SEXUAL VIOLENCE PREVENTION: A UNIVERSAL INTERVENTION APPROACH TO YIELD OUTCOMES OF BYSTANDER ACTION AND SEXUAL CONSENT

by

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DISSERTATION ABSTRACT

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Title: Sexual Violence Prevention: A Universal Intervention Approach to Yield Outcomes of Bystander Action and Sexual Consent

Sexual violence is a far too common occurrence among undergraduate college students, with approximately 26% of women, 7% of men, and 23% of transgender or gender-nonconforming students reporting non-consensual sexual contact during their time in college. Experiences of sexual violence are associated with consequences of sexual risk-taking, mental health concerns, and academic hardships. Extant bystander action interventions, though based on promising practices to prevent sexual violence among college students, have not measured outcomes of sexual consent, an equally important focus. The current study aimed to measure to what extent a peer-facilitator-led, small-group, universal bystander action intervention targeting first-year college students (i.e., Get Explicit 101) is associated with changes in understanding of what constitutes sexual consent, intentions to request and respect sexual consent (*sexual consent intentions*), and intentions to intervene when witnessing potential sexual violence (*bystander action intentions*). The current study also evaluated changes in sexual consent and bystander action intentions as a function of gender and past experience with sexual consent and bystander action behaviors. Research questions were explored using data gathered from a sample of 3,397 college students who completed assessments

immediately prior to (*pretest*) and following (*posttest*) the intervention. Hypothesized increases in sexual consent intentions were evident from pretest to posttest, though there were not differences between males and females on this outcome. There were, however, gender differences on bystander action intentions, with males showing a greater change in intentions following the intervention, consistent with hypotheses. Finally, there were mixed findings regarding hypothesized increases in understanding of sexual consent and the influence of past behavioral experience on sexual consent and bystander action intentions following intervention. Overall, findings tentatively suggest participation in Get Explicit 101 may contribute to an increase in prosocial sexual consent intentions for first year college students and men may show greater gains in terms of bystander action intentions, though causal associations cannot be conclusively established in the absence of a comparison group. Implications for campus prevention practitioners and future research are discussed.

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I dedicate this work to my littles, the love of my life, and my God who helped me persevere. Also, to the community of family, friends, and colleagues who believed in me and supported me.

TABLE OF CONTENTS

Chapter Page

LIST OF FIGURES

Figure Page

LIST OF TABLES

Table Page

CHAPTER I

INTRODUCTION

According to the Centers for Disease Control and Prevention (CDC; Basile et al., 2014), *sexual violence,* which encompasses physical acts of sexual assault, is defined as a social and public health issue encompassing any "sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse" (p. 11). The CDC further defines *sexual consent* as "words or overt actions by a person who is legally or functionally competent to give informed approval, indicating a freely given agreement to have sexual intercourse or sexual contact" (p. 11). Based on the 2006 Campus Sexual Assault study (Krebs et al., 2007), which included over 6,800 undergraduate college students ages 18 to 24, roughly 19% of women and 6% of men experience attempted or completed sexual assault (defined in this study as verbally or physically coerced contact or contact occurring when the individual was incapacitated) during college. Data gathered via the 2015 (Cantor et al., 2017) and 2019 (Cantor et al., 2020) Association of American Universities' Climate Survey on Sexual Assault and Sexual Misconduct (SASM) suggest that the prevalence of sexual assault (defined in these studies as penetration or sexual touching involving physical force or incapacitation/inability to consent) may have increased in recent years for undergraduate women (23% in 2015; 26% in 2019) and men (5% in 2015; 7% in 2019). Even within the context of the "college years" there are higher-risk periods. For example, the first months of college are sometimes referred to as the Red Zone, emphasizing the heightened risk for sexual victimization associated with the first term (Cranney, 2014; Kimble et al., 2008; Krebs et al., 2007). The 2019 SASM data also show

sexual victimization for undergraduate women as being highest during their first year on campus (16%) and declining in consecutive years to approximately 11% for their fourth or higher year on campus (Cantor et al., 2020).

Although these rates are already concerningly high, evidence suggests they may be downwardly biased due to underreporting. For instance, at least one study found more than 90% of incidents of sexual assault among college women are not reported to the police (Fisher et al., 2000). More recent data suggest 71% of college women, 82% of college men, and 57% of transgender and gender non-conforming college students do not report incidents of sexual assault to campus agencies, inclusive of campus police, counseling centers, and victim services (Cantor et al., 2020); thus, existing figures for sexual assault are likely underestimates. The most common reason provided on the 2019 SASM for not reporting an incident of sexual assault to a campus agency was a belief that the incident was *not serious enough* because it did not result in being *injured or hurt*. The next most common reasons for not reporting sexual assault in the 2019 SASM were *I could handle it myself*, which was the most common reason for male survivors (60.4%), and *I felt embarrassed, ashamed, or that it would be too emotionally difficult*. Additionally, underreporting has been linked to not understanding what constitutes sex (Adams-Curtis & Forbes, 2004) or the definition of sexual assault. That is, survivors were not sure if the action was a crime or intended harm (Fisher et al., 2003). Underreporting is also the result when survivors do not trust available advocacy options due to guilt, shame, and fear of not being believed (Cantor et al., 2020; Sable et al., 2006).

The underreporting of sexual assault can limit access to available advocacy and support options, which can have other implications for those who have been harmed by

sexual violence. Specifically, survivors of sexual violence are at risk for compromised health and behavioral effects, including increased sexual risk-taking and substance use (Martin et al., 2009), as well as several mental health concerns, including depression, posttraumatic stress disorder, substance use disorder, suicidal ideation, and suicide attempts (Campbell et al., 2009; Choudhary et al., 2010; Martin et al., 2009; Ratner et al., 2002). College survivors of sexual assault are also more likely to experience academic challenges that may lead to leaving the institution and potentially prevent degree completion (Baker et al., 2016; Cantor et al., 2020). As a result, without a completed college degree, the same student may have substantially decreased personal earning potential over their lifetime, which also has implications for the broader economy (Carnevale et al., 2013). Given these consequences, students need to be informed about the dynamics of sexual violence within the college context, to critically evaluate and intentionally contribute to prevention on campus.

The need for prevention of all forms of sexual violence within educational settings is ordered in Title IX of the Education Amendments of 1972 (i.e., *Title IX*), which "prohibit[s] discrimination on the basis of sex" (Department of Justice, 1972) and in the Violence Against Women Reauthorization Act of 2013 (VAWA; Department of Education, 2014; Department of Justice, 2013), amending the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1990 (i.e., the *Clery Act*) (Department of Education, 1990). Colleges that receive federal funds (which is most often in the form of student loans) must ensure compliance with Title IX and the Clery Act by administering prevention efforts, which include policies, "primary" (i.e., universal) and ongoing "prevention and awareness programs" (Department of Education,

2014), appropriate responses when an incident of any form of gender-based harassment or sexual violence occurs, and routine reporting and public posting of safety statistics.

Challenges to Sexual Violence Prevention

Despite federal regulations mandating universal and ongoing sexual violence prevention efforts on college campuses, implementing effective prevention has proved challenging for a few reasons. First, though universal prevention is an accepted best practice for a host of potentially risky behaviors (e.g., alcohol use, drug use, sexual contact), these efforts are usually bolstered by indicated prevention for specific individuals already engaging in potentially problematic patterns of these behaviors. One challenge for sexual violence prevention is that individuals who go on to perpetrate sexual assault do not generally self-identify as someone planning to harm. That is, a given student may not believe they will ever do harm in the future and may fail to understand that they have perpetrated harm on a particular occasion, even when their actions meet the definition of sexual violence (typically included in student codes of conduct). Consequently, an indicated approach to prevention is not usually an option, as there is no reliable method for determining who *will*, or even who *has*, perpetrated sexual violence (unless a report by a survivor is made in which a perpetrator can be identified). For this reason, interventions can only typically be applied universally, which can limit the emphasis on *personal* responsibility to not harm others. Additionally, unlike other behaviors, such as alcohol or drug use, students often lack prior exposure to directly relevant psychoeducation (e.g., definitions of sexual consent) on which to scaffold sexual violence prevention education at the college level (DeGue et al., 2014). Only 29 states and Washington, D.C. mandate sexual education be provided as part of basic education,

and “[f]ewer than half of high schools and only a fifth of middle schools are teaching the [16] sexual health topics that the Centers for Disease Control and Prevention (CDC) considers ‘essential’ for healthy young people,” (Planned Parenthood, n.d.), only one of which tangentially addresses sexual consent (The Associated Press, 2016). Students from states that prohibit sexual education outside of “abstinence only” may be especially unprepared for the type of education provided by most institutions of higher education.

Similarly, evaluating the effectiveness of prevention programming can be challenging for college administrators in several ways, including but not limited to financial resource allocation for more rigorous research methodologies, structural barriers to utilizing experimental designs with a control group and true randomization of participants under real-world conditions that require compliance with Title IX and the Clery Act, and low student participation in follow-up data collection (DeGue et al., 2014). Additionally, even though a goal of preventive interventions is to decrease incidents of sexually-violent behaviors, measuring intervention effectiveness using incidence rates as a marker for success is not straightforward. Specifically, an increase in reports of sexual assault following a campus-wide intervention could mean the intervention was ineffective or, alternatively, it could mean that survivors benefited from the intervention, are better able to identify what happened to them was sexual assault and have greater knowledge about and trust in available resources for support, making them more likely to make a report. Thus, it is impossible to draw clear conclusions about sexual violence prevention effectiveness based on incidence data alone, even though these data are often the primary metric tracked and monitored by institutions of higher education. In light of these challenges, the evidence base for effective prevention of

sexual assault on college campuses is sparse; however, extant prevention efforts are building off a *promising practice* framework (DeGue et al., 2014; Nation et al., 2003). One such promising practice is to increase the capacity for bystander action.

Bystander Action

Bibb Latané and John Darley introduced several foundational concepts related to bystander action and, more specifically, bystander inaction known as the *diffusion of responsibility* or the *bystander effect* (Darley & Latané, 1968) and the *unresponsive bystander* (Latané & Darley, 1970). More recent research using closed-circuit video of over 200 public conflicts across three countries has called this long-accepted phenomenon into question, noting that one or more bystanders intervened in 9 out of 10 of the conflicts and that likelihood of intervention was greater with *increased* bystander presence (Philpot et al., 2020). This fits with meta-analytic evidence suggesting the bystander effect is not uniformly present. Specifically, it is reduced in situations that are "dangerous (compared with non-dangerous), [where] perpetrators [are] present (compared with non-present, and the costs of intervention [are] physical (compared with non-physical)" (Fischer et al., 2011, p. 517). Though it may seem contrary to common sense that an individual would be more likely to help when they perceive the situation as dangerous, when they would be directly confronting a perpetrator, or when there could be a physical cost to them for intervening, this fits with theories suggesting helping behaviors are motivated to reduce the physiological arousal created by such situations (Fisher et al., 2011). Conversely, this means the bystander effect (i.e., failing to intervene) is stronger in situations that are less clearly an emergency, where harm may have already occurred (and the perpetrator is gone), and where the consequence to the

bystander would be mainly non-physical. Unfortunately, this largely describes cases of sexual violence on college campuses. The situation may be ambiguous, leaving the bystander uncertain if it is an emergency; alternatively, the person may have already been harmed and now needs emotional support and/or help in accessing resources, which may diffuse personal responsibility to act. Either way, intervening is more likely to have non-physical costs, such as social consequences. Thus, steps for increasing bystander action as conceptualized by Latané and Darley are still useful when considering prevention of college sexual violence.

