ for each of the experiences below that has happened. If several experiences occurred on the same occasion—for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and c. Since age 14 refers to your life starting on your 14th birthday and stopping one year ago from today.

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<th>Sexual Experiences</th>
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<tr>
<td>16. Do you ever want <strong>to kiss a person</strong>, but not actually do it, because of some concern (such as fear that they will think badly of you or that your reputation might be damaged)?</td>
<td>A B C D E F G H</td>
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<tr>
<td>17. Do you ever want a person to <strong>touch your body</strong>, but not actually do it, because of some concern (such as fear that they will think badly of you or that your reputation might be damaged)?</td>
<td>A B C D E F G H</td>
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<tr>
<td>18. Do you ever want a person to <strong>touch your genitals</strong>, but not actually do it, because of some concern (such as fear that they will think badly of you or that your reputation might be damaged)?</td>
<td>A B C D E F G H</td>
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<tr>
<td>19. Do you ever want <strong>to touch a person’s genitals</strong>, but not actually do it, because of some concern (such as fear that they will think badly of you or that your reputation might be damaged)?</td>
<td>A B C D E F G H</td>
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<tr>
<td>20. Do you ever want a person to <strong>perform oral sex with you (you as the recipient)</strong>, but not actually do it, because of some concern (such as fear that they will think badly of you or that your reputation might be damaged)?</td>
<td>A B C D E F G H</td>
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<tr>
<td>21. Do you ever want a person to <strong>perform oral sex with you (you as the administrator)</strong>, but not actually do it, because of some concern (such as fear that they will think badly of you or that your reputation might be damaged)?</td>
<td>A B C D E F G H</td>
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<tr>
<td>22. Do you ever want to <strong>have vaginal intercourse</strong> with a person, but not actually do it, because of some concern (such as fear that they will think badly of you or that your reputation might be damaged)?</td>
<td>A B C D E F G H</td>
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<tr>
<td>23. Do you ever want to <strong>have anal intercourse</strong> with a person, but not actually do it, because of some concern (such as fear that they will think badly of you or that your reputation might be damaged)?</td>
<td>A B C D E F G H</td>
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### The Power of Consent

#### Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent *(but did not attempt sexual penetration)* by:

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<tbody>
<tr>
<td><strong>a.</strong></td>
<td>Telling lies, threatening to end the relationship, threatening to spread rumours about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn’t want to.</td>
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<tr>
<td><strong>b.</strong></td>
<td>Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.</td>
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<tr>
<td><strong>c.</strong></td>
<td>Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
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<tr>
<td><strong>d.</strong></td>
<td>Threatening to physically harm me or someone close to me.</td>
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<tr>
<td><strong>e.</strong></td>
<td>Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
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#### Someone had oral sex with me or made me have oral sex with them without my consent by:

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<tr>
<td><strong>a.</strong></td>
<td>Telling lies, threatening to end the relationship, threatening to spread rumours about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn’t want to.</td>
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<td>Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.</td>
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<td><strong>c.</strong></td>
<td>Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
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THE POWER OF CONSENT

1. Threatening to physically harm me or someone close to me.

2. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

If you are a male, check box and skip to item 4

A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:

This has happened to me since age 14

1. Telling lies, threatening to end the relationship, threatening to spread rumours about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn’t want to.

2. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.

3. Taking advantage of me when I was too drunk or out of it to stop what was happening.

4. Threatening to physically harm me or someone close to me.

5. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

A man put his penis into my butt, or someone inserted fingers or objects without my consent by:

1. Telling lies, threatening to end the relationship, threatening to spread rumours about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn’t want to.

2. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.

3. Taking advantage of me when I was too drunk or out of it to stop what was happening.

4. Threatening to physically harm me or someone close to me.

5. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
Even though it didn’t happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:

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<tr>
<td>a</td>
<td>Telling lies, threatening to end the relationship, threatening to spread rumours about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn’t want to.</td>
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<tr>
<td>b</td>
<td>Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.</td>
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<tr>
<td>c</td>
<td>Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
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<tr>
<td>d</td>
<td>Threatening to physically harm me or someone close to me.</td>
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<tr>
<td>e</td>
<td>Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
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This has happened to me since age 14.

