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**AN EVALUATION OF 'KNOWING YES!', A VIRTUAL CONSENT
TRAINING AND ITS EFFECTS ON STUDENTS' KNOWLEDGE AND
ATTITUDES TOWARDS AFFIRMATIVE CONSENT**

Julie L. Koenigsberg

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AN EVALUATION OF 'KNOWING YES!', A VIRTUAL CONSENT TRAINING
AND ITS EFFECTS ON STUDENTS' KNOWLEDGE AND ATTITUDES
TOWARDS AFFIRMATIVE CONSENT

A dissertation submitted in partial fulfillment
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by

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ABSTRACT

AN EVALUATION OF 'KNOWING YES!', A VIRTUAL CONSENT TRAINING AND ITS EFFECTS ON STUDENTS' KNOWLEDGE AND ATTITUDES TOWARDS AFFIRMATIVE CONSENT

Julie L. Koenigsberg

Much of the sexual assault prevention literature on the university level focuses on individual institutions' varied efforts to address incidences of sexual assault on their campuses and their outcomes (Donais et al., 2018). While consent education programming has emerged as one such effort, there is a dearth of evaluative literature in this area and the understanding of the role of consent education alone in sexual violence prevention (Beres, 2020). Therefore, this study aimed to evaluate one university's consent-centered educational program and explore its successes and limitations as the field moves towards standardizing sexual violence prevention efforts on college campuses. Results indicated that participants displayed significantly more knowledge of affirmative consent law after receiving the intervention than those same participants had demonstrated prior (pre-intervention responses: $M = 88.1$, $SD = 9.37$; post-intervention responses: $M = 94.4$, $SD = 7.67$). Consistent with this finding, when answering this question using all the available data, results indicated that participants displayed a significant increase in their knowledge of the laws of affirmative consent than they had shown on average before the training ($t = 13.2$, $df = 1941$, $p < .001$). The results also

demonstrated that a significant number of participants achieved the intended learning outcomes after receiving the study intervention ($\chi^2 = 298, p < .001$). Lastly, an analysis of the survey responses to consent-related attitude and opinion items found that for the participants with complete data, there was a small but significant increase in prosocial responses (pre-intervention responses: $M = 3.79, SD = 0.72$; post-intervention responses: $M = 3.87, SD = 0.69$). However, when all the available responses were analyzed, results showed that prosocial consent-related attitudes and opinions were already high at baseline and remained relatively the same after the intervention. The findings contribute to the limited literature on the effectiveness of consent educational programming through an analysis of the 'Knowing Yes!' Program and its effectiveness in increasing knowledge and influencing attitudes and opinions about affirmative consent in college students.

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TABLE OF CONTENTS

ACKNOWLEDGEMENTSii

LIST OF TABLESv

LIST OF FIGURESvi

INTRODUCTION1

 The Global Prevalence of Sexual Assault1

 The Influx of University-Level Responses2

 Documented University Efforts to Address Sexual Assault4

 Documented Consent Promotion Programming7

 Effective Strategies for Preventing Sexual Assault9

 Gaps in the Literature11

 A Northeast University’s Response to the Call for Action12

 Development of ‘Knowing Yes!’ as an Affirmative Consent Virtual Training...13

 Research Questions and Hypotheses14

METHOD16

 Participants16

 ‘Knowing Yes!’ Affirmative Consent Virtual Training Design16

 Measures18

 ‘Knowing Yes!’ Pre-Training Survey.....18

 ‘Knowing Yes! Post-Training Survey.....18

 Procedure.....19

 Analysis.....19

RESULTS.....21

Participant Demographics.....	21
Missing Data.....	21
Knowledge of NYS Affirmative Consent Law.....	22
Achievement of Knowledge Mastery.....	23
Consent-Related Attitudes and Opinions.....	23
DISCUSSION.....	25
Strengths, Limitations, and Future Directions.....	26
Implications for the Profession of School Psychology.....	29
APPENDIX A: ‘Knowing Yes!’ Pre-and Post-Training Surveys.....	35
APPENDIX B: ‘Knowing Yes!’ Post-Training Survey Program Evaluation Page.....	41
REFERENCES.....	42

LIST OF TABLES

Table 1: Participant Demographics	31
Table 2: Univariate Statistics (Pre-Intervention)	32
Table 3: Univariate Statistics (Post-Intervention)	33

LIST OF FIGURES

Figure 1: CONSORT Flowchart of Participants	34
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INTRODUCTION

The Global Prevalence of Sexual Assault

Sexual assault is a global public health problem, but it was not always recognized as such worldwide. The World Health Organization (WHO) defines sexual assault as “any attempted or completed sexual act, ranging from unwanted sexual touch to rape, that is committed against someone without a person’s freely given consent” and is associated with a wide range of mental and physical health outcomes including posttraumatic stress disorder (PTSD), depression, substance use disorders, and somatic complaints (World Health Organization, 2017). However, despite this globally recognized definition and the significant consequences outlined by the international public health agency, most of the research on sexual assault today has been conducted in the United States (US) and Canada (Dworkin et al., 2021; Senn et al., 2015). This is a significant issue as understanding the global prevalence of sexual assault in these populations is important for allocating resources and for developing effective prevention and intervention strategies.

However, while the data in regions outside of the US and Canada is limited, a recent systematic review of international research since 2010 found that several risk factors of intimate partner violence (IPV) identified in the North American literature have been found in international studies as well (i.e., low level of education, financial dependence, age difference between partners, unemployment, experience of prior abuse as a child and/or witnessing violence in one’s family) suggesting that these variables operate similarly across different cultural settings (Krahè et al., 2005). Additionally,

expanding literature globally has had similar findings that the college-age population is a particularly vulnerable group (Donais et al., 2018).

Given the challenges of sexual violence in the U.S. on university campuses, as well as relatively recent federal laws and legislature, the current study will look to address how to respond through prevention efforts effectively.

The Influx of University-Level Responses

As previously stated, incidences of sexual assault are higher on college campuses than in the general population (Donais et al., 2018). On college campuses alone, it has been reported that one in five college women experience attempted or completed assault during her college years and one in 16 men endure a sexual assault during their college career (Dills et al., 2016; Munro-Kramer et al., 2017). Black and indigenous women, queer and transgender people, and students with disabilities are especially vulnerable to sexual assault while in college (Coulter et al., 2017). However, despite the documentation of these disturbingly high incidence rates for college students, universities in North America have only recently begun to focus more directed efforts on addressing this dire topic as prompted by the establishment of the White House Task Force to Protect Students from Sexual Assault in 2014 under the Obama Administration (McCaughey & Cermele, 2017) and as they face increasing scrutiny around Title IX compliance (Donais et al., 2018).