Specifically, grounded in their observations regarding bystander inaction, Latané and Darley generated five decision-making steps to increase individuals' capacity to take action to stop or prevent further harm: (a) notice the problem, (b) interpret the problem as an emergency (or requiring intervention), (c) decide to take responsibility to act, (d) decide how to provide help, and (e) provide help (Latané & Darley, 1970). Informed by this work, universal prevention programs that promote *bystander action* (also simply referred to as *bystander intervention*) train college students who may be observers (i.e., bystanders) to a potentially harmful incident how to intervene to stop or minimize that harm and attempts to instill in them a sense of personal responsibility for action (Gibbons & Evans, 2013; McMahon & Banyard, 2012).

Some prominent and promising bystander action programs to reduce sexual violence for college students include *Bringing in the Bystander* (Banyard et al., 2007), *Green Dot* (Edwards, 2009), and the national *It's On Us* campaign (White House Task Force to Protect Students from Sexual Assault, 2014). These and other bystander action programs provide educational content across three domains: (a) problem identification,

(b) skill-building, and (c) motivation toward helping behavior. First, for students to be able to effectively identify problematic situations in which intervention is necessary, bystander action programs must address the dynamics of sexual violence, disputing myths that mask violent behaviors with false justifications (Payne et al., 1999) and addressing facts to raise awareness about the complexities of sexual violence (Banyard, 2014). Second, after increasing baseline awareness of problematic beliefs and behaviors, bystander action programs focus on helping individuals to build new skills and expand their repertoire of methods for appropriate intervention (e.g., directly stop the behavior with words or actions, create a diversion, get help from a party host or someone in more authority to help). However, studies have found that merely possessing the skills to intervene as a bystander does not necessarily yield action unless the bystander is convinced their act of intervention is helping someone (Berkowitz, 2010; Burn, 2009; McMahon & Banyard, 2012; McMahon et al., 2019). Thus, conviction and motivation to help must be scaffolded upon problem identification and bystander intervention skills. Commensurately, many bystander approaches focus on training bystanders to act in a manner that reduces the occurrence of sexual violence by increasing empathy and self-efficacy to effectively intervene (Brown et al., 2014; Gibbons & Evans, 2013; Murphy Austin et al., 2016). To bolster self-efficacy to intervene in the moment, some bystander action programs provide opportunities to practice skills through facilitated role-playing with provided scenarios (DeGue et al., 2014; Nation et al., 2003). Though ostensibly less impactful on self-efficacy than actually successfully intervening in a real-world situation to disrupt sexual violence, guided practice, nonetheless, is theorized to help build a sense

of mastery, especially as opportunities to implement the skills being learned may be infrequent (Newlands & O'Donohue, 2016).

Relevant Theories for Bystander Action

While there may be a variety of theories and frameworks informing bystander action interventions, two are commonly used specifically in relation to sexual violence prevention among college students: Social Norms Theory (Perkins & Berkowitz, 1986) and the Theory of Planned Behavior (Ajzen, 1991).

Social Norms Theory. Social norms are "common standards within a social group regarding socially acceptable or appropriate behaviour in particular social situations, the breach of which has social consequences" (Oxford University Press, para. 1). Based on these commonly understood group dynamics, the social norms approach to prevention of risk behaviors for college students was introduced by Perkins and Berkowitz (1986). Social Norms Theory posits that individuals' behaviors are influenced by misperceptions of their peers' attitudes and behaviors (Berkowitz, 2004; Berkowitz, 2010; Perkins & Berkowitz, 1986; Shulman et al., 2017). Perceived norms that communicate attitudes are often referred to as *injunctive norms*, as they suggest what is condoned or encouraged by a social group, whereas perceived norms that communicate what behaviors are "typical" are referred to as *descriptive norms*. With respect to descriptive norms, college students tend to *overestimate* peer engagement in risky behaviors and *underestimate* peer engagement in protective behaviors (Lewis et al., 2014), which leads them to engage in risky behaviors to a greater degree and to underutilize protective behaviors. Consistent with this theory, Lewis and colleagues (2014) showed that overestimations of the norms regarding casual sex and drinking

before sex and underestimations of the use of birth control were associated with increased frequency of casual sex, drinking before sex, and decreased use of birth control. Likewise, Pedersen and LaBrie (2008) found that overestimations of prepartying and drinking game participation were significantly correlated with actual prepartying amongst college men and women and participation in drinking games for men, suggesting that students may be adjusting their behavior to conform with the perceived norm. With respect to sexual violence prevention among college students, multiple studies have shown that underestimations of peer bystander behaviors decrease students' willingness to intervene, whereas higher perceptions of prosocial behavior increase students' willingness to intervene (Brown et al., 2014; Fabiano et al., 2003; Murphy Austin et al., 2016). Consistent with this, McMahon (2015) conducted a systematic review of myriad influences on collegiate bystander action and concluded that the predominant theme predicting student bystander action behaviors was social norms.

Given the empirical support for Social Norms Theory, it has been widely incorporated into interventions aimed at decreasing harmful behaviors or increasing protective behaviors (Shulman et al., 2017). For example, a social norms intervention might target misperceptions of heavy drinking behaviors among student athletes by reflecting the actual lower-risk descriptive norm (e.g., "The majority (66%) of [this school's] student-athletes drink alcohol once per week or less often or do not drink at all;" Perkins & Craig, 2006, p. 882). Correcting misperceptions regarding the frequency and quantity of alcohol consumed by peers (i.e., descriptive norms) has consistently been shown to mediate effects of college student drinking interventions on behavior, and correcting misperceived descriptive norms have emerged with the most support as a

mechanism of change within these interventions (Reid & Carey, 2015). Likewise, though the evidence of mechanisms of change for sexual violence prevention interventions is sparse, one intervention targeting male students showed that changes in men's perceptions of other men's likelihood to intervene mediated effects on their likeliness to intervene (Gidycz et al, 2011). Similarly, though focused on injunctive norms, Salazar et al. (2014) found that decreases in perceptions of the acceptability of behaviors by peers that promote sexual violence mediated effects on subsequent sexual violence perpetration and prosocial intervening behaviors among male college students. Thus, establishing prosocial norms for intervening may be essential to promoting subsequent bystander behaviors.

Furthermore, establishing these prosocial norms and expectations is critical while students are transitioning to the college setting. The transition to college is a particularly unsafe time with respect to sexual victimization. New, incoming college students tend to perceive the social norms and expectations of college life differently than actual social behaviors among their peers (Brown et al., 2014; Martens et al., 2006). Specifically, students tend to overestimate the percentage of students engaging in high-risk sexual activity, and students may feel internal pressure to engage in sex in order to "fit in" within their new environment (Berkowitz, 2010). In addition to misperceptions about sexual activity, students often enter college believing myths about sexual violence that can shape both descriptive and injunctive normative perceptions of behavior. For example, McMahon (2010) found that 53% of incoming students believed myths related to victim blaming (e.g., beliefs that imply the survivor "asked for it" or "wanted it"), which is a problematic tactic used to make survivors of sexual assault feel responsible for

the perpetrator's actions (Payne et al., 1999). In addition to endorsing victim blaming, students in McMahon's (2010) study reported believing a survivor is more likely to lie about being sexually assaulted, which is not supported by statistics regarding false allegations of sexual assault (Lisak et al., 2010). Believing these myths may prevent students from believing their actions have criminal consequences or believing that another student — or someone they know and trust — could sexually assault them (Black et al., 2011; Fisher et al., 2000). Consistent with Social Norms Theory, holding misperceived norms of myths related to sexual assault is problematic because it has been associated with self-reported sexual violence (Yapp & Quayle, 2018). Moreover, survivors of sexual assault may overestimate norms of rape myth acceptance by their peers, and these overestimates have been found to be related to greater symptoms of posttraumatic stress disorder and more limited disclosure of their assault (Paul et al., 2009). For these reasons, dispelling these myths and establishing normative expectations for prosocial behavior, especially within the vulnerable window of time where students are transitioning into college, is needed to decrease incidence of sexual violence and additional harm to survivors.

Social Norms and Gender. Gender is a social construct that can perpetuate a culture of sexual violence through stratification of power; it can also inform prevention by highlighting barriers to prosocial engagement that vary by identity (Lorber, 1994). Gendered social norms apply to sexual consent negotiation, where males have reported more initiating behaviors and females have reported more passive sexual behaviors in heterosexual relationships (McCormick, 2010); however, this differentiation of roles may not hold true where gendered norms related to sex are more fluid, specifically for

relationships where men have sex with men and women have sex with women (Beres et al., 2004). This said, studies on heterosexual sexual consent have found that women place a higher value than men on the ongoing process of sexual consent negotiation before and throughout sexual encounters; whereas men are more likely to assume affirmative consent until their partner signals *no* (Humphreys & Herold, 2007; Jozkowski et al., 2014). Thus, an intervention addressing sexual violence prevention by increasing awareness of responsibility for gaining affirmative sexual consent may yield a greater increase in intentions to engage in sexual consent negotiation and communication among males than females.

Gender is also intertwined with social norms related to perpetration of sexual violence, which has largely been considered a women's issue, as the majority of violence has been perpetrated against women; however, data on perpetration emphasize sexual violence is very much a men's issue as well, with male college students responsible for perpetrating 99% of the sexual assaults against female students, 86% against transgender and gender non-conforming students, and 39% against other male students (Cantor et al., 2020). Social beliefs linked to violent sexual acts have been highly correlated with acceptance of rape myths (Yapp & Quayle, 2018), with gender discrepancies of college men reporting higher rates of rape myth acceptance prior to intervention (Amar et al., 2014; Banyard et al., 2007; McMahon, 2010). Conversely, prior to intervention, women tend to report more knowledge and awareness about the issues related to sexual violence and lower acceptance of rape myths (Banyard et al., 2007). These baseline differences (prior to sexual violence prevention programming) suggest the potential for gender differences in sexual violence intervention outcomes as well, with males having greater

opportunity for prosocial change. Of particular interest, several studies measuring outcomes of bystander action that were mentioned in the review by McMahon (2015) noted gender differences in how male- and female-identified students engage in bystander action (Burn, 2009; Eagly & Crowley, 1986; Gidycz et al., 2011). For example, social norms related to gender were demonstrated with women more likely to engage in helping behaviors than men (Burn, 2009; Eagly & Crowley, 1986), and males indicating lower likelihood to engage in bystander action behaviors than females (Amar et al., 2014; Gidycz et al., 2011; McMahon, 2010). However, research also shows that men are highly motivated by perceptions of peer behavior and are more willing to intervene and prevent sexual violence if they believe their peers would (Fabiano et al., 2003), which suggests a bystander action intervention that promotes prosocial norms may have a greater impact on the bystander intentions of male-identified students.