If you are male, check this box and skip to item 7.

Even though it didn’t happen, a man TRIED to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent by:

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<td>a</td>
<td>Telling lies, threatening to end the relationship, threatening to spread rumours about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn’t want to.</td>
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<td>b</td>
<td>Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.</td>
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<tr>
<td>c</td>
<td>Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
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<td>Threatening to physically harm me or someone close to me.</td>
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<tr>
<td>e</td>
<td>Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.</td>
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This has happened to me since age 14.

Even though it didn’t happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent by:

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<td>a</td>
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<tr>
<td>b</td>
<td>Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to.</td>
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<tr>
<td>c</td>
<td>Taking advantage of me when I was too drunk or out of it to stop what was happening.</td>
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<tr>
<td>d</td>
<td>Threatening to physically harm me or someone close to me.</td>
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**The Power of Consent**

Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

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**Sexual Experiences Survey – Short Form Perpetration**

The following questions concern sexual experiences. We know these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope this helps you to feel comfortable answering each question honestly. Place a check mark in the box for each of the experiences below that has happened. If several experiences occurred on the same occasion—for example, if one night you told some lies and had sex with someone who was drunk, you would check both boxes a and c. Since age 14 refers to your life starting on your 14th birthday and stopping one year ago from today.

---

### Sexual Experiences

1. **I fondled, kissed, or rubbed up against the private areas of someone’s body (lips, breast/chest, crotch or butt) or removed some of their clothes without their consent (but did not attempt sexual penetration) by:**

   | a. Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn’t want to. | This has happened to me since age 14 |
   | b. Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn’t want to. |   |
   | c. Taking advantage when they were too drunk or out of it to stop what was happening. |   |
   | d. Threatening to physically harm them or someone close to them. |   |
## The Power of Consent

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<td><strong>2.</strong> I had oral sex with someone or had someone perform oral sex on me without their consent by:</td>
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<tr>
<td>a.</td>
<td>Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after they said they didn’t want to.</td>
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<tr>
<td>b.</td>
<td>Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force after they said they didn’t want to.</td>
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<tr>
<td>c.</td>
<td>Taking advantage when they were too drunk or out of it to stop what was happening.</td>
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<td>Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.</td>
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<td><strong>3.</strong> I put my penis (men only) or I put my fingers or objects (all respondents) into a woman’s vagina without her consent by:</td>
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<td>a.</td>
<td>Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises about the future I knew were untrue, or continually verbally pressuring them after</td>
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THE POWER OF CONSENT

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<td><strong>b.</strong></td>
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<td><strong>4.</strong></td>
<td>I put my penis (men only) or I put my fingers or objects (all respondents) into someone’s butt without their consent by:</td>
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<td><strong>This has happened to me since age 14</strong></td>
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<tr>
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pinning their arms, or having a weapon.
### 5. Even though it did not happen, I TRIED to have oral sex with someone or make them have oral sex with me without their consent by:

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<tr>
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### THE POWER OF CONSENT

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<td><strong>they said they didn’t want to.</strong></td>
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7. Even though it did not happen, I TRIED to put in my penis (men only) or I tried to put my fingers or objects (all respondents) into someone’s butt without their consent by:

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Direct Response Survey

**DIRECTIONS:** The following questions are requesting information of an explicit sexual nature. Think about your experiences OVER THE LAST 7 WEEKS. Remember, this is anonymous. Please answer all of the questions as honestly and accurately as possible.