The White House Task Force to Protect Students from Sexual Assault has identified two programs that have rigorous evidence of effectiveness for preventing sexual violence: *Safe Dates* and a building-level intervention called *Shifting Boundaries* (DeGue et al., 2014). *Safe Dates* consists of school and community activities. The school

activities include a theater production performed by peers, a 10-session curriculum, and a poster contest encouraging students to create posters on the prevention of dating violence. The community activities include special services for adolescents in abusive relationships, such as support groups and materials for parents, and include training for community service providers (i.e., emergency room staff, mental health crisis line staff, and school counselors) (Foshee et al., 1998). *Shifting Boundaries* involves schoolwide and classroom-based interventions. The school-wide intervention includes awareness-raising efforts of dating violence and sexual harassment using posters in school and through “hot spot mapping,” where students identify areas at school where they feel safe and unsafe from violence. With this information, the school administration can increase staffing in unsafe areas to increase the chances of catching perpetrators and deterring the use of violence in those areas. The lessons implemented by trained school staff as part of the classroom-based intervention generally took 6-10 weeks. The key component of the curriculum is to introduce the concept of boundaries and help students determine and articulate their boundaries (Taylor et al., 2015). While both programs were developed for middle and high school students, they may be useful foundations for developing college prevention strategies.

The White House Task Force has also outlined key responsibilities and practices that universities should develop to respond to and prevent sexual assault (Beres et al., 2019). The federal government began mandating that sexual assault prevention efforts be conducted on campuses receiving federal funding and, as such, college education programs have become one of the more popular methods for sexual assault prevention (Anderson & Whiston, 2005). Additionally, in response to the critical issue of sexual

assault in educational institutions, the U.S. Department of Education issued a “Dear Colleagues” letter highlighting several obligations of institutions to act on sexual assault, such as providing educational programming and information to help prevent sexual violence (Carroll et al., 2013). The letter falls short, however, in offering guidance on what topics these education programs and efforts should cover specifically. While this ambiguity gives colleges and universities autonomy in what information they provide to students and how they offer it, it also makes it challenging to streamline these efforts so that messaging is consistent across institutions.

Additionally, although more interventions have been developed and implemented at various universities across the United States, only some of these programs have been empirically evaluated. Consequently, more is needed to know about the effectiveness of these programs and whether they produce any enduring attitude or behavioral changes (Anderson & Whiston, 2005; Senn et al., 2015). The few programs that have been evaluated will be reviewed in the following section of this proposal as they inform this study.

Documented University Efforts to Address Sexual Assault

The bulk of the sexual assault prevention literature on the university level focuses on individual institutions’ varied efforts to address incidences of sexual assault on their campuses and their outcomes (Donais et al., 2018). Universities have responded to the call to address sexual assault on their campuses in a range of ways, including creating policies and developing ways for reporting and supporting survivors of sexual assault. Another significant component of universities’ proposals to improve institutional response and provide more protection for victims of sexual assault, dating/domestic

violence, sexual harassment, and stalking is through institutionally specific measures, or campus climate surveys, endorsed by the White House Task Force to Protect Students from Sexual Assault. While many institutions of higher education across the country have been administering campus climate surveys, these climate surveys assess experiences, attitudes, and behaviors related specifically to sexual assault as opposed to other forms of interpersonal violence (Wood et al., 2017). Wood et al. (2017) evaluated the content of such climate surveys from several universities. They found that some surveys were created by a single institution, some used existing validated measures, and a third-party research organization administered some. They concluded their item analysis of each survey by stating potential usages of the derived information, for example, that climate surveys could have program or intervention evaluation components.

In accordance with the suggestions in the Dear Colleagues letter, another common approach universities take is offering web-based information regarding sexual assault prevention, education, and on- and off-campus resources for survivors. Lund and Thomas (2015) investigated the availability, location, and content of sexual assault information presented on various college and university websites. They found that the websites overall did not provide sufficient information on sexual assault, such as information about consent specifically or its aftereffects. They concluded that colleges and universities should consider improving the content of the information and its presentation on their websites. This information, the researchers concluded, is also more effectively conveyed when done so in an engaging and accessible way.

One such engaging educational program was piloted at three universities in Canada and was aimed at helping women resist sexual assault (Senn et al., 2015). Around

900 first-year female students at the three universities were randomly assigned to either the Enhanced Assess, Acknowledge, Act Sexual Assault Resistance program or to a session providing access to brochures on sexual assault, which is the universities' standard practice. The Enhanced Assess, Acknowledge, Act Sexual Assault Resistance program consisted of four three-hour units involving informational games, mini-lectures, facilitated discussion, and application and practice activities (e.g., self-defense training). The study aimed to assess whether this new, small-group resistance program could reduce incidences of rape within a one-year time point as compared to the control group who received brochures. They found that the risk of completed rape and nonconsensual sexual contact over one year was significantly lower than for those who were only given the brochure as measured by the Sexual Experiences Survey–Short Form Victimization. The researchers attribute these results partly to the program's length and interactive components. While the trial was designed for women and was found to be successful for them, Senn and colleagues (2015) identified the need for effective interventions intended for a male audience as well.

Beres and colleagues (2019) also recognized this need for interventions targeted at men and, thus, evaluated an online, interactive program called RealConsent, designed for university-aged men at the University of Otago in New Zealand. The purpose of RealConsent is to decrease perpetrating behaviors using interactive modules covering “knowledge of informed consent, communication skills regarding sex, the role of alcohol and male socialization in sexual violence, empathy for rape victims, and bystander education” (Salazar et al., 2014). Participants were administered questionnaires, such as the Reactions to Offensive Language and Behavior Index and the sexual coercion

subscale from the Revised Conflict Tactics Scale. Data analysis demonstrated that the Web-based intervention demonstrated a significant self-reported decrease in the likelihood of engaging in sexual violence perpetration and an increase in the likelihood of engaging in prosocial bystander behaviors and readiness to act. The intervention was also demonstrated to improve knowledge and skills for safely intervening in potentially harmful situations and to increase knowledge of sexual consent in a six-month follow-up randomized controlled trial.

Documented Consent Promotion Programming

Salazar and colleagues' (2014) study is one example of a documented program in the literature incorporating sexual consent but as just one component of the training initiative. According to Beres (2020), consent education programming is still often supplemented with other sexual violence prevention efforts because despite the recent increase in consent-focused efforts, the evaluative literature in this area is relatively new, and more work is needed to understand the role of consent alone in creating change and reducing rates of sexual violence.

Currently, the literature is divided about the transformative potential of consent education alone. One side of the argument is that consent education by itself is a vital component of sexual violence prevention in its potential to change perpetrating behaviors. Others argue that the role of consent education is to help people recognize problematic behaviors earlier on, thus preparing them to be active bystanders and better supporters of survivors. They argue that as far as its potential to change harmful sexual behaviors, consent education is more necessary for those who inadvertently cross boundaries, perhaps because of a misunderstanding (Beres, 2020). The underlying

framework and the strategies employed by current consent-focused programs must be explored further to help bring the field closer to a consensus about the role of consent education in sexual violence prevention.

One such consent-centered educational effort is The SMART Consent Workshop, a two-hour workshop for small groups piloted in 2015 and 2016. The workshop is linked to a model based on clear communication and active and affirmative verbal or nonverbal agreement. Their emphasis is on normalizing conversations about consent and examining what might be facilitators or challenges to achieving mutual agreement. A randomized controlled study of the SMART Consent workshop was conducted where students at several universities in Ireland were either administered the SMART Consent workshop or to an active comparison group receiving a Sexual Health workshop (MacNeela et al., 2017). Both workshops were similar in length and contained interactive components. Before and after each workshop, students were given a pen-and-paper evaluation questionnaire comprised of subscales from various international scales, such as the Sexual Consent Scale-Revised devised by Humphreys and Brousseau (2010, as cited in MacNeela, 2017). They found that while the students overall perceived both workshops favorably, students who took part in the SMART Consent workshop showed more positive intentions in their behaviors (verbal, nonverbal, passive consent), more positive attitudes toward obtaining consent, and greater self-reported feelings of preparedness to establish consent because of the workshop's explicit content on consent-related attitudes, perceptions, and behavioral intentions (MacNeela et al., 2017).