Theory of Planned Behavior. Social norms also contribute to another relevant theory for bystander action—Ajzen's (1991) Theory of Planned Behavior, displayed in Figure 1—which suggests behavior change is more likely to occur when there is first *intention* to change. Three components are thought to influence behavioral intention — attitude, subjective norms, and perceived behavioral control. One's attitude refers to beliefs about the behavior itself and what adopting the behavior means personally. For example, related to outcomes of bystander action, a positive attitude (e.g., believing bystander action is the right thing to do) could increase intentions to intervene, whereas a negative attitude (e.g., believing bystander action is meddling) would decrease intentions to intervene. Consistent with Social Norms Theory, subjective norms within the Theory of Planned Behavior refer to beliefs about how others engage in the behavior. For

example, if an individual perceives bystander action as common and accepted by people within the social setting, that person would have stronger intentions to engage in the behavior. Finally, perceived behavioral control includes one's self-efficacy to engage in the behavior as well as beliefs about the outcome of that behavior, which may be based in prior experience or vicarious learning. This suggests that if someone is a bystander observing harmful behavior, they would be more likely to intervene if they believe they have the skills and ability to do so and that it will be successful. Consistent with this, research has shown that college students are more likely to intervene when they believe they are helping someone (Berkowitz, 2010; Burn, 2009; McMahon & Banyard, 2012; McMahon et al., 2019).

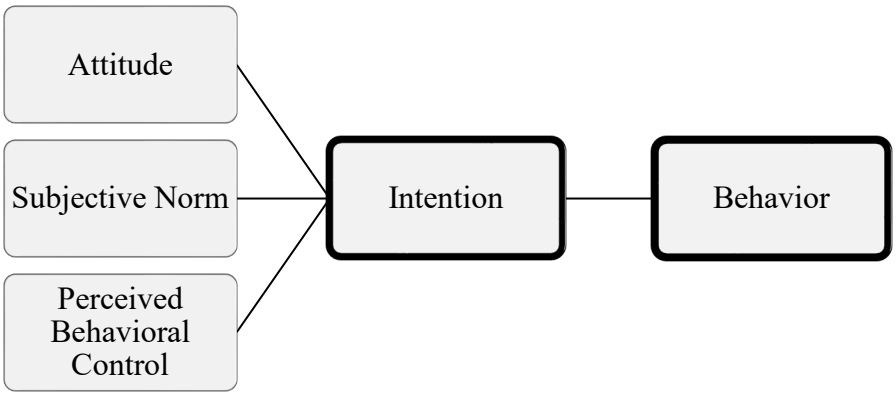

Figure 1.1. *Conceptual Model From the Theory of Planned Behavior*

Relationship Between Past Experience and Intentions. Related to the construct of perceived behavioral control, self-efficacy, or 'beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments' (Bandura, 1997, p. 3), is an important component that may increase the willingness to enact related behaviors of bystander action (Banyard et al., 2007; Banyard, 2008; McMahon et al.,

2015) and sexual consent (Humphreys & Brousseau, 2010). Self-efficacy is often developed through direct experience (Beatson et al., 2018). Specifically, according to Bandura (1997), "enactive mastery," or actual successful experiences implementing a behavior, produce "stronger and more generalized efficacy beliefs than do modes of influence [on self-efficacy] relying solely on vicarious experiences, cognitive simulations, or verbal instruction" (p. 80). The self-efficacy derived from past successful experience is thought (along with other factors) to increase intentions to engage in the same behavior in the future. For example, in one study exploring influences on intentions to use contraceptives among women, having prior experience using contraceptives was the strongest predictor of future intentions to use contraceptives (Campo et al., 2012). Likewise, studies looking at intentions to use condoms showed intentions were stronger for those with past sex experience (Krugu et al., 2016) and past experience using condoms (Brüll et al., 2016). The relationship between actually enacting sexual consent conversations and bystander actions with intentions for to engage in these behaviors in the future, however, has not been examined. Based on Social Cognitive Theory (Bandura, 1997) and extant research across various domains showing behavioral intentions are stronger among individuals who have prior experience with the behavior, it is likely that students without past experiences related to sexual consent conversations and bystander action may benefit more from an intervention supplying opportunities for gaining mastery, albeit through simulation (c.f., Ozer & Bandura, 1990). That is, students without prior experiences related to sexual consent conversations and bystander action may show greater increases in sexual consent and bystander action intentions if exposed to skills-

training in these domains, since individuals with prior experience are likely to already have greater intentions.

Relationship Between Intention and Behavior. Although intentions are discussed as a necessary component to behavior change in the Theory of Planned Behavior, research has shown intentions to have limited utility in predicting certain behaviors (Sheeran, 2002; Sheeran & Webb, 2016), revealing an *intention-behavior gap*. That is, a person may have strong intentions to engage in a particular behavior but may fail to act on those intentions. For example, studies among college students have demonstrated a range of associations between intentions and subsequent behaviors: condom use (Asare, 2015; r^2 = 0.04), adequate sleep (Knowlden et al., 2012; r^2 = .19), and regular physical activity (Norman & Conner, 2005; r^2 = .36 [study 1] and .49 [study 2]). These studies focused on intrinsically-motivated, goal-oriented, behavior change over time (i.e., intending to practice safer sex, improve sleep for personal health benefit, or increase regular physical activity). It is possible that intention may account for more variance in behavioral outcomes that are (at least partially) altruistically-motivated (i.e., behaviors that benefit others in addition to the individual). For example, a study focused on an extended version of the Theory of Planned Behavior showed that intention to donate blood was the strongest correlate with actual blood donations made within 3 months following intention identification (r^2 = .41; Masser et al., 2009). Likewise, a study of the effect of implementation of a low-cost bus pass program to reduce car usage and, thereby, improve the environment found intentions to take the bus to have the strongest association with subsequent bus use (r^2 = .52; Heath & Gifford, 2002). Thus, if the goal

is to ultimately change altruistic behaviors, intentions may still be an appropriate proximal intervention target.

Moreover, assessing intervention effects on certain behaviors, such as sexual consent and bystander action, may be nearly impossible in the context of universal prevention programs, as there may be no or very limited environmental contingencies that prompt the behavior for a large portion of intervention recipients (Newlands & O'Donohue, 2016). For example, not all students are sexually active, with 35.3% of students reporting not having had sex in the past 12 months (American College Health Association, 2019); thus, they may not be in situations prompting sexual negotiation. An additional 40.2% reported only having had 1 partner, which could be capturing longer-term, committed relationships wherein sexual consent negotiations may not be as overt due to development of understanding of partner preferences and trust (Bruen, 2016). Also, bystander action behaviors are only called for when a person is in the presence of a potential incident of sexual violence. While there are far too many incidents calling for bystander action, potential "bystanders" may not always be present (e.g., if a potential victim and the perpetrator are alone, which is common; Koelsch et al., 2012) and, thus, not have opportunity to enact the behavior. Thus, intention may be the most appropriate outcome to focus on for sexual consent and bystander action interventions.

Related to this, Sheeran and Webb (2016) describe *implementation intentions*, which are essentially "if-then plans," where an individual can imagine a challenge to their behavioral goal (e.g., to engage in bystander action if confronted with an incident of potential sexual violence) and create a plan to overcome the challenge. Research suggests intention is more likely to yield behavioral outcomes when accompanied by planning for

opportunities and obstacles within goal pursuit. Specifically, Bryan et al. (2002) found that planning and preparatory behaviors for safer sex (e.g., purchasing condoms and carrying them) mediated the relationship between intentions and actual condom use. Likewise, Knowlden et al. (2012) demonstrated that applications of volitional control and behavioral planning strengthened the association between intentions and actually getting 7–8 hours of sleep. Finally, Norman and Conner (2005) showed that moderate-to-high levels of planning strengthened the association between intentions and regular physical activity. Thus, the type of *if-then* intention setting and planning that are the focus of extant bystander action interventions, in combination with an altruistic focus of preventing harm to others, might be reasonably expected to have a stronger impact on subsequent behaviors, making evaluating intentions an important proximal intervention outcome.

Sexual Consent

Although bystander interventions empower and elevate responsibility for observers to prevent sexually-violent acts, there is a need for comprehensive sexual violence interventions to address the individual responsibility to communicate effectively around sexual behavior, obtain sexual consent, and not harm someone. Sexual violence prevention is centered around a core of personal responsibility to avoid sexual violence by requesting and respecting sexual consent (Basile et al., 2014). Similar definitions of sexual consent are also largely used within university settings. Sexual misconduct policies often further define what it means to be "legally or functionally competent" to consent (e.g., absence of mental incapacitation or intoxication) and the potential conflicts to a "freely given agreement" (e.g., coercion, threats, intimidation). These policies place

responsibility on the person initiating sexual acts to ask for consent before and during the acts and respect the responses. Though definitions of sexual consent are largely similar, the societal expectations, understanding, and application of consent vary among college students (Hust et al., 2017; Jozkowski et al., 2017). For this reason, interventions need to go beyond merely defining sexual consent — though the educational foundation is still important (Ajzen et al., 2011) — and focus on the nuances of sexual consent in a way that empowers the people engaged in sexual negotiation to take responsibility for their actions in sexual acquiescence.

Whereas definitions of sexual consent should be (and have been) included in bystander action interventions on college campuses, measuring sexual consent as a *targeted outcome* of these interventions is less common (see Salazar et al., 2014, 2019 as limited exceptions). This may be due, in part, to the limited availability of sexual consent instruments designed for use among college students (Frazee, 2019). However, by failing to assess how sexual consent intentions change in response to sexual violence prevention interventions, the focus on personal responsibility to avoid harm is incomplete, as bystander actions are focused on stopping someone else from committing harm versus avoiding perpetration. Moreover, as noted by Newlands and O'Donohue (2016),

> From a feminist perspective, [bystander] interventions can be viewed as somewhat disempowering to women, since community-level interventions place decisions about a woman's sexuality outside of her control and into the control of bystanders. For instance, many of the community-level programs discuss the importance of stopping friends and others from becoming intimate with women who have had too much to drink.

> However, determining when someone has had "too much" may be a very nuanced issue, as different people with the same blood-alcohol content may not display the same kinds of behavior. The woman may not have been intoxicated, or she may have been under the influence yet still sober enough to consent and earnestly wanted to engage in that behavior. While the intentions of bystanders might be noble, the implications of their interventions can be insidious.