1. Have you been in a situation where you engaged in some amount of sexual activity with someone and
THE POWER OF CONSENT

then they decided that they did not want to proceed further?
A. Yes
B. No
C. Did not have experience in the past seven weeks

1b. Referring to the above experience, how did the situation end? (If this happened more than once, refer to the most significant time):

A. This experience did not happen to me
B. The sexual activity proceeded further
C. I stopped because we had a discussion regarding what types of sexual activity they were comfortable engaging in.
D. I stopped because of their non-verbal cues (e.g., facial gesture, they froze)
E. I stopped because of their verbal behavior (e.g., they told me to stop, they said “no”)
F. I stopped because of their physical behavior (e.g., they pushed me away)
G. I stopped because someone else or something intervened

2. Have you been in a situation where you initiated kissing or touching the body of someone, and they did not appear to want you to do so?
A. Yes
B. No
C. Did not have experience in the past seven weeks

2b. Referring to the above experience, how did the situation end? (If this happened more than once, refer to the most significant time):

A. This experience did not happen to me
B. The sexual activity proceeded further
C. I stopped because we had a discussion regarding what types of sexual activity they were comfortable engaging in.
D. I stopped because of their non-verbal cues (e.g., facial gesture, they froze)
E. I stopped because of their verbal behavior (e.g., they told me to stop, they said “no”)
F. I stopped because of their physical behavior (e.g., they pushed me away)
G. I stopped because someone else or something intervened

3. Have you been in a situation where you initiated sexual intercourse (oral, vaginal or anal) when someone did not appear to want you to do so?
A. Yes
B. No
C. Did not have experience in the past seven weeks
3b. Referring to the above experience, how did the situation end? (If this happened more than once, refer to the most significant time):

A. This experience did not happen to me  
B. The sexual activity proceeded further  
C. I stopped because we had a discussion regarding what types of sexual activity they were comfortable engaging in.  
D. I stopped because of their non-verbal cues (e.g., facial gesture, they froze)  
E. I stopped because of their verbal behavior (e.g., they told me to stop, they said “no”)  
F. I stopped because of their physical behavior (e.g., they pushed me away)  
G. I stopped because someone else or something intervened

The last two questions ask about other situations that might occur when you are out. Think about your experience OVER THE LAST 7 WEEKS.

4. Have you been in a situation where you attempted to give someone alcohol, even though they did not want to drink?  

A. Yes  
B. No  
C. Did not have experience in the past seven weeks

4b. Referring to the above experience, how did the situation end? (If this happened more than once, refer to the most significant time):

A. This experience did not happen to me  
B. The experience ended by me giving them alcohol anyways  
C. I didn’t give them alcohol because we had a discussion regarding their choice to drink or not drink alcohol  
D. I didn’t give them alcohol because of their non-verbal cues (e.g., facial gesture, they froze)  
E. I didn’t give them alcohol because of their verbal behavior (e.g., they told me to stop, they said “no”) their physical behavior (e.g., they pushed me or the drink away)  
G. I didn’t give them alcohol because someone else or something intervened.
5. Have you been in a situation where you tried to get someone to go to a private location such as your car or room, but they did not appear to want to go?

   A. Yes
   B. No
   C. Did not have experience in the past seven weeks

5b. Referring to the above experience, how did the situation end? (If this happened more than once, refer to the most significant time):

   A. This experience did not happen to me
   B. The experience ended with them going with me
   C. They did not go with me because we had a discussion regarding their choice of whether or not to go with me
   C. They did not go with me because I stopped asking them as a result of their non-verbal cues (e.g., facial gesture, they froze)
   D. They did not go with me because I stopped asking them as a result of their verbal behavior (e.g., they told me to stop, they said “no”)
   E. They did not go with me because I stopped asking them as a result of their physical behavior (e.g., they pushed me away)
   F. I stopped pressuring them because someone else or something intervened

6. Since coming to OU, to what extent do you believe that you have conversations with people about what they want before initiating sexual contact (i.e., kissing, or touching)?

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<tr>
<td>Not at all</td>
<td>Very much</td>
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7. Since coming to OU, to what extent do you believe that you have conversations with people about what they want before initiating sexual intercourse (i.e., vaginal, oral, or anal)?
Consent Scenarios

DIRECTIONS: Please read the following scenarios and answer the questions below. Think about how you would behave in the given scenario. Please answer the following questions as honestly as possible.