Consent 201, administered at the University of Connecticut (UConn), is another documented program centered on consent. The Consent 201 workshop is designed to

decrease rape myth acceptance, increase knowledge of the University's affirmative consent policy, and make students more confident in their interpretation of sexual consent cues (Donais et al., 2018). It is intended to be administered to a mixed-gendered audience, is peer-led by two trained co-facilitators, interactive, is meant to elicit discussion amongst peers, and includes role play, all of which are components found to be most effective in changing attitudes and altering beliefs (Gidycz et al., 2011).

In a randomized experimental design study, first-year students were randomly assigned to either receive the Consent 201 workshop with pre- and post-workshop surveys or to a control group that only received pre-workshop surveys but no intervention. The effect of the workshop was calculated as the difference between both groups (Donais et al., 2018). The workshop, administered to almost 2,000 students, was shown to provide statistically significant improvement in student understanding and knowledge of consent, reduction in rape myth endorsement, and increased confidence in consent cue interpretation for most of the survey questions. The group that did not receive the workshop provided the researchers with valuable information about what the students know when they begin school (Donais et al., 2018). Consent 201, as one of UConn's repeated training efforts, also includes supplemental refresher trainings for all rising juniors and incoming graduate students, which builds on the information they received during new student orientation.

Effective Strategies for Preventing Sexual Assault

Much can be derived from the studies above about what characteristics of sexual assault prevention initiatives might be most effective on college campuses. To offer guidelines for best practice, a meta-analytic examination was conducted on the

effectiveness of college sexual assault education programs using several outcome measure categories. (Andersen & Whiston, 2005). The outcome measure categories included: attitudes thought to promote the occurrence of sexual assault, rape myth acceptance, rape victim blame, empathy with either rape victims or perpetrators, factual knowledge about sexual assault, behavioral intent, behavior indicating awareness of sexual assault, and the actual incidence of sexual assault perpetration and victimization following an intervention.

The researchers were particularly interested in whether the programs influenced attitudinal and behavioral outcomes and knowledge measures. They found that the outcome category that evidenced the most positive change overall was factual knowledge about sexual assault. This finding indicates that participants who engage in sexual assault education programs show greater knowledge about sexual assault than those not in attendance.

Andersen and Whiston (2005) also speculated that the effect sizes of specific outcome measures are likely influenced by certain characteristics of the intervention, its participants, and its methodology. For example, a significant finding of the meta-analysis was that the length of time in minutes that the participants were exposed to the material appeared to be more effective in altering attitudes thought to promote the occurrence of sexual assault. Another pertinent finding was that programs that included more than one topic appeared less effective than those that focused in-depth on a particular topic.

Based on the literature reviewed, affirmative consent programs that lead to the best chances of effectively educating students have specific characteristics. They appear to be the programs that had mixed-gendered audiences, were peer-led, interactive, easily

accessible, had multiple follow-ups to reinforce or build on previously learned information, included information about active and affirmative consent, whether it be verbal or nonverbal, and focused in-depth on a single issue rather than covering more topics superficially.

Gaps in the Literature

While the emerging literature on educational programming as a method for preventing sexual violence on campus is promising, there are important deficiencies that this study will take into consideration and use to guide its analyses of one university's virtual affirmative consent training. One deficiency is how little research is available on the effectiveness of university initiatives to address topics related to sexual violence given how recent the shift of focus is to this topic in university settings. With this deficiency comes the lack of standardization of methods utilized by universities to address the topic of sexual violence on campus, with some methods yielding more effective results (i.e., SMART Consent Workshop) than others (brochures and information posted to university websites). Even with the few peer-reviewed trainings and workshops, some are only aimed at single-sex audiences, and some do not have consent specifically at their forefront (Beres et al., 2019; Senn et al., 2015). With this lack of standardization, there is also little research comparing the various methods utilized by universities with even less literature assessing hybrid methods, leaving a gap in knowledge regarding the best approach. Lastly, there is still a dearth of research exploring the role of consent-focused programming in preventing rates of sexual violence on college campuses and assessing whether the proliferation of these efforts in recent years is warranted.

A Northeast University's Response to the Call for Action

One northeast university joined the White House Task Force to Protect Students from Sexual Assault with the establishment of a sexual violence prevention office in 2016. Before the office's enactment, the University's student wellness department worked to prevent and reduce the traumatic impact of a range of violent acts (i.e., sexual violence, suicide, etc.) through its Violence Prevention and Wellness Services. The Assistant Director of Violence Prevention and Wellness Services at the time identified the significant need at the university for an office of its own, recognized by the university, specifically dedicated to addressing sexual violence on campus.

Presently, this sexual violence prevention office continues offering the Violence Prevention and Wellness Service's initiatives related to its mission. These initiatives include Bystander Intervention Leadership training, Interactive Peer Theater, which serves as a conversation starter for complicated topics related to sexual violence and consent, among other issues, Take Back the Night sexual assault awareness marches, and Turn Off the Violence Week during Sexual Assault Awareness month in April aimed at providing educational opportunities and survivor support. As the Office's presence on campus grew, so did its offerings. In response to newly enacted New York State "enough is enough" legislation requiring all colleges in the state to adopt a set of comprehensive procedures and guidelines, including a uniform definition of affirmative consent to protect New York's college students from rape and sexual assault, the Office began working on developing a brand-new training specific to the needs of students that centered solely on affirmative consent. The university's new affirmative consent program, 'Knowing Yes!', continues to be offered to all students to the present day.

Development of ‘Knowing Yes!’ as an Affirmative Consent Virtual Training

Since its inception, ‘Knowing Yes!’ has been inclusive and accessible to all university students. Rooted in community responsibility (Banyard et al., 2007) and social cognitive theories (Bandura, 2014), the training has the following learning outcomes for all students: (1) Students who attend ‘Knowing Yes!’ will be able to define affirmative consent, (2) Students who attend ‘Knowing Yes!’ will identify consensual and non-consensual behaviors, and (3) Students who attend ‘Knowing Yes!’ will list strategies to respond in situations where consent is not given. It has been administered to first-year undergraduate students during orientation, students living in residence halls, interested student clubs and organizations, as a requirement to fraternities and sororities, and any interested student. The office staff trained students, such as orientation leaders and resident advisors, to become facilitators, as peer-led workshops are effective and efficient (Gidycz et al., 2011).

However, when the COVID-19 outbreak was declared a global pandemic and the university shifted to all remote operations in March 2020, the office had to determine if ‘Knowing Yes!’, a workshop designed to be administered in person, could be adapted to be administered online as not to neglect the university’s responsibility of educating students on issues related to sexual violence, especially in their first year at the university. It was decided that ‘Knowing Yes!’ would be modified to an online format. In accomplishing this, certain interactive activities were either completely removed from the training as they could not be done effectively on a virtual platform or were altered to fit a virtual format better. The virtual version of the training was piloted in Summer 2021 as a

requirement during New Student Orientation for incoming first-year undergraduate and graduate students.