Thus, balancing educational content regarding sexual consent and fostering bystander action intentions and behavior is necessary to ensure all students are empowered and a holistic approach is taken to sexual violence prevention. Additionally, work by Salazar and colleagues (2014, 2019) has shown that increases in knowledge of consent mediated bystander intervention effects on decreasing perpetration and increasing prosocial behaviors in men; thus, incorporating a focus on sexual consent outcomes may also help better explicate intervention effects on bystander action outcomes. However, of note, the intervention in these studies (i.e., RealConsent) was developed specifically for men; thus, programming for students of other sexes and genders is needed, as is evaluation of how participation in such an intervention relates to changes in sexual consent outcomes. Moreover, the RealConsent intervention is entirely delivered online, yet best practices for sexual violence prevention suggest in-person groups are better for modeling of prosocial norms and behaviors and helping foster sense of community (McMahon, 2015).

Study Purpose

Addressing the gap in extant research as relates to sexual consent, the current study presents data from an implementation of Get Explicit 101 (Frazee et al., 2015), a

sexual violence prevention intervention at the University of Oregon. Students, who were required to participate in the intervention to fulfill a university educational mandate for all incoming first-year students based on a federal requirement under Title IX and the Clery Act, were asked to volunteer to complete an assessment immediately before (pretest) and after (posttest) the intervention session. Pretest and posttest assessments were completed in-person in tandem with the required intervention for the purpose of program evaluation. A prior study of Get Explicit 101 showed significant increases in bystander intentions from pretest to posttest (Frazee, 2018); however, it is not yet known if students who participate in Get Explicit 101 experience similar increases in understanding of sexual consent and personally-held sexual consent intentions. Thus, the primary aim of this project is to interrogate these questions:

1. Does understanding of sexual consent (i.e., achievement of Get Explicit 101 learning outcomes) change within participants from pre- to post-intervention?
2. Do sexual consent intentions change within participants from pre- to post-intervention?

As a secondary aim of this project, I seek to examine how gender identity and past experience with sexual consent and bystander action behaviors relates to changes in sexual consent and bystander action intentions from pre- to post-intervention. Specifically, this study will interrogate the following secondary research questions:

3. Do pre-post changes in sexual consent intentions vary by participants' gender identity?
4. Do pre-post changes in bystander action intentions vary by participants' gender identity?

5. Do pre-post changes in sexual consent intentions vary by participants' prior experience with sexual consent behaviors?

6. Do pre-post changes in bystander action intentions vary by participants' prior experience with bystander action behaviors?

Based on the previously demonstrated changes in bystander action intentions following Get Explicit 101 participation (Frazee, 2018), I predict there would be an increase in correct responses for learning outcomes assessing understanding of sexual consent from pretest to posttest. I also predict sexual consent intentions will be higher at posttest than at pretest. For the secondary research questions, grounded in the research showing females are more inclined to verbal, ongoing sexual consent negotiation than males (Humphreys & Herold, 2007; Jozkowski et al., 2014), I predict a larger increase in sexual consent intentions for males from pretest to posttest. In the same way, based on prior research showing females generally have higher understanding about sexual assault and lower rape myth acceptance than males (Banyard et al., 2007), and therefore might reasonably be expected to already have higher intentions for bystander action behaviors, I predict males will show greater increases in bystander action intentions following the intervention. Furthermore, grounded in Bandura's (1997) Social Cognitive Theory and research showing stronger intentions among those who have past experience with the intended behavior (Brüll et al., 2016; Campo et al., 2012; Krugu et al., 2016; McEachan et al., 2011), I predict those with no experience with sexual consent behaviors will show a greater increase in sexual consent intentions from pretest to posttest compared to those who endorse having past experience with one or more sexual consent behaviors. In the same way, I further predict that those with no prior experience with bystander action

behaviors will show a greater increase in bystander intentions from pretest to posttest compared to those who endorse having experience with at least one bystander action behavior previously.

CHAPTER II

METHOD

Participants

Incoming first-year students at a large public university (N = 4,043 students) were invited to participate in the program evaluation of Get Explicit 101 during the fall term of 2019. Of these, 85.21% consented and volunteered to provide data for the program evaluation (N = 3,397 students; median age = 18; 1,408 male, 1,946 female, 29 non-binary, 4 prefer to self-describe, and 10 prefer not to say).

Procedures

Sexual Violence Prevention Context for Get Explicit 101

The intervention that is the focus of the current study—Get Explicit 101—is nested within the context of broader efforts by the University of Oregon related to sexual violence prevention. Specifically, each undergraduate student starting in the fall term[1] goes through a 50-minute, theater-based presentation called "It Can't be Rape" during their summer orientation. This training breaks down myths and facts related to sexual violence and teaches students about resources on campus designed to support survivors of sexual violence. Simultaneously, the parents and family members of these students engage in a safety presentation called "Protecting the Flock," which is designed to equip them with tools and resources to have conversations with their student(s) about healthy relationships, sexual consent, sexual boundaries, how to handle rejection, and how to connect someone to support in the case of sexual violence. A month before the term begins, students are also currently required to go through a series of interactive online

[1]Transfer students are excluded as they participate in an adapted sexual violence prevention program during their orientation.

courses offered through 3rd Millennium Classrooms — "Alcohol-Wise," "Marijuana-Wise," "Other Drugs," and "Consent & Respect." Consent & Respect specifically addresses Title IX in addition to related campus resources and takes about 20 minutes to complete. Get Explicit 101 is the final required program related to sexual violence prevention for incoming students and takes place the first weekend following the first week of classes. Get Explicit 101 was designed to build on the prior education from It Can't be Rape, Protecting the Flock, and Consent & Respect, to set a solid foundation for students to both understand sexual violence prevention and be equipped to be a part of the solution to not perpetuate violence, to act when observing injustice, and to support a friend through experiences of sexual violation if necessary.

Get Explicit 101 Educational Content

Get Explicit 101 was developed by University of Oregon personnel and first administered in the fall term of 2015. The program utilizes student peer-facilitators who deliver the educational content and model expectations that students are responsible for addressing sexual behaviors that could harm someone (i.e., to create a prosocial norm). For each topic area, the facilitators introduce the topic, define terms and campus expectations, provide examples (e.g., common experiences, personal stories, or video depictions), engage the participants in dialogue, and emphasize key take-aways about the topic. Educational content and topics provided in the training emphasize student responsibility in violence prevention through interactive discussions about healthy sexuality and healthy relationships; identification of personal sexual boundaries; communication related to interpersonal and sexual boundaries; understanding explicit consent; power dynamics; dynamics of sexual assault; the problematic nature of victim-

blaming; perpetrator behaviors; different bystander approaches to mitigate harm; and options to respond to and help a survivor of sexual assault. Get Explicit 101 utilizes a variety of teaching tools for student engagement, including physical activities (e.g., moving around the room as students are able), small group discussions, videos, writing and reflection, interactive role-play, commitment formation, presentation slides, and a student intervention handbook, which contains additional educational content and can be used for note-taking. During the fall term of 2019, Get Explicit 101 was set up to have sessions start on the hour, beginning at 11:00AM both Saturday and Sunday, and end 90 minutes later, with the final training ending at 8:30PM.

Training of Get Explicit 101 Peer Facilitators

Peer facilitators undergo 20 hours of in-person training provided by professional staff directly focused on the educational content within the intervention, facilitation skills, dynamics of vicarious trauma that peer facilitators may experience, and available university and community resources to support survivors of sexual violence. Facilitators apply and interview for the position and are strategically paired with two other facilitators to ensure each group has a balance of content expertise or prior facilitation experience, diversity on various dimensions of identity (i.e., gender, race, ethnicity, and campus involvement), and presentation styles. To increase fidelity, Get Explicit 101 is scripted and breaks down the content across the three facilitators. *Facilitator 1* takes a primary role in presenting the introductory material, including new concepts and foundational definitions. For example, at the beginning of the section on boundaries, *Facilitator 1* states, “Boundaries are guidelines that people set based on what they’re comfortable with in a relationship. Whether your boundary is to not have sex at all, to only have sex

exclusively, or to only have sex without strings attached, all boundaries deserve to be heard and respected." *Facilitator 2* covers the material needing a more sensitive delivery around survivor support. An example of this is when the presentation shifts to discussing the dynamics of sexual assault. At this point, *Facilitator 2* says "This next part of the workshop can be heavier than the other things we've talked about, so we want to remind you there are confidential support staff available to speak with you any time during or after this presentation." *Facilitator 3* takes the lead in presenting more of the student-engagement focused dialogue, which is meant to spur conversation. For example, *Facilitator 3* debriefs the perpetrator video and states "Now that you've seen this, let's share some of the examples of concerning behavior that you saw. First, let's talk about 'Normalizing.' What does this person say that indicates he doesn't think that what he did is anything out of the ordinary?"

Since the first year Get Explicit 101 was implemented, many facilitators (76.5%) have made the choice to reprise their role the following year. The 2019 cohort of facilitators had 26 returning peer-facilitators, 6 of whom had 2 or more years of prior Get Explicit 101 facilitation experience. Facilitators rehearse together, with at least four full 90-minute rehearsals, and they get feedback on their delivery, relatability, clarity, and ability to field challenging questions from the sexual violence prevention and education staff, all of whom have graduate degrees and receive ongoing training in violence prevention. Each year, there are about 60 peer-facilitators, each of whom facilitate five sessions during the intervention weekend, yielding 100 interventions delivered over 2 days.

Study Recruitment, Consent, and Survey Administration

As mentioned, Get Explicit 101 is a requirement for incoming first-year students at the University of Oregon. Students were notified of the requirement and the nature of the program through their orientation leaders and again through a mid-summer follow-up call or text, at *Week of Welcome* event announcements, through two university emails sent from the Division of Student Life 1 week before the event and a reminder email sent 2 days before the event, posters throughout their residence halls, digital displays (i.e., television screens used for advertisements in busy campus locations), and residence hall assistants, who reminded their residents about the program requirement during their first community meeting 1 week before the event. To help students feel more comfortable in the presentation, they were assigned to sessions with the same small group with whom they went through new-student orientation. Get Explicit 101 sessions were conducted with mixed-sex groups of 30 to 50 students and administered in a classroom setting. Attendance was tracked using electronic scanners that recorded the unique number on students' university-issued identification (ID) card; however, attendance tracking data were not linked with subsequently completed assessment surveys. Participants were provided with an introduction to Get Explicit 101 by peer facilitators, which included welcoming students, letting them know an overview of the topics that would be discussed, establishing expectations of respect for the diverse backgrounds and experiences in the room, reviewing university reporting options for disclosures, and introducing confidential advocates present during the session. Students were then given an opportunity to participate in the program evaluation by first providing consent electronically and then completing the pretest survey.