1. You and your partner drive out to see a movie at a movie theater. As per normal, you hold hands and periodically lean against each other throughout the movie. About halfway through the movie, you feel your partner’s hand rubbing your thigh. It feels nice, so you hold your hand over their hand as they touch you. You feel their hand move up your thigh and then inside your waistband. You pull their hand out and shake your head at your partner. It seems inappropriate to be sexual in a crowded theater. Your partner pulls their hand away, but a few minutes later, they are rubbing your leg and genitals. Your partner shushes you and looks pointedly at the other people around you. You feel obligated to go through with it because you do not want to make a scene in the theater. You also do not want to disappoint your partner and have an uncomfortable drive home.

How would you react/respond to this situation?

2. It is halfway through your first semester. You and someone in your residence hall have become mutually interested in each other and are currently talking. You ask them out for a date this weekend and they say yes. Nervous about the date, you go to their best friend and ask for advice. You both are talking about what your date likes when the best friend provocatively says, “They told me that they really like to be bit on their neck.” Surprised, you laugh awkwardly, but keep that information in mind for the date. The night of, you and your date have had a great time together. Afterwards, your date invites you into their room and you make-out on their bed. Remembering what the best friend said, you begin kissing and biting your date’s neck seductively. Suddenly, your date freezes and moves uncomfortably away from your teeth.

How would you react/respond to this situation?
3. It is Halloween weekend and parties are in full swing. You are out with some friends and are at an off-campus party on Mill Street. You have had a couple of drinks and are currently texting someone you met on Tinder. You are planning to meet up with them at the party. After a while, someone approaches you and you recognize them from their profile picture. You both get another drink and start talking. You realize that they are flirting with you and start making sexual advances toward you. They are slurring their words and you realize that you do not know how much they have had to drink.

How would you react/respond to this situation?
Thank you for your participation this study. This study will give us information about the best way to educate students on alcohol and sex related topics. By better understanding how to best educate college. Hopefully, our efforts will inform these programs and help make Ohio University and other college campuses a safer place.

As a reminder, all of your questionnaire responses are anonymous. If you have any further questions regarding the nature of this study, or would like to request details of the results of the study, please feel free to contact one of the following:

**POWERconsentstudy@gmail.com**

**Primary Researcher:** Phoenix Crane  
630-632-2740  
pc226712@ohio.edu

**Faculty Advisers:** Kimberly Rios  
Porter Hall – Room 219  
740-593-1065  
rios@ohio.edu

Christine Gidycz  
Porter Hall - Room 231  
740-593-1092  
gidycz@ohio.edu

In addition, if you are concerned about the study materials used or questions asked and wish to speak with a professional, or if you would like more information or reading material on this topic, please contact one of the following resources:

**Ohio University Counseling and Psychological Services:** 740-593-1616  
Hudson Health Center, 3rd Floor  
1 Ohio University  
Athens, Ohio 45701

**Hopewell Mental Health Services:** 740-592-3091  
90 Hospital Drive  
Athens, Ohio 45701
THE POWER OF CONSENT

**OU Psychology and Social Work Clinic** 740-593-0902
Ohio University
002 Porter Hall
Athens, Ohio 45701

**OU Counselor-in-Residence:** 740-593-0769
Shannon Johnson, Anne Dawson, Heather Davis Gahagen
Walk-ins Sunday to Friday from 5-10pm at LLC 160

**Survivor Advocacy Program** 740-593-0167
038 Lindley Hall
Athens, Ohio 45701
The Power of Consent

Time 2 Debriefing Form

Thank you for your participation in this study. The purpose of this study is to gather information about the best way to educate on consent and sexual assault prevention on college campuses. To measure this, participants were randomized into one of three groups that varied in terms of consent education. These groups were the F.A.C.E. group, the Sober, Verbal, Enthusiastic group, and a wait-list control group. Students in the wait-list control group received no consent education during the CHOICES program. If you were in the wait-list control group, you will receive a link to a video with additional consent programming information following the completion of data collection. By better understanding how to best educate college students about consent, we can implement those elements into other sexual violence prevention programs as well. Hopefully, the data collected from this study will inform these programs and help make Ohio University and other college campuses a safer place.