Research Questions and Hypotheses

Taking into consideration the university office's intended learning outcomes as well as the findings of the reviewed literature, this study will seek to answer the following research questions:

1. Do students have a better understanding of the New York State (NYS) definition of affirmative consent law (NYS Education Law Article 129-B) after being administered the 'Knowing Yes!' virtual training?
 - a. I hypothesize that because 'Knowing Yes!' incorporates several of the characteristics identified in the literature as being effective in increasing knowledge of policy (i.e., mixed-gendered audience, interactive, peer-led, and focuses on one topic in-depth), it will effectively lead to a significant increase in the number of students who understand the NYS definition of affirmative consent. A better understanding of the NYS definition of affirmative consent is defined as any improvement in correct answers from pre- to post-training.
2. How many students reach knowledge mastery criteria after being administered the 'Knowing Yes!' virtual training?
 - a. For this study, the knowledge mastery criteria are defined as answering eight out of nine (88%) questions about the NYS definition of affirmative consent correctly. I hypothesize that after receiving the information

administered in the ‘Knowing Yes!’ training, a majority of students will be able to achieve mastery in this area of knowledge.

3. Based on student responses, does attending ‘Knowing Yes!’ increase pro-social changes in consent-related attitudes and opinions?

- a. I hypothesize that after attending the training, a majority of participants’ responses will indicate an increase in pro-social consent-related attitudes and opinions.

Given this period where universities are looking to assess and learn from each other’s methods for addressing sexual violence-related topics and an increased necessity for available remote options, the audiences that would benefit from this study are the administration and policymakers at the University, its grant organizations, and fellow universities. Universities, elementary through high school, and any learning environment faced with teaching in remote or hybrid formats might also benefit from the study’s analysis of achieved learning outcomes via online trainings.

METHOD

The current study aimed to analyze archival data collected by a Northeastern university's sexual violence prevention office from June 2021 to August 2021. Of note, the recruitment and training of participants, as well as the administration of surveys, were all done according to the standard operating procedures of the office as part of its program evaluation efforts. This study utilized a quantitative study design to measure changes in knowledge about consent and attitudes/opinions about when consent is needed when students were delivered a virtual 60-minute affirmative consent training.

Participants

All participants were incoming students to the University across the undergraduate and graduate levels. They were informed of the required training via an email from the university's Department of Student Affairs, which included a Formstack link to register for one of the listed training dates over the summer. Once the student registered, an automated confirmation email was sent to their university email address with a SurveyMonkey link to the pre-training survey to be completed at any point before the training date in which the student had registered. They were also told that a WebEx link would be emailed to them within 24-48 hours of the training they had registered to attend.

'Knowing Yes!' Affirmative Consent Virtual Training Design

Regarding logistics, when a training was set to begin, the facilitator opened the virtual waiting room and allowed five minutes for students to join. In the five-minute interim as students joined the training, the facilitator pointed out that the students' microphones were intentionally disabled. They were asked to locate the WebEx room's

chat feature, type their first and last names, and indicate in the chat if they had completed the pre-training survey. This was done to ensure students knew how to engage with the training and would be able to participate. It was explained to the students that while the training is a student-run discussion, they would primarily engage through the chat feature and not by unmuting themselves to speak. They were also informed that only the facilitator could see their typed responses in the chat to ensure confidentiality, and it was thought that this discrete communication method would encourage participation. Student responses typed into the chat were read aloud to the group unless otherwise specified by the students that the response was not intended to be shared.

The first activity invited students to type in the chat ground rules and expectations of one another that they intended to set for the training before delving into the training's sensitive topics. They then watched an introductory video portraying the definition of affirmative consent and emphasizing the collective responsibility to practice consent. Next, participants were informed of their sexual rights and were invited to engage in an activity where they could type in the chat "I deserve" statements about their expectations for relationships. They were then shown another video portraying sexual violence college prevalence rates. Next, they were taught the principles of affirmative consent with hypothetical examples for each. The next activity allowed students to explore the concept of verbal and nonverbal forms of communicating consent and examples of different cues.

Afterward, they watched another video with examples of scenarios where consent that was once given is being revoked. This video introduced the following conversation about ensuring that consent is continuous throughout an interaction with the understanding that it can be taken away at any time for any reason. The last activity

encouraged students to take part in a consent pledge where they were prompted to type in the chat an action item they could do as individuals to practice affirmative consent and help make the university a safer campus for all. The training ended with an explanation of the available confidential and nonconfidential on- and off-campus resources, contact information for the university's sexual violence prevention office, and an opportunity to stay on the WebEx meeting after the training to ask the facilitator any questions.

Measures

'Knowing Yes!' Pre-Training Survey. To assess participants' baseline understanding of affirmative consent and personal thoughts and opinions, students were administered the 'Knowing Yes!' pre-training survey, constructed and validated by the University's sexual violence prevention office (see Appendix A). The survey assigned a unique identifier to ensure anonymity, included on- and off-campus resources should a participant experience distress while completing the survey and consisted of various demographic questions (i.e., gender, racial/ethnic group, year in school, and residence status). The survey also included nine knowledge-based questions in a true/false format and 32 attitude/opinion questions related to consent in a Likert scale format, indicating whether they *strongly agree, agree, disagree, or strongly disagree* with the proposed statements regarding opinions and attitudes.

'Knowing Yes!' Post-Training Survey. To assess participants' knowledge of affirmative consent and personal thoughts and opinions after attending the 'Knowing Yes!' Affirmative Consent Training, participants were administered the 'Knowing Yes!' Post-Training survey at the end of each week that trainings were administered via email (see Appendix A and B). The post-training survey was identical to the pre-training

survey, with an added program evaluation component including open-ended questions, such as how the program can be improved and the participants' favorite part of the training.

Procedure

Once all data was collected, each submission was examined for its viability to be subsequently analyzed. Data where only a unique identifier was generated, the demographic section alone was completed, duplicate or triplicate survey submissions were from the same participant, or more than half of the scale items were omitted had been deemed insufficient and were not used for the analyses. The responses were then sorted into three variables: (1) participants who had completed only a pre-training survey, (2) participants who had completed only a post-training survey, and (3) participants who had completed both surveys or as referred to herein, "complete data" (see Figure 1 for CONSORT diagram).

Analysis

The surveys consisted of three primary sections for analysis. The first section asked for the demographic characteristics of the respondents. The second section, the knowledge scale, asked about the definition of affirmative consent where participants responded to true/false statements. The last section, the attitudes and opinions scale, asked students to rate on a Likert scale the extent to which they agree or disagree with statements applying the principles of affirmative consent. The analysis of the knowledge and attitude/opinion scales were approached similarly using Bayesian paired samples t-tests and maximum likelihood (ML) mixed-effects regression models.

To answer the first research question regarding participants' understanding of the New York State (NYS) definition of affirmative consent, the percentage of correct answers to knowledge-based items was calculated, and then a Bayesian paired samples t-test was conducted on the participants with complete data to determine if the percentage of correct answers increased from pre- to post- test. An ML mixed-effects regression analysis was conducted to address the first research question and extended to include and compare the percentages of correct responses for all the available data.