All materials used in the program evaluation were created in Qualtrics and presented electronically with a uniform resource locator (URL) for students to access on their phones. To give consent, participants read an overview statement — including participation risks, the purpose of Get Explicit 101, confidential resources, deidentification and confidentiality of records — and clicked a green "NEXT" button following the statement, "By clicking through the survey, I acknowledge that I have read the contents of this consent statement and give my consent to participate in this project," before being forwarded to the pretest survey. Students who did not want to participate could quietly use their phone or flip through hand-out materials while waiting.

Immediately following the 90-minute intervention, before leaving the classroom, participants took a posttest in the same way they took the pretest. The student ID number was used by the Division of Student Life to link survey responses from pretest to posttest before being removed, thus deidentifying data. The current study used only the deidentified data and was determined by the University of Oregon Institutional Review Board as not meeting the definition of research with human subjects as per Title 45 CFR Part 46.

Prior to analyses for the present study, data from individuals under the age of 18 (n = 150) were permanently deleted. Data from incomplete surveys, surveys with a starting time-stamp outside of the expected format within the intervention (i.e., time-stamps that were not near the hour start times for pretests and near the 90-minute end times for the posttests), and surveys from students who either did not complete pretest or posttest were also not included (n = 435; 28 inaccurate time-stamps, 333 participated in

pretest and not posttest; and 174 participated in posttest and not pretest), leading to the final sample of 3,397 students.

Measures

The pretest survey included questions about (a) intervention-specific learning outcomes related to understanding sexual consent, (b) sexual consent and bystander action intentions, and (c) sexual consent and bystander action behaviors. The posttest included all the same items as the pretest with the exception of sexual consent and bystander action behavior items and participant demographics. For each scale, internal consistency reliability was measured using Cronbach's alpha (α) and evidence of scale validity was supplied through exploratory factor analyses (EFA). Cronbach's alpha coefficients equal to or greater than .70 were considered sufficient based on widely accepted professional standards (Field, 2009).

Demographics

Demographics collected at pretest included age (with anchors of *17 or under*, *18*, *19*, *20*, and *21 or older*) and gender (with anchors of *male*, *female*, *non-binary/third gender*, *prefer to self-describe*, and *prefer not to say*). For analyses comparing males and females, *males* were coded 1 and *females* coded 0.

Understanding Sexual Consent

Get Explicit 101 was designed with three learning outcomes related to understanding sexual consent, such that participants should be able to identify: (a) what sexual misconduct is, as defined by the University's student conduct code, (b) whether or not consent was present in provided scenarios, and (c) whether or not sexual boundaries were being crossed in other provided scenarios. These learning outcomes were assessed

with seven items with nominal response options. See Table 2.1 for all items, response options, and correct responses (noted in italics). Items 1 and 6 measured the first learning outcome regarding identification of sexual misconduct. However, item 6 was removed prior to analyses, as interpretation could yield more than one correct answer. Items 2, 3, and 7 assessed the second learning outcome regarding identification of the presence (or absence) of consent. Using different scenarios, items 4 and 5 assessed the third learning outcome regarding identification of respect (or disregard) of sexual boundaries. Responses were coded as 1 (correct response) or 0 (incorrect response). Internal reliability analyses and EFA did not support examining the items as a unidimensional scale of understanding sexual consent (pretest α = .46 and posttest α = .50); thus, change in learning outcomes was examined separately for each item.

Table 2.1. *Get Explicit 101 Intervention Learning Outcome Items*

1. The Conduct Code defines explicit consent as: (please choose one) o *voluntary, non-coerced and clear communication indicating a willingness to engage in a particular act* o when an individual is clearly presented with an option to agree or disagree o agreeing to a particular activity o an individual knowing everything about a particular act in which they are about to engage
2. Milo and Alex are making out in Alex's dorm room. Milo asks Alex if she can remove their pants. Alex nods and smiles, and Milo removes Alex's pants. This scenario portrays a situation that is: o *consensual* o non-consensual o I don't know / am not sure

Table 2.1. (continued)

3. Ali and Kaye have been dating for over a year and are sexually active together. One morning, Kaye initiates oral sex with Ali while she is sleeping in an attempt to wake her up in a new, sexy way. Ali wakes up and asks Kaye to stop because she isn't in the mood. Kaye insists that it will feel good and will put her in the mood, and continues performing oral sex. This scenario portrays a situation that is: o consensual o *non-consensual* o I don't know / am not sure
4. June and Cameron are study partners for a class they have together. One night at a study session, June asks Cameron if he would be interested in getting dinner together sometime rather than just studying. Cameron explains that he really likes June as a friend and would like to keep their relationship platonic. June is hurt but understands Cameron's feelings, and changes the subject back to studying. o *boundaries are respected* o boundaries are crossed o I don't know / am not sure
Use this scenario to answer the following questions (*questions 5-7*): Two friends, Jamie and Hunter, go dancing at a club. As the night goes on, Jamie starts dancing closer and closer to Hunter. Hunter reminds Jamie that they are just friends and asks that they dance a little further away from one another. Jamie backs off for a few minutes but later comes back and does the same thing. Which of the following are true about this scenario:
5. Recognizing and respecting boundaries: o boundaries are respected o *boundaries are crossed* o I don't know / am not sure
6. Identifying misconduct: o there is sexual misconduct o *there is not sexual misconduct* o I don't know / am not sure

Table 2.1. (continued)

7. Recognizing consent: o consent is given o *consent is not given* o I don't know / am not sure

Sexual Consent and Bystander Action Intentions

Intentions were measured by asking participants about their *likelihood* of engaging in the various sexual consent and bystander action behaviors. Students were asked, "How likely are you to engage in this behavior?" and asked to indicate their response on a 4-point scale with anchors of *not likely at all* (0); *somewhat likely* (1); *very likely* (2); and *extremely likely* (3).

Sexual Consent Intentions. There were 3 items measuring sexual consent intentions, which are presented in Table 2.2. A composite sexual consent-intentions score (SCIS) was then created from data gathered at pretest for each participant using the mean score of the sexual consent intentions items; a separate SCIS was similarly created from posttest data. Finally, a sexual consent-intentions change score (SCICS) was created by subtracting the pretest SCIS from posttest SCIS. Similarly, to explore possible differences across aspects of sexual consent, a SCICS was created for each item by subtracting the pretest item score from the posttest item score. Thus, for all sexual consent-intentions change scores, positive scores indicate an increase in sexual consent intentions, whereas negative scores indicate a decrease in sexual consent intentions following the intervention. For the sexual consent intentions measurement, internal consistency reliability was high at both pretest (α = .80) and posttest (α = .92).

Table 2.2. *Sexual Consent Intention Items*

How likely are you to engage in this behavior?
1. Discuss sexual consent with my current (or future) partner at times other than sexual encounters.
2. Discuss sexual boundaries with my current (or future) partner at times other than sexual encounters.
3. Immediately stop a sexual act if my partner is not enjoying it.

Bystander Action Intentions. There were 5 items measuring bystander action intentions (see Table 2.3), some of which were adapted from Banyard's Revised Bystander Attitudes Scale (BAS-R; McMahon et al., 2014). The same processes were followed for data on bystander action intentions as sexual consent intentions. Specifically, separate bystander action-intentions scores (BAIS) were created for each participant using the mean score of the bystander action intention items at pretest and posttest. A bystander action-intentions change score (BAICS) was created by subtracting the pretest BAIS from posttest BAIS. To explore item-level changes, a BAICS was created for each item by subtracting the pretest item score from the posttest item score. For all bystander action-intentions change scores, positive scores indicate an increase in bystander action intentions, whereas negative scores indicate a decrease in bystander action intentions following the intervention. For the bystander action intentions measurement, internal consistency reliability was high was good at both pretest (α = .79) and posttest (α = .89).

Table 2.3. *Bystander Action Intention Items*

How likely are you to engage in this behavior?
1. Check in with a friend who looks drunk when hooking up.
2. Confront a friend making sexist jokes.
3. Confront a friend who plans to give someone alcohol to hook up or have sex.
4. Tell a friend not to hook up with someone who cannot give consent.
5. Tell an authority about someone who is being too pushy about sex.

Sexual Consent and Bystander Action Behaviors

Behaviors related to sexual consent and bystander action over the past 6 months were measured at pretest. Importantly, these items were excluded from the posttest survey as there was no opportunity for participants to engage in new behaviors during the course of the 90-minute intervention. Pretest behavior items were adapted from Banyard's Revised Bystander Behavior Scale (BBS-R; McMahon et al., 2014). Students were asked, "Have you done this in the past 6 months?" and could respond with *Yes* (1), *No* (2), or *Wasn't in the situation* (3). Responses of *No* and/or *Wasn't in the situation* were recoded as 0. The behavioral experience items mirrored the intention items.

Sexual Consent Behaviors. There were 3 items measuring sexual consent behaviors, which are presented in Table 2.4. In addition to the item-level sexual consent behavior scores, a composite score (SCBS) was created by first summing the number of times a response of *yes* was provided across all items, resulting in a possible score range of 0 to 3, and then dichotomizing this variable (0 versus 1+ behavioral experiences) for

use in answering research questions 3 and 5 (group differences in sexual consent and bystander action intentions based on any vs. no prior associated behavioral experience).

Table 2.4. *Sexual Consent Behavior Items*

Have you done this in the past 6 months?
1. Discussed sexual consent with my current (or previous) partner at times other than sexual encounters.
2. Discussed sexual boundaries with my current (or previous) partner at times other than sexual encounters.
3. Immediately stopped a sexual act when my partner was not enjoying it.

Bystander Action Behaviors. Similarly, there were 5 items measuring bystander action behaviors, which are presented in Table 2.5. In addition to the item-level bystander action behavior scores, a composite bystander action behavior score (BABS) was created by summing the number of times a response of *yes* was provided across all items, resulting in a possible score range of 0 to 5, and then dichotomizing this variable (0 versus 1+ behavioral experiences) for use in answering research questions 4 and 6 (group differences in bystander action intentions based on any vs. no prior associated behavioral experience).

Table 2.5. *Bystander Action Behavior Items*

Have you done this in the past 6 months?
1. Checked in with a friend who looked drunk when hooking up.
2. Confronted a friend making sexist jokes.
3. Confronted a friend planning to give someone alcohol to hook up or have sex
4. Told a friend not to hook up with someone who cannot consent.
5. Told an authority about someone who was being too pushy about sex.

Data Analytic Plan

IBM SPSS Statistics, version 26.0 was used for data analysis using default settings to exclude missing cases listwise for each analysis, which accounted for less than 0.45% of participants analyzed. Prior to conducting planned analyses, constructs measuring sexual consent intentions and bystander action intentions were subjected to EFA to establish factor structure. Kaiser-Meyer-Olkin Test (KMO) coefficients equal to or greater than .60 were considered sufficient evidence of validity (Fields, 2009). The scale measuring sexual consent intentions showed all three items loading on one factor with good sampling adequacy at both pretest (KMO = .64, $p < .001$) and posttest (KMO = .72, $p < .001$). Likewise, the scale measuring bystander action intentions showed all five items loading on one factor with good sampling adequacy at both pretest (KMO = .82, $p < .001$) and posttest (KMO = .87, $p < .001$).