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F.A.C.E. Consent Program Facilitator Guide

1) Introduce yourself and POWER (1 min)
2) “I do not assume”/confidentiality statement (1 min):

*I do not assume that you have engaged in sexual practices, or that it was healthy or unhealthy. I am here to give you information that you can apply to your life and make healthy sex-related choices. Thus, any information I give you, you may take out of this room and utilize. However, anything your peers share stays in this room. This is a safe and confidential space and we want you to share your experiences. Can everyone nod to show that we will do this?*

3) Explanation of the Program (1 min):

*The majority of sexual assaults are committed by someone known to the victim. How is that possible? Well, because many of us don’t know what consent looks like. Consequently, there are many people who unknowingly pressure someone into having unconsensual sex because they don’t recognize the signs of someone not consenting. That is why it is so important that we know what consent looks like.*

4) Brainstorm (5 min): Ask students to not think about consent for a minute and to simply immerse themselves in the following hypothetical situation:

*Imagine you are laying in bed cuddling with a partner. You are big spoon. As you are laying there you find yourself thinking, ‘Wow this is a really awesome and attractive person laying in front of me, I kind of want to have sex.’ What is something you could do to initiate sexual contact?*

*The goal here is to get genuine ideas students think they could say or do to initiate sex. Acknowledge all the responses students give you. However, look for good examples of verbal and non-verbal communication. Whenever a method that could be potentially problematic comes up, ask the rest of the room:*

*Are there any potential problems with that method?*

*To help students understand that…*

*There are multiple methods of asking for consent, including verbal and non-verbal. You can use any of the methods we just talked about as long as you’re making sure that the four aspects of consent are being protected:*
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5) **F.A.C.E.** (5-8 min): Write the acronym on the board as you go discuss.

**Fully conscious** –

Sometimes consent is a **gray area** between fully conscious and unconscious. People are often told that if you have a single sip of alcohol you cannot give consent, but that is not true. According to Ohio Revised Code, you **CAN** give consent if you have a drink of alcohol, but you **CANNOT** give consent if you are significantly impaired. Picture it on a spectrum: It is a point before blacking-out. The reason consent is such a gray area is because it is impossible for you to know with **100% certainty** what is going on in someone else’s mind, which means you **cannot** tell the moment someone is no longer fully conscious. In other words, the more someone drinks, the less likely they can give consent. It also means that the more **you** drink, the less likely you can tell if they are fully conscious. So, even though verbally asking is often the best method, it is **possible** for someone to say ‘yes’ but not be fully conscious.

*EX:* Your partner(s) has had several drinks, but you do not know how many.

*EX:* Sleep talking people cannot consent either!

**Acting freely** –

Consent cannot be given when there is someone or something **influencing** you or your partner(s) to say ‘yes.’ This includes uneven power relations, when physical safety is threatened, or if you are being forced to stay. It also includes you feeling obligated or pressured directly (by a partner) or indirectly (by peers or social expectations), fear of rejecting a partner, and verbal coercion by a partner.

*EX:* Your ride home will not let you leave unless you have sex with them.

*EX:* Your partner(s) is prone to violent outbursts

**Clear intent** –

Even if someone says ‘yes’ to sex, **do you have the same understanding of sex?** Does sex inherently mean penetration, or could it mean other things? What about positioning?

*EX:* “Netflix and chill” --- *What does that even mean anymore?!*

*EX:* You want to only kiss, while your partner wants to kiss AND massage.

**Enthusiastic** –

**Sex should be fun and feel good!** You want to have sex with someone who is excited to have sex with you. **Make sure you and your partner(s) want to have sex!** Checking in to see if they are still excited and asking questions like ‘Does this feel good?’ can ensure that too.
6) **Recap** (3 min): Ask the students what each letter of F.A.C.E stands for, and what they mean!