To answer the second research question, a McNemar's test was conducted to determine how many participants with complete data achieved knowledge mastery prior to receiving the training and how many after having completed the training. For the third research question, pro-social changes in response to consent-related attitude and opinion questions were determined using a Bayesian paired samples t-test on the complete data and an ML mixed effects regression on all available data. For both analyses, a comparison was made between their prosocial scores generated by averaging the participants' responses to the Likert scale items.

RESULTS

Participant Demographics

Missing Data

After the data collection process was completed, the necessity for a missing data analysis arose based on the observation of incomplete response items across participants. Though every item had almost all its data complete, a single imputation method was utilized on the item level so that the subsequent analyses could include as many available data points as possible. A Missing Value Analysis (MVA) demonstrated that data is very likely missing completely at random for the post-training survey data ($\chi^2 = 649.738, p = 0.344$), providing strong justification for imputing the data. Additionally, Little's Missing Completely at Random (MCAR) test revealed a significant result ($\chi^2 = 1332.351, p < 0.001$) for the pre-training survey responses, indicating that there is likely an association between the observed values on other variables in the data and the missing data. However, using single imputation was still deemed appropriate as it was posited that participants' decision to withhold responses could be predicted by their other observed responses. Furthermore, the analysis revealed that each item had some number of missing responses, but no item had more than 1.5% of its responses missing (see Tables 2 and 3).

The final data set included 934 participants' pre-training knowledge scale data, 898 participants' pre-training attitude/opinion scale data, 559 participants' post-training knowledge scale data, and 527 participants' post-training attitude/opinion scale data. Additional demographic information can be found in Table 1 for the descriptive statistics and Figure 1 depicting the eligibility assessment process.

Knowledge of NYS Affirmative Consent Law

It was hypothesized that the ‘Knowing Yes!’ intervention would increase participants’ understanding of the NYS definition of affirmative consent as per Education Law Article 129-B. First, a Bayesian paired samples t-test was conducted on the complete data to assess if the participants' baseline survey responses differed from their responses to the same questions after receiving the intervention. The group means between the pre-intervention response group and the post-intervention response group (pre-intervention responses: $M = 88.1$, $SD = 9.37$; post-intervention responses: $M = 94.4$, $SD = 7.67$) yielded a Bayes factor of 2.67^{38} demonstrating that the likelihood of the data given the alternative model that the participants displayed more knowledge of affirmative consent law after the intervention than before, is significantly more likely than the null model that there was no change between groups.

Although the results of the t-tests were promising, these analyses were based on only complete data and, as a result, could well be presenting a more positive picture than the reality as these individuals are likely more motivated, committed, and conscientious because of their compliance. Therefore, a full maximum likelihood mixed-effects regression analysis was conducted, which included those who had only completed either a pre or post-test survey to examine if the results are similar when all available data is analyzed. The intercept estimate of 90.18 ($t = 394.1$, $df = 1941$, $p < .001$) represented an already substantial baseline value of 90% average correct. Following the intervention, the group mean demonstrated a statistically significant 6% increase ($t = 13.2$, $df = 1941$, $p < .001$), indicating a 96% average correct post-intervention. These results suggest a significant impact of the intervention on the outcome variable with moderate

effectiveness in increasing knowledge of NYS law of affirmative consent ($d=-0.685$, 95% CI: [-0.785, -0.584]).

Achievement of Knowledge Mastery

It was also hypothesized that after receiving the study intervention, a majority of participants would achieve knowledge mastery criteria (answering eight or more items correctly). To examine if the intended learning outcomes of the intervention were achieved, a McNemar's test was conducted on the 471 participants who had completed both the pre-and post-training surveys. Among them, at baseline, 34 individuals (7.22%) answered seven or fewer items correctly and thus did not meet the predetermined knowledge mastery criteria, while 437 participants did meet the criteria (92.7%), answering eight or more items correctly. For individuals who did not meet the criteria at baseline, 78 of them (78.79%) transitioned to meeting criteria after receiving the training, while 22 participants (21.21%) still did not meet criteria. Among participants who met criteria at baseline, 359 individuals (96.77%) continued to meet criteria after the training, but 12 participants (3.23%) did not. The McNemar's test demonstrated a significant difference ($\chi^2 = 298$, $p < .001$) in participants meeting criteria post-training compared to the number who relapsed.

Consent-Related Attitudes and Opinions

It was hypothesized that after attending the training, a majority of participants' responses would indicate an increase in pro-social consent-related attitudes and opinions. To answer this question, first, a Bayesian paired samples t-test was conducted on the completers data to assess if the participants' responses to the consent-related attitude and opinion scale items prior to receiving the training were at all different from their

responses to the same questions after receiving the intervention. The group means between the pre-intervention response group and the post-intervention response group (pre-intervention responses: $M = 3.79$, $SD = 0.72$; post-intervention responses: $M = 3.87$, $SD = 0.69$) yielded a Bayes factor of 110 providing robust support for the alternate hypothesis indicating that not only were the responses pre- and post-intervention different, the participants displayed more prosocial attitudes/opinions after the intervention than before, though the effect was small ($d = .180$, 95% CI: [-0.278, -0.082]).

Next, a maximum likelihood mixed-effects regression analysis was conducted using all the available data to assess if the participants' baseline survey responses to the consent-related attitude and opinion scale items on average had changed from their responses after receiving the intervention. As mentioned earlier, the rationale for this analysis was to examine if the results analyzing all the available data compare to the t-test results on the complete data, which tends to skew more positive than is warranted. The intercept estimate was 3.92 ($t = 232.54$, $df = 1459$, $p < .001$), representing a prosocial attitude/opinion score of 78.4%, a significant baseline level of prosocial attitudes and opinions before receiving the intervention. After the intervention, the group mean overall decreased by approximately 0.01 points ($t = 0.34$, $df = 1459$), which was not statistically significant ($p = 0.73$). This indicates that participants' consent-related attitudes and opinions remained consistently pro-social before and after the intervention.

DISCUSSION

Using a pretest-posttest design, the present study evaluated a university-based virtual consent education program to determine if it was effective in teaching an incoming class of students the key principles of affirmative consent as outlined in NYS Education Law Article 129-B and in shifting their attitudes and opinions about obtaining consent to be more prosocial. The pre-post survey responses were grouped into three variables: (1) participants who had completed only a pre-training survey, (2) participants who had completed only a post-training survey, and (3) participants who had completed both surveys. Results indicated that participants displayed significantly more knowledge of affirmative consent law after receiving the intervention than those same participants had demonstrated prior (pre-intervention responses: $M = 88.1$, $SD = 9.37$; post-intervention responses: $M = 94.4$, $SD = 7.67$). Consistent with this finding, when answering this question using all the available data, results indicated that participants displayed a significant increase in their knowledge of the laws of affirmative consent than they had shown on average prior to the training ($t = 13.2$, $df = 1941$, $p < .001$). The results also demonstrated that more participants achieved the intended knowledge mastery criteria after receiving the study intervention than regressed ($\chi^2 = 298$, $p < .001$). Lastly, an analysis of the survey responses to consent-related attitude and opinion items found that for the participants with complete data, there was a small but significant increase in prosocial responses (pre-intervention responses: $M = 3.79$, $SD = 0.72$; post-intervention responses: $M = 3.87$, $SD = 0.69$). However, when all the available responses were analyzed, results showed that prosocial consent-related attitudes and opinions were already high at baseline and remained relatively the same after the intervention.