Testing hypothesis 1 requires within-subject comparisons of the learning outcome items from pretest to posttest; thus, a McNemar's test of each item was deemed appropriate. The assumptions of a McNemar's test were met through the study design, as

responses were mutually exclusive, linked within individuals from pretest to posttest, and had a dichotomous categorical dependent variable (Laerd Statistics, 2015d).

Testing hypothesis 2 requires within-subject comparison of sexual consent intentions from pretest to posttest, suggesting a paired samples *t*-test. The first two assumptions of a paired samples *t*-test were met through the study design, as responses were linked within individuals over time and composite sexual consent intention scores satisfy the continuous variable assumption (Laerd Statistics, 2015b). However, the next two assumptions of normally-distributed difference scores between the two observations, and difference scores that do not contain outliers, were not met for the sexual consent intention change score variables, which were already calculated for use in answering secondary research questions 3–6 (Laerd Statistics, 2015b). In addition to containing outliers as seen in Figure 2.1, visual inspection of the normal Q-Q plots for the sexual consent intention changes scores suggested the distribution of means did not adhere to parametric assumptions for normality, as seen in Figure 2.2. Thus, a nonparametric option, the Wilcoxon signed-rank test, was necessary (Laerd Statistics, 2015b). The first two assumptions of this test were met by the study design as SCIS satisfies the continuous dependent variable assumption with the pretest and posttest serving as two categorical, related groups for the independent variable. The assumption of symmetrically-distributed difference scores was also demonstrated by visual inspection of the histogram plot in Figure 2.3 (Laerd Statistics, 2015e).

Independent samples *t*-tests using gender and past behavioral experience as the independent variables and sexual consent intention and bystander action intention change scores as the dependent variables were planned to test hypotheses related to research

questions 3–6. Exploratory item-by-item analyses of the relationship between past behavioral experience and sexual consent intentions and bystander action intentions were also conducted necessitating application of a Bonferroni correction, with significance demonstrated if $p < .017$ for item-level analyses of sexual consent intention changes scores and $p < .01$ for item-level analyses of bystander action intention change scores. The first two assumptions of the independent samples *t*-test were met through the study design as responses have a categorical independent variable of gender (with male coded as 0 and female coded as 1)[2] or baseline behavioral experience (with no experience coded as 0 and any experience coded as 1), have a continuous dependent variable, and have independence of observations (Laerd Statistics, 2015a). As noted for the primary research questions, however, there were outliers and the distribution of the sexual consent intention changes scores violated the assumption of normality as assessed by visual inspection of the normal Q-Q plot. In the same way, there were significant outliers for all individual items assessing sexual consent and bystander action intentions. There were also violations of the assumption of normality for all individual items as assessed by visual inspection for the normal Q-Q plot for each change-score distribution. Outliers and the Q-Q plot for the overall bystander action intention change scores are shown in Figure 2.4 and 2.5 respectively. Thus, a nonparametric alternative, the Mann-Whitney U test, was used to test all secondary research questions. For the Mann-Whitney U test, the initial assumptions of an ordinal or continuous dependent variable and independence of observations have already been established. The assumption of an independent variable

[2]There were too few cases with reported gender identities other than male and female to permit other more nuanced comparisons; thus, only data from male- and female-identified students were included in these analyses.

with two categorical, related groups was met for (a) gender identity (male and female) and (b) past behavioral experience (no experience and any experience). Lastly, the assumption of similarly-shaped distribution of change scores for each group was also confirmed by visual inspection of the population pyramid for each dependent variable with its corresponding independent variable groups as seen in Figures 2.6 – 2.9 (Laerd Statistics, 2015c).

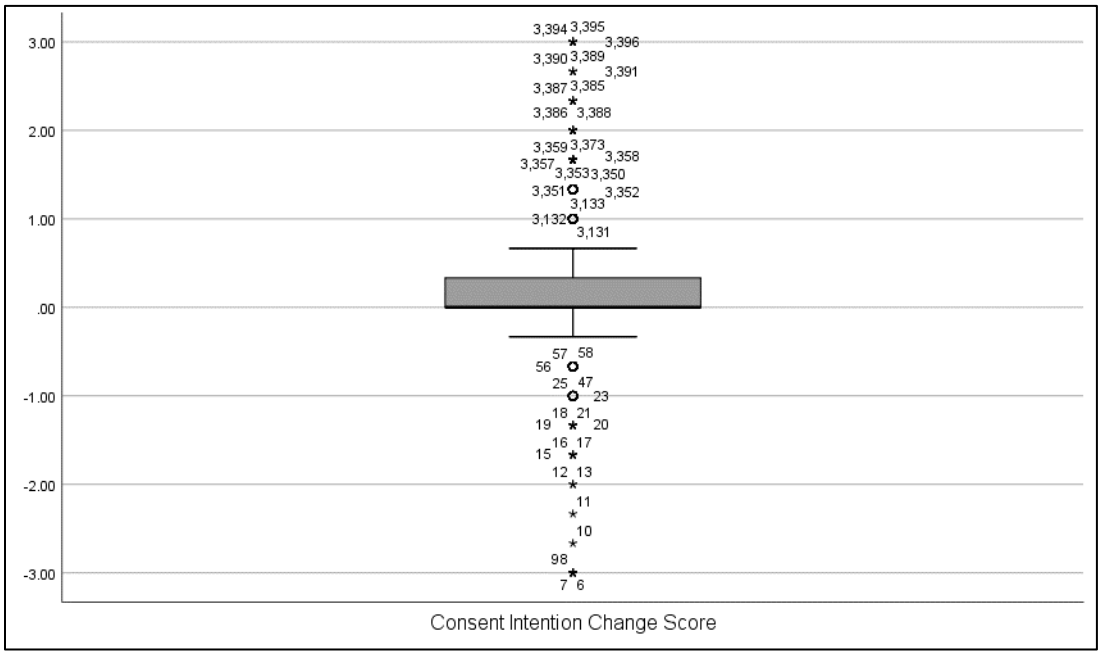

Figure 2.1. *Outlier Box Plot for the Sexual Consent Intention Change Score*

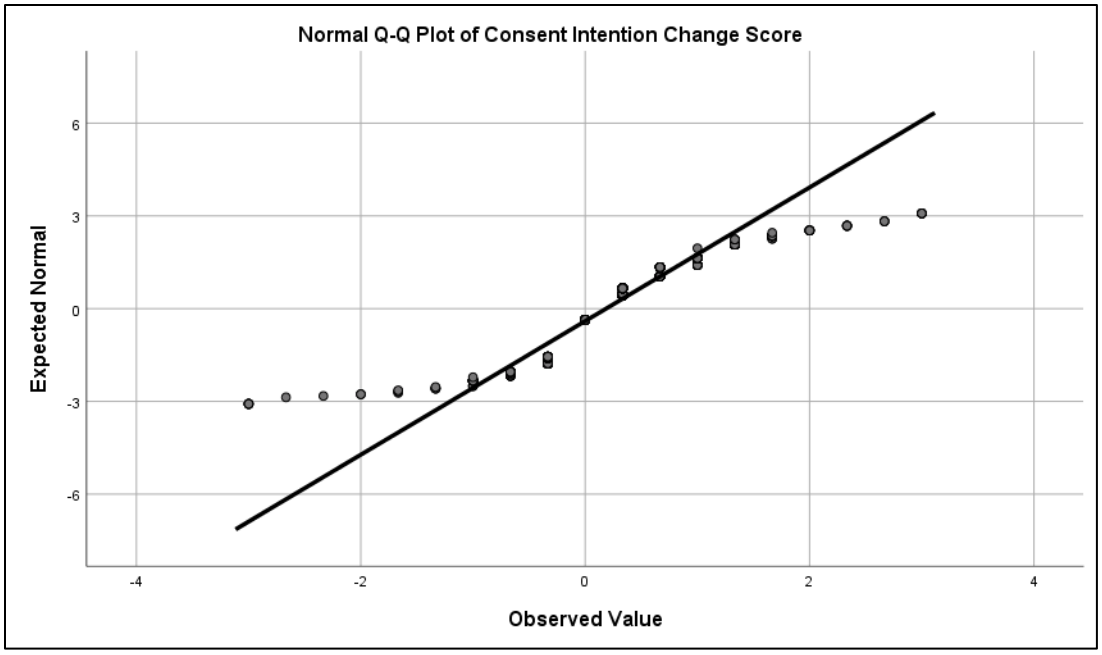

Figure 2.2. *Normal Q-Q Plot for the Sexual Consent Intention Change Score*

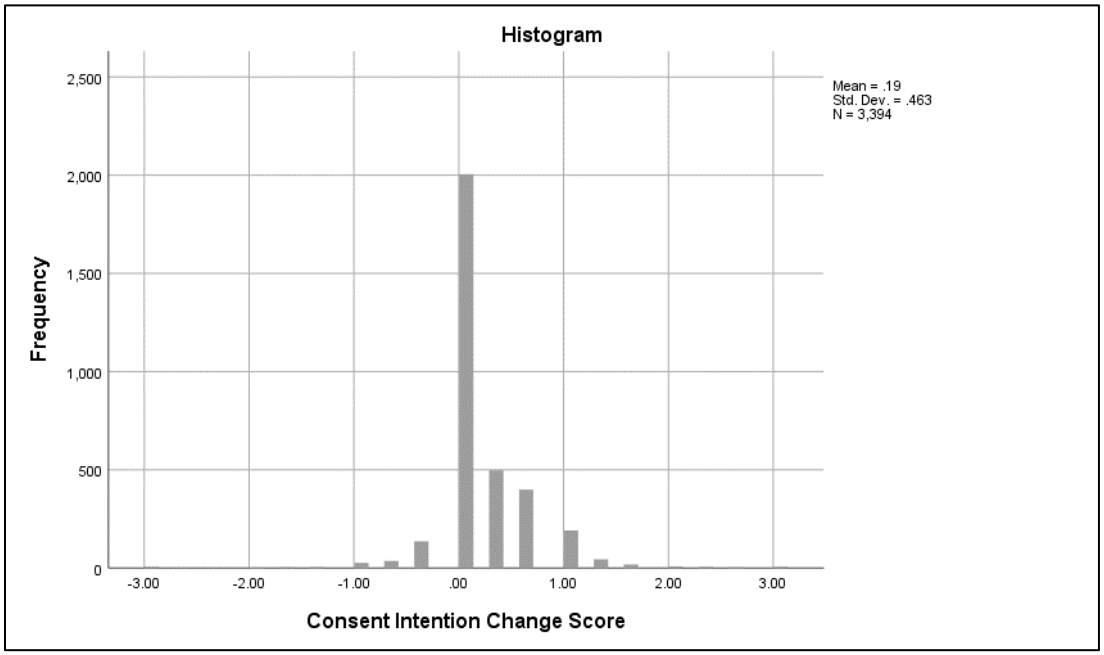

Figure 2.3. *Difference Scores from Histogram Plot for the Sexual Consent Intention Change Score*