A common theme was revealed through each analysis: the participants had already endorsed high baseline levels of affirmative consent law and prosocial attitudes/opinions related to consent even before receiving the training. Therefore, though there were significant results in this study, the amount of change was smaller than expected because there was little room for most participants to grow in their knowledge and shift their attitudes and opinions.

Strengths, Limitations, and Future Directions

Overall, the findings of this study added to the limited literature assessing consent educational programming as a method for preventing sexual violence on college campuses. The training analyzed in this study incorporated features of effective programs as noted in the existing literature, such as being peer-led by trained facilitators to a mixed-gendered audience, consent-centered, incorporating information about verbal and nonverbal forms of consent, and being accessible through a virtual format. Furthermore, per the solicited feedback, students expressed their appreciation for the privacy afforded to them by the virtual setting, especially when engaging in such a personal topic. Additionally, it is a testament to the strength of the training material that in such a limited time (one hour), students were able to increase their knowledge of consent law significantly, as previous studies found that the longer participants were exposed to educational material, the more effective the material in altering attitudes thought to promote the occurrence of sexual assault (Andersen & Whiston, 2005). This also indicates that those who did not achieve optimal gains at post-survey can benefit from longer trainings.

Although this study contributes to the literature on the effectiveness of university initiatives to address topics related to sexual violence, the findings should be considered in the context of several limitations. First, as mentioned earlier, when the university modified the original training to fit into an online format, certain interactive activities were removed, such as a discussion of vignettes describing situations where consent that was once given was then taken away and a role-playing activity exploring nonverbal forms of consent. The removal of these discussion-eliciting activities turned out to be a significant limitation because, as discovered in the analyses, the participants already carried prosocial beliefs about consent and had substantial foundational knowledge of consent. They would have likely had more to gain from a training that delved into the nuances surrounding consent. In fact, one participant wrote as part of their feedback: *“I just think some of the examples are a little basic, but that might be because I already had a good understanding of affirmative consent before participating. I just feel like most of the examples given weren't that complicated, and real sexual activity is very complicated and it's not as easy to distinguish as it is in the example scenarios. We talked a bit about signals that can be interpreted in different ways, but not about drug or alcohol use at all, or what it means if both parties are intoxicated, or what it means if you consent but there is a dangerous power dynamic in place. I don't know it just didn't answer what I feel most people's complicated questions about consent are, it just brushed the surface of consent issues and promoted affirmative consent attitudes.”*

Students also shared that they would have liked more visual aids in the training and additional time spent discussing the resources on and off campus, prevention and warning signs, and more examples of what consent is and is not. As such, future research

should attempt to understand the population to be served before intervention administration, such as the level of baseline knowledge to inform its learning objectives and where to allocate most of its efforts. For example, many participants were unaware prior to receiving the ‘Knowing Yes!’ training that according to NYS law, a person can non-verbally consent. Had this information been known, more training material could have been tailored to address this knowledge gap.

Additionally, future program evaluation surveys should consider incorporating questions that ask participants about their prior exposures to the topic to understand better where they are receiving their information and what influences had informed their responses. Future sexual violence prevention programs should also take into consideration the context of consent communication, such as conditions of intoxication or new relationships and students’ perceived barriers and rewards to engaging in consent communication (Edwards et al., 2022). Furthermore, post-training surveys that ask for participant feedback might benefit from including an open-ended question asking participants what they thought was most influential in changing their consent-related attitudes or intentions for future behavior. This feedback could help generate further research on how to increase the utility of consent education and affect real changes in behavior.

The study also had a notable procedural limitation where the post-training surveys were sent to the participants sometimes as soon as a day after receiving the training. While this was advantageous in some ways (i.e., increased rate of response compliance, the capturing of participants’ immediate reactions, and the initial impact of the intervention), waiting longer to send the attendees the post-intervention survey would

have allowed for a more realistic evaluation of the retention and application of knowledge over time as well as the opportunity for participants to potentially implement what they learned from the training into their lives before completing the post-intervention survey. Future research should consider administering post-intervention surveys at multiple times to compare the knowledge and opinions that were retained or changed over time.

Implications for the Profession of School Psychology

Despite the increased focus and high demand for consent programming in colleges due to the staggering rates of violence reported on college campuses, high schools are also in need of similar trainings to create prevention strategies that start before college. Moreover, the reality is that many more students in the United States attend high school than college due to the mandatory nature of high school, making it likely that many young adults may never get affirmative consent training if they do not attend college. Additionally, as the sample used in this study indicates, college programs often have a homogenous group of students who have met admission standards to be accepted into the same institution of higher education. In contrast, a high school population consists of students with more variation in the degrees of learning differences and access to resources and opportunities. However, this may require additional modifications to the program to ensure that it is effective for non-college samples.

Despite the challenges of generalizing the results, the wide range and diversity of the high school population highlights the importance of introducing sexual violence prevention efforts sooner, as early intervention leads to more potential impact on the learning trajectory. Additionally, given the greater diversity of students in high schools,

there is the opportunity for a broader dispersion of critical, preventative information when they are likely developing intimate partner relationships for the first time.

Given their role in prevention-related programming in secondary education, school psychologists can also be critical figures in delivering ‘Knowing Yes!’ and other related evidence-based prevention programs in high schools and at the University level, even though they are less likely to work in higher education settings. Regardless of the education level, this study further highlighted the need for a screener or some form of curriculum-based measurement for consent education programming, much like any other curriculum being taught, so that the material is presented in ways that can be accessed by all students and differentiated in alignment with their needs. These tasks also touch on the expertise of school psychologists as they are often involved in screenings and curriculum-based measurements, typically in other mental health or academic contexts, but can easily be expanded to address topics of consent, among others that have the potential for preventing sexual violence.

Table 1
Participant Demographics

Characteristics	Pre-Training (<i>N</i> = 1,018)		Post-Training (<i>N</i> = 621)		Total (<i>N</i> = 1,639)	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Gender						
Female	650	71.8	409	65.9	1,059	64.7
Male	344	38.0	175	28.2	519	31.7
Transgender Female	2	0.2	1	0.2	3	0.2
Transgender Male	1	0.1	1	0.2	2	0.1
Gender Variant/ Non-Conforming	6	0.7	7	1.1	13	0.8
Other or Prefer Not to Answer	12	1.3	13	2.1	25	1.5
Year in School						
First Year	872	85.7	531	85.5	1,403	85.6
Second Year	22	2.2	4	0.6	26	1.59
Third Year	7	0.7	2	0.3	9	0.6
Fourth Year	18	1.8	4	0.6	22	1.3
Fifth Year +	93	9.1	61	9.8	154	9.4
Residence Status						
On Campus	322	31.6	167	10.3	489	29.8
Off Campus with Roommates	60	5.9	30	1.9	90	5.48
Off Campus with Family	615	60.4	393	24.3	1,008	61.5
Other	16	1.6	13	0.8	29	1.8
Racial or Ethnic Group						
Caucasian (Non-Hispanic)	397	45.2	227	43.5	624	38.1
African American (Non-Hispanic)	117	13.3	67	1.7	184	11.2
Asian/Pacific Islander	204	23.2	138	26.4	342	20.9
Native American or Aleut	1	0.1	1	0.2	2	0.1
Latino or Hispanic	173	19.7	95	18.2	268	16.4
Other or Prefer Not to Answer	121	13.8	77	14.7	198	12.1