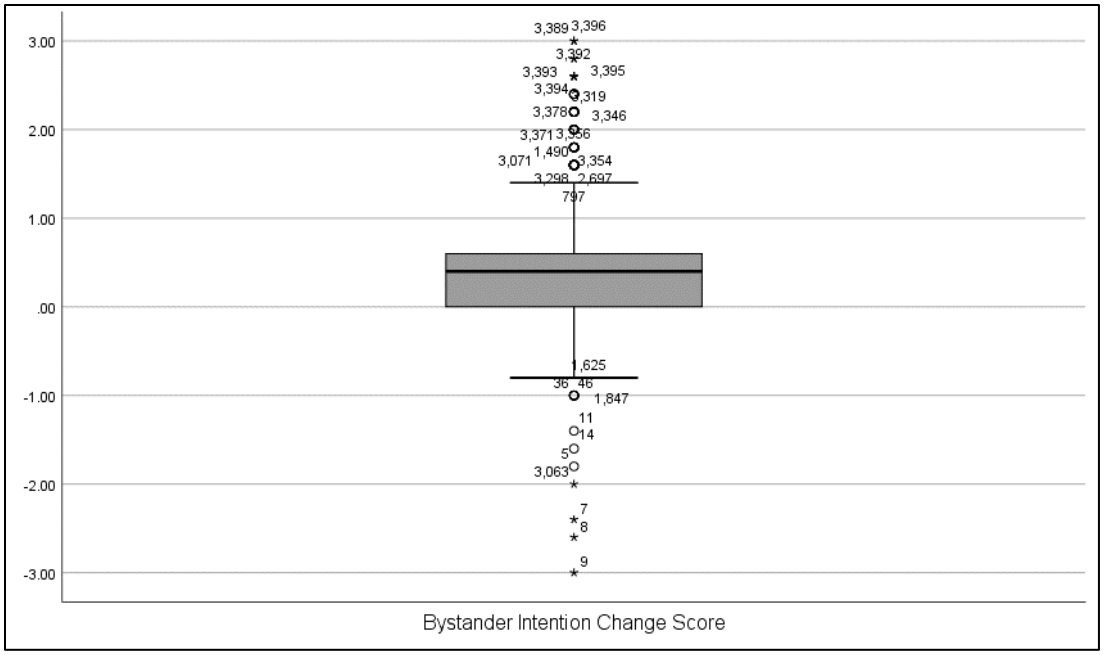

Figure 2.4. *Outlier Box Plot for the Bystander Action Intention Change Score*

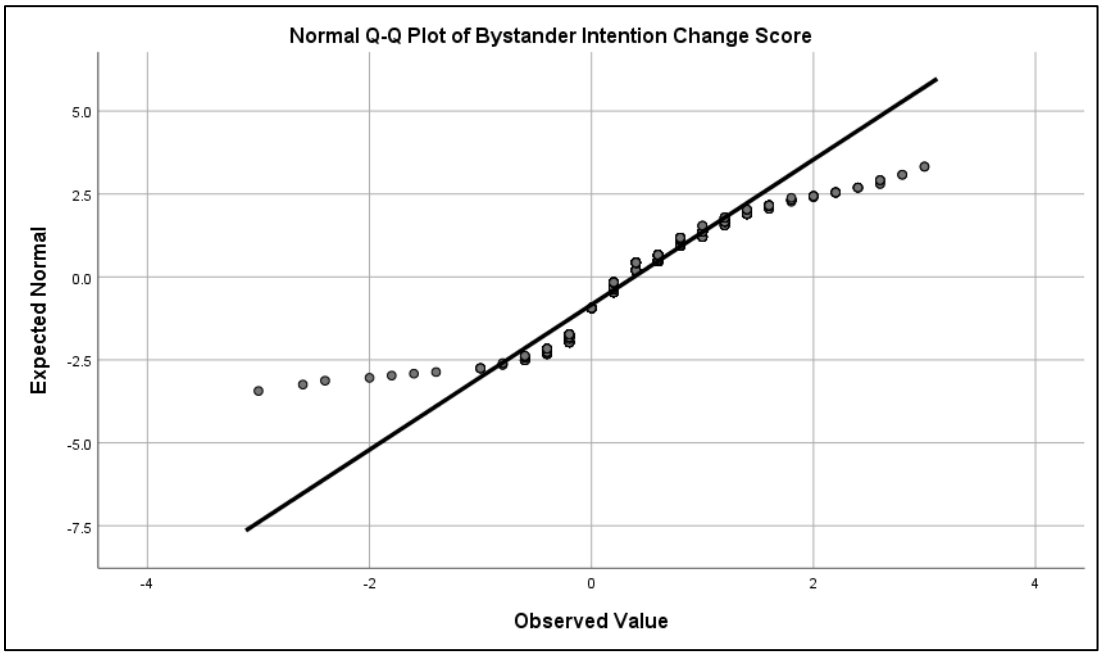

Figure 2.5. *Normal Q-Q Plot for the Bystander Action Intention Change Score*

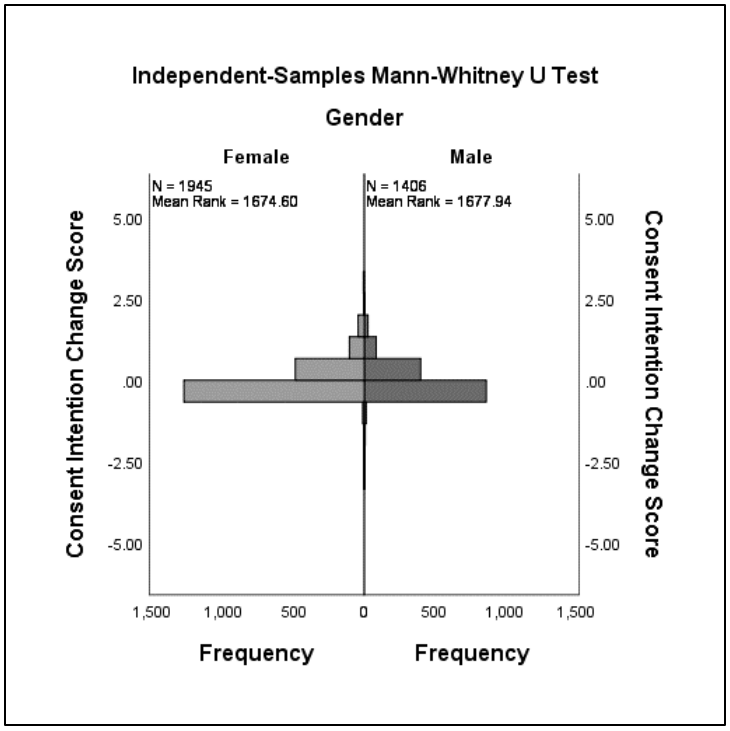

Figure 2.6. *Population Pyramid for Sexual Consent Intention Change Scores by Gender*

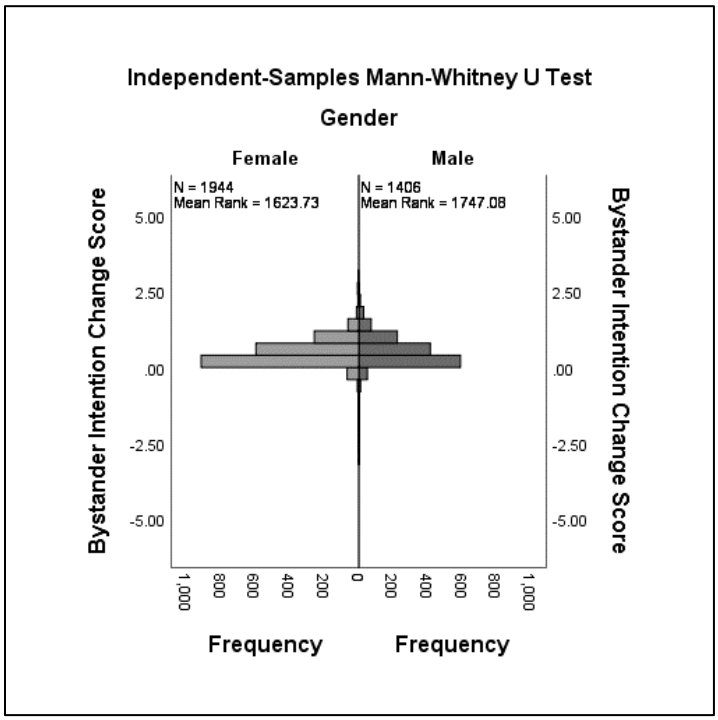

Figure 2.7. *Population Pyramid for Bystander Action Intention Change Scores by Gender*

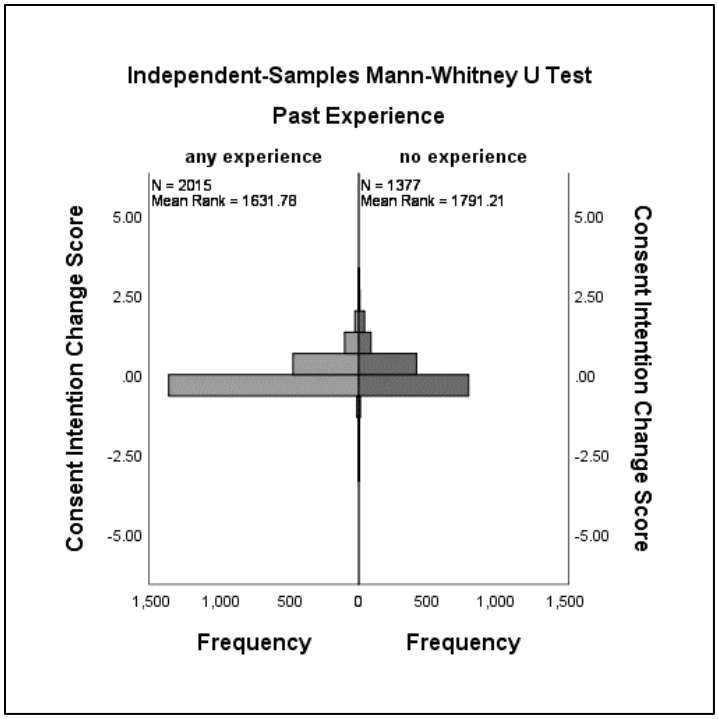

Figure 2.8. *Population Pyramid for Sexual Consent Intention Change Scores by Past Experience*