Table 2
Univariate Statistics (Pre-Intervention)

	N	Mean	Std. Deviation	Missing		No. of Extremes ^a	
				Count	Percent	Low	High
@8.1	917	4.60	.674	3	.3	13	0
@8.2	919	4.05	1.127	1	.1	0	0
@8.3	909	3.76	1.148	11	1.2	0	0
@8.4	919	2.76	1.196	1	.1	0	0
@8.5	919	4.38	1.163	1	.1	86	0
@8.6	919	4.42	.873	1	.1	40	0
@8.7	918	3.63	1.116	2	.2	0	0
@8.8	919	4.16	1.153	1	.1	108	0
@8.9	919	4.47	.698	1	.1	14	0
@8.10	920	4.21	1.140	0	.0	89	0
@8.11	917	3.19	1.056	3	.3	65	0
@8.12	915	4.45	.729	5	.5	17	0
@8.13	917	3.87	1.070	3	.3	0	0
@8.14	913	3.73	1.115	7	.8	0	0
@8.15	913	4.26	.814	7	.8	28	0
@8.16	919	3.88	1.117	1	.1	0	0
@8.17	917	4.42	.803	3	.3	28	0
@8.18	918	3.68	1.099	2	.2	0	0
@8.19	916	3.69	1.076	4	.4	0	0
@8.20	920	3.57	1.080	0	.0	27	0
@8.21	919	4.25	.820	1	.1	33	0
@8.22	917	3.74	1.095	3	.3	0	0
@8.23	915	4.56	.820	5	.5	31	0
@8.24	916	3.85	1.050	4	.4	0	0
@8.25	916	3.70	1.078	4	.4	0	0
@8.26	917	4.06	1.098	3	.3	93	0
@8.27	915	3.88	1.069	5	.5	0	0
@8.28	915	3.03	1.208	5	.5	0	0
@8.29	915	3.88	1.073	5	.5	0	0
@8.30	915	3.23	1.218	5	.5	0	0
@8.31	915	4.01	1.090	5	.5	99	0
@8.32	913	4.16	1.115	7	.8	92	0

a. Number of cases outside the range (Q1 - 1.5*IQR, Q3 + 1.5*IQR).

a. Little's MCAR test: Chi-Square = 1332.351, DF = 1070, Sig. = .000

Table 3

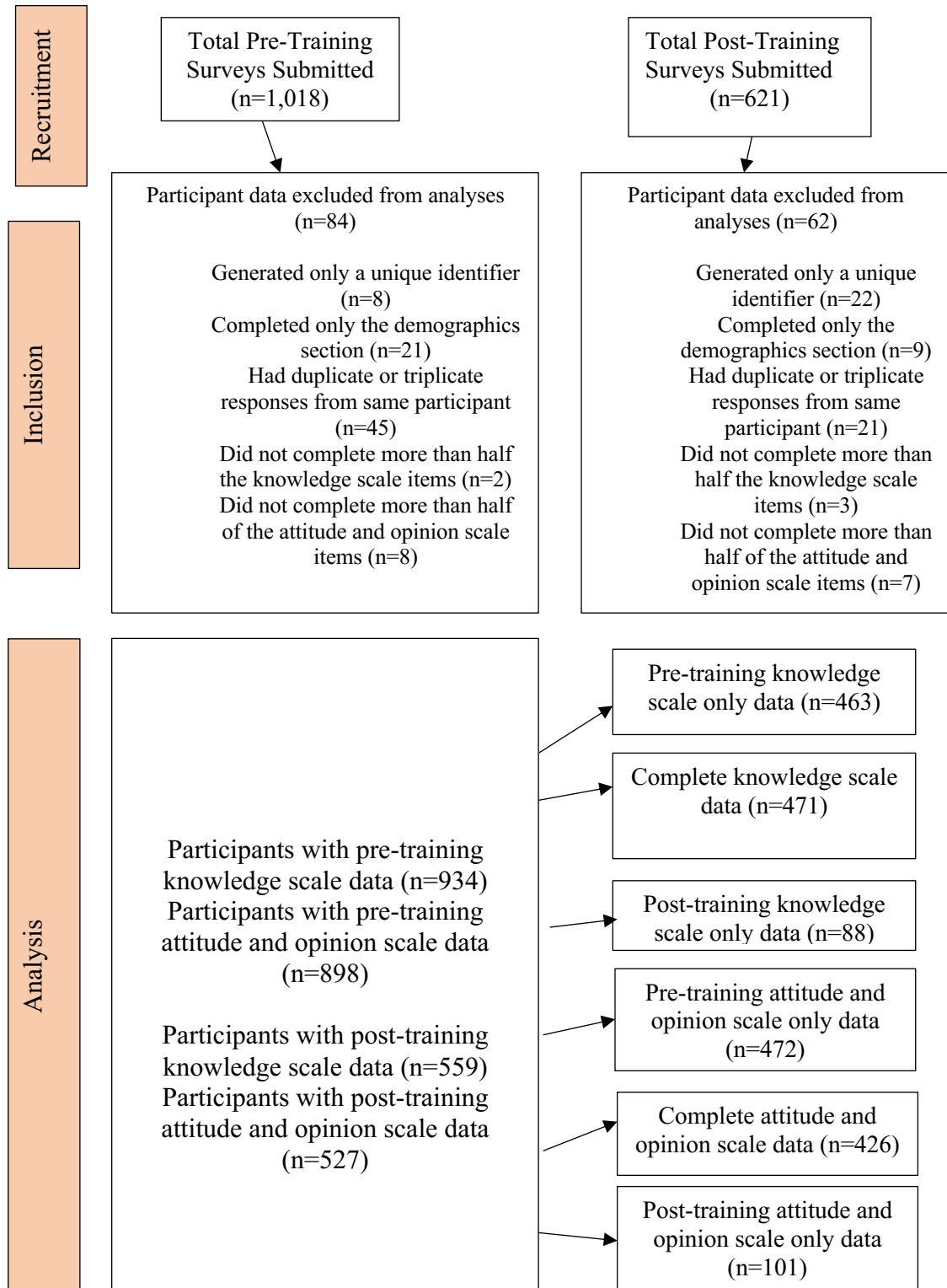
Univariate Statistics (Post-Intervention)

	N	Mean	Std. Deviation	Missing		No. of Extremes ^a	
				Count	Percent	Low	High
@8.1	541	4.64	.625	0	.0	6	0
@8.2	541	3.94	1.104	0	.0	0	0
@8.3	533	3.70	1.106	8	1.5	0	0
@8.4	541	2.79	1.120	0	.0	0	0
@8.5	541	4.30	1.214	0	.0	62	0
@8.6	539	4.47	.712	2	.4	9	0
@8.7	538	3.59	1.105	3	.6	21	0
@8.8	540	4.09	1.164	1	.2	70	0
@8.9	540	4.56	.583	1	.2	3	0
@8.10	540	4.14	1.145	1	.2	61	0
@8.11	540	3.34	.972	1	.2	17	0
@8.12	535	4.51	.612	6	1.1	2	0
@8.13	540	3.85	1.095	1	.2	0	0
@8.14	537	3.85	1.150	4	.7	0	0
@8.15	541	4.34	.685	0	.0	6	0
@8.16	540	3.88	1.108	1	.2	0	0
@8.17	538	4.40	.796	3	.6	18	0
@8.18	538	3.65	1.099	3	.6	0	0
@8.19	539	3.68	1.084	2	.4	0	0
@8.20	539	3.50	1.084	2	.4	17	0
@8.21	537	4.39	.771	4	.7	15	0
@8.22	538	3.70	1.122	3	.6	0	0
@8.23	538	4.60	.738	3	.6	12	0
@8.24	537	3.80	1.085	4	.7	0	0
@8.25	538	3.66	1.123	3	.6	0	0
@8.26	537	3.90	1.123	4	.7	0	0
@8.27	538	3.89	1.097	3	.6	71	0
@8.28	537	3.00	1.252	4	.7	0	0
@8.29	537	3.75	1.109	4	.7	0	0
@8.30	537	3.34	1.184	4	.7	0	0
@8.31	538	3.87	1.102	3	.6	0	0
@8.32	537	4.08	1.126	4	.7	61	0

a. Number of cases outside the range (Q1 - 1.5*IQR, Q3 + 1.5*IQR).

a Little's MCAR test: Chi-Square = 649.738, DF = 636, Sig. = .344

Figure 1
 CONSORT Flowchart of Participants



APPENDIX A

'Knowing Yes!' Pre-and Post-Training Surveys

Knowing Yes- Affirmative Consent 2021 NSO

Knowing Yes! Affirmative Consent

Thank you for participating in our survey. Your feedback is important.

We are interested in your knowledge about New York State affirmative consent laws as well as situations where consent is needed.

This survey will take approximately 5-7 minutes to complete.

Should you experience distress or discomfort during this survey please contact of the resources below.

- **Center for Counseling and Consultation at St. John's University: 718-990-6384**
- **St. John's After-Hours Mental Health Helpline: 718-990-6352**
- **The Campus Support Advisor: 718-990-8484**
- **Our off-campus community partner, Womankind: 888-888-7702.**

Unique Identifier

* 1. What is your mother's first and last initials? (Input two letters. Format Example: Jane Smith [JS])

* 2. What is the Month and Date you were born? (Input four digits. Format Example: January 2nd [0102])

3. To which gender do you most identify:

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Variant/ Non-Conforming
- Not listed. Other: _____
- Prefer not to Answer

4. Please select which racial or ethnic group(s) you identify with? (Select all that apply)

- African-American (Non-Hispanic)
- Asian/Pacific Islanders
- Caucasian (Non-Hispanic)
- Latino or Hispanic
- Native American or Aleut
- Other: _____
- Prefer not to answer

5. Year in school:

- First Year
- Second Year
- Third Year
- Fourth Year
- Fifth Year +

6. What is your current residence status?

- On Campus
- Off Campus with Roommates
- Off Campus with Family
- Other (please specify)

Knowing Yes- Affirmative Consent 2021 NSO

7. Based on your understanding of New York State's official definition of Affirmative Consent (as opposed to your general thoughts or opinions), please indicate whether each statement is true or false, according to the New York State definition.

	True	False
A person can non-verbally consent.	<input type="radio"/>	<input type="radio"/>
Consent can be assumed unless the other person says "no."	<input type="radio"/>	<input type="radio"/>
It is okay to start sex with someone who is asleep as long as you stop if they object.	<input type="radio"/>	<input type="radio"/>
If a person says "yes" to sexual activity, it is consensual even if coercion or threat was use.	<input type="radio"/>	<input type="radio"/>
A person who is mentally or physically incapacitated can sometimes give consent.	<input type="radio"/>	<input type="radio"/>
Consent can be revoked at any point.	<input type="radio"/>	<input type="radio"/>
Affirmative consent is required for any sexual behavior including sexual touching.	<input type="radio"/>	<input type="radio"/>
The requirement of affirmative consent only applies only when men initiate sexual activity with women.	<input type="radio"/>	<input type="radio"/>
If the person initiating sexual activity is very drunk, then they are not responsible for obtaining consent.	<input type="radio"/>	<input type="radio"/>

8. Taking into consideration your personal thoughts and opinions about affirmative consent, please rate the extent to which you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
If I wanted to initiate sexual activity, I would talk to my partner about what we both wanted out of the encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Directly asking for consent spoils the mood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I wanted sexual activity, I would just initiate and see if my partner reciprocates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone doesn't want sexual activity in a particular situation, it is that person's responsibility to clearly say "no."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a close committed relationship, it is okay to initiate sexual activity with a partner who is asleep or very intoxicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When initiating sexual activity, one should always assume they do not have consent unless clear consent is given.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When sexual partners know each other very well, consent can usually be assumed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that sexual intercourse is the only sexual activity that requires explicit consent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone is silent or seems distracted during sexual activity, it is important to check in to make sure that they still consent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I wanted to engage in sexual activity, I would not directly ask for consent because it might backfire and I would end up not having sexual activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking about consent is sexy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that it is important to verbally ask for consent before any sexual encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If two people trust each other, it is not necessary to discuss consent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone gives consent at the beginning of a sexual encounter, then consent can be assumed throughout the rest of the encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asking for consent is important before initiating any sexual behavior, including kissing and fondling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone initiates sexual activity and the other person doesn't say anything, usually that means that the other person is agreeing to the sexual activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before initiating sexual activity with someone who had been drinking, I would check to make sure they were sober enough to consent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In committed relationships, it is okay not to explicitly ask for consent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
Asking for consent is awkward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I wanted to initiate sexual activity, I would make a move and then check my partner's reaction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before making sexual advances, I think that one should assume "no" until there is a clear indication to proceed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I wanted to initiate sexual activity, I would move forward with sexual behavior unless my partner stopped me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would never participate in sexual activity with someone who was visibly drunk (slurred speech, stumbling, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explicitly discussing consent makes a sexual encounter less pleasurable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After sexual partners have been having sex with each other for a while, it becomes less important to explicitly discuss sexual consent prior to sexual activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One good way to check for consent is to just start sexual activity and see if the other person objects or resists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone seems enthusiastic initially, it is not necessary to ask for consent for every new sexual act within that encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal sexual consent is more important in new relationships than in well-established relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is okay to just continue moving forward with sexual activity as long as the other person does not seem upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtaining verbal consent is more important for sexual intercourse than for other sexual acts like fondling or kissing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I wasn't sure how my partner felt about a particular sexual act, I would just try it out and see how my partner responded.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone consents to some sexual acts (for example, kissing), consent can probably be assumed for other sexual acts (for example, genital fondling).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX B

'Knowing Yes!' Post-Training Survey Program Evaluation Page

Knowing Yes- Affirmative Consent 2021 NSO-Follow-Up One

11. Please indicate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The presenter was prepared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter created an environment where I felt comfortable to share.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This training increased my knowledge on the topic of affirmative consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This training provided me with real life examples related to affirmative consent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This training emphasized the importance of affirmative consent within the St. John's community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this training to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. What was your favorite part of the training?

13. How could we improve this training?

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