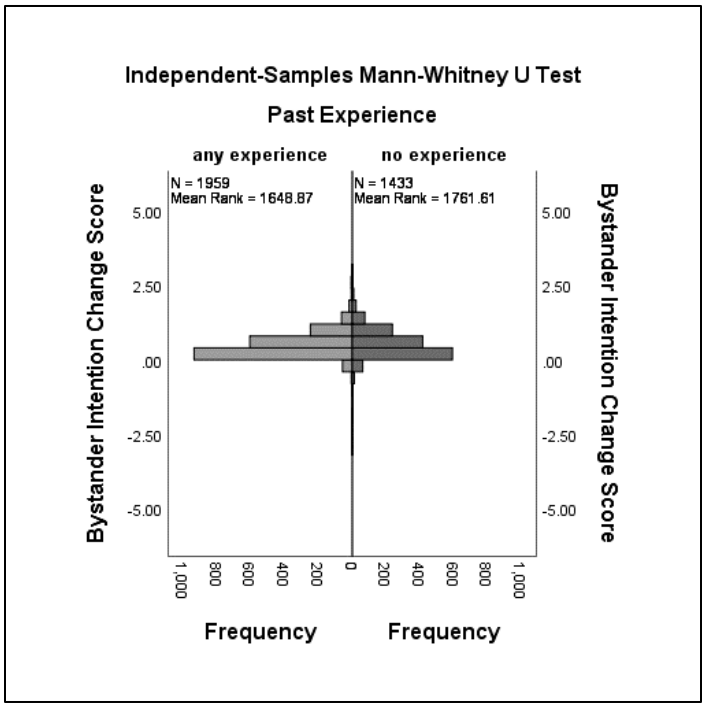

Figure 2.9. *Population Pyramid for Bystander Action Intention Change Scores by Past Experience*

CHAPTER III

RESULTS

Descriptive statistics showing measures of central tendency and dispersion for all outcome and grouping variables are presented in Table 3.1. Frequency of responses for past behavioral experience of sexual consent and bystander action items are presented in Table 3.2.

Table 3.1. *Descriptive Statistics for Outcome and Grouping Variables*

	N	*%*	*Min*	*Max*	*Median*	*M*	*SD*
Sexual Consent Intentions							
Pretest	3,396		0	3	3.00	2.58	0.55
Posttest	3,394		0	3	3.00	2.77	0.48
Change Score (Post-Pre)	3,394		-3	3	0.00	0.19	0.47
Bystander Action Intentions							
Pretest	3,396		0	3	2.40	2.28	0.59
Posttest	3,393		0	3	3.00	2.66	0.52
Change Score (Post-Pre)	3,393		-3	3	4.00	0.38	0.46
Behavior Score (at Pretest)							
Sexual Consent	3,394		0	1	1.00	0.58	0.49
Bystander Action	3,395		0	1	1.00	0.59	0.49
Gender (% female of total)	3,354	58.0					

Table 3.2. *Descriptive Statistics for Sexual Consent and Bystander Action Past Behavioral Experience Items*

	Yes	No	Wasn't in the situation
Sexual Consent Experience			
Discuss sexual consent with partner at times other than sexual encounters	52%	7%	31%
Discuss sexual boundaries with partner at times other than sexual encounters	55%	6%	39%
Immediately stop a sexual act if partner is not enjoying it	31%	2%	67%

Table 3.2. (continued)

	Yes	No	Wasn't in the situation
Bystander Action Experience			
Check in with a friend who looks drunk when hooking up	28%	7%	65%
Confront a friend making sexist jokes	41%	17%	42%
Confront a friend who plans to give someone alcohol to hook up or have sex	9%	8%	84%
Tell a friend not to hook up with someone who cannot give consent	20%	5%	74%
Tell an authority about someone being too pushy about sex	3%	11%	85%

Primary Research Questions

Findings are presented by research question. Effect size coefficients are reported as *r*, calculated according to the formula $r = \frac{z}{\sqrt{N}}$ (Field, 2009), or Cramer's phi, calculated using the formula $\varphi = \frac{\pi_{11} - (\pi_{1+} * \pi_{+1})}{\sqrt{(\pi_{1+} * \pi_{+1})(1-\pi_{1+})(1-\pi_{+1})}}$ (Oliver & Bell, 2013).

Research Question 1: Understanding of Sexual Consent (Learning Outcomes)

Hypotheses that there would be an increase in correct responses from pretest to posttest for learning outcome items, demonstrating increases in understanding of sexual consent, was only partially supported (see Table 3.3). For items 1, 3, and 5 there was not a statistically significant difference in the proportion of correct responses at pretest and posttest, $p > 0.05$. Thus, there was no evidence that the intervention improved the proportion of students who reported correct answers to questions about the university code of conduct, scenarios of non-consensual relationships, or recognition of boundaries being crossed. Items 2 and 4 both showed statistically significant differences, but these were inconsistent with the hypothesized direction of change, with 6.91% of responses to item 2 going from correct to incorrect (and only 4.98% going from incorrect to correct) at

posttest; and 2.89% of responses to item 4 going from correct to incorrect (and only 0.88% going from incorrect to correct) at posttest. Namely, the results indicated that the intervention decreased the proportion of students who reported correct answers to questions about scenarios of consensual relationships or boundaries being respected. Only the results related to item 7 were consistent with hypotheses, with 4.45% of incorrect responses changing to correct (and only 2.09% of correct responses becoming incorrect) at posttest. Namely, the results indicated that the intervention improved the proportion of students who recognized when consent was not given. Of note, 93.10% of responses across all six items remained the same, with 87.78% of responses correct at both pretest and posttest.

Table 3.3. *Percent of Change for Learning Outcomes from Pretest to Posttest*

Learning Outcome Items	% No Change Correct	% No Change Incorrect	% Incorrect to Correct	% Correct to Incorrect	*Cramer's φ*
1. Defining consent	78.15	7.30	6.95	7.60	.42
2. Consent given	75.04	13.46	4.98	6.51	.63*
3. Ignoring denied consent	97.82	0.62	0.68	0.88	.44
4. Respecting boundary	95.20	1.03	0.88	2.89	.36**
5. Ignoring boundary	95.08	1.42	2.06	1.44	.43
7. Consent not given	85.37	8.08	4.45	2.09	.68**

Note. * $p = 0.01$, ** $p < .001$. Item 6 was removed from analysis.

Research Question 2: Sexual Consent Intentions

Consistent with hypotheses, there was a statistically significant increase in sexual consent intention scores (see Tables 3.4 and 3.5).[3]

[3]It is worth noting that, consistent with previous findings (Frazee, 2018), bystander intention scores showed a similar statistically significant increase from pretest to posttest in the current study, $Z = 40.21$, $p < .001$, $r = 0.69$, with 69.61% of participants showing an increase in bystander action intentions, 25.97% showing no change, and only 4.42% showing a decrease in intentions.

Table 3.4. *Within-Person Changes in Sexual Consent Intentions from Pretest to Posttest*

	Pos/neg /ties	N	Mean rank	Sum of ranks	*z*	*r*
Sexual Consent Intentions	Pos.	1,172	712.72	835,303.50	-23.97*	0.29
	Neg.	217	599.32	130,051.50		
	Ties	2,005				

Note. * $p < .001$

Table 3.5. *Percent of Change for Intentions from Pretest to Posttest*

	% No Change	% Increase in Intentions	% Decrease in Intentions
Sexual Consent Intentions	59.01	34.53	6.39

Secondary Research Questions

With respect to secondary research questions, the first two questions explored group differences in sexual consent and bystander action intentions change scores based on reported gender (male vs. female), while the third and fourth questions explored group differences in these intention change scores based on past behavioral experience.

Research Question 3: Gender and Sexual Consent Intentions

Contrary to the hypothesis that males would show a greater increase in consent intentions from pretest to posttest relative to females, the sexual consent intention change scores for males and females were not statistically significantly different, $p = .91$. See Table 3.6 for relevant statistics.

Table 3.6. *Between-group Differences in Intention Change Scores by Gender*

	Gender				
	Female	Male			
	Mean rank	Mean rank	*U*	*z*	*r*
Sexual Consent	1,674.60	1,677.94	1,364,605.50	-0.11	-0.002
Bystander Action	1,623.73	1,747.08	1,265,993.00	-3.70*	-0.06

Note. * $p < .001$

Research Question 4: Gender and Bystander Action Intentions

Consistent with the hypothesis that males would show a greater increase in bystander action intentions from pretest to posttest relative to females, the bystander action intention change score for males was significantly higher than for females. See Table 3.6 for relevant statistics.

Research Question 5: Behavioral Experience and Sexual Consent Intentions

Consistent with hypotheses, those without identified sexual consent experience had a significantly higher overall sexual consent intention change scores than those who reported having had one or more sexual consent experiences prior to the intervention. Changes in item-level intention scores were explored separately in relation to their specific associated behavioral experience. With respect to "*discuss[ing] sexual consent with my current (or future) partner at times other than sexual encounters,*" the change in the associated intention was significantly greater for those who did not report having had this experience than for those who did report having had this experience. Similarly, with respect to "*discuss[ing] sexual boundaries with my current (or future) partner at times other than sexual encounters*," the change in the associated intention was significantly greater for those who did not report having had this experience relative to those who did report having had this experience. However, with respect to "*immediately stop[ing] a sexual act if my partner is not enjoying it*," there was not a statistically significant difference between those who did not report having had this experience and those who reported having had this experience, in terms of their change in the associated intention, $p = .16$. See Table 3.7 for relevant statistics.

Table 3.7. *Between-Group Differences in Composite and Individual Sexual Consent Intention Item Change Scores by Past Behavioral Experience*

	Past Experience				
	Any	None			
	Mean rank	Mean rank	*U*	*z*	*r*
Sexual Consent Intentions	1,631.78	1,791.21	1,517,744.50	5.24**	0.09
Discuss sexual consent with partner at times other than sexual encounters	1,622.75	1,773.43	1,560,705.50	5.68**	0.10
Discuss sexual boundaries with partner at times other than sexual encounters	1,613.73	1,793.05	1,571,096.50	6.68**	0.11
Immediately stop a sexual act if partner is not enjoying it	1,673.69	1,706.03	1,253,779.00	1.40	0.02

*Note. **p< .001*

Research Question 6: Behavioral Experience and Bystander Action Intentions

Consistent with hypotheses, the bystander action intention change score for those who did not report having had any past bystander action experience was significantly greater than for those who did report having had one or more bystander action experiences prior to the intervention. Similar to the sexual consent intention items, item-level exploratory analyses were conducted for each bystander action intention separately in relation to their specific associated behavioral experience. With respect to "*check[ing] in with a friend who looks drunk when hooking up*," the change in associated intention was significantly greater for those who did not report having had this experience than for those who did report having had this experience. In the same way, with respect to "*confronting a friend making sexist jokes*," the change in the associated intention was significantly greater for those who did not report having had experience than for those who did report having had this experience. Likewise, with respect to "*tell[ing] an authority about someone who is being too pushy about sex*," the change in the associated

intention was significantly greater for those who did not report having had this experience compared to those who did report having had this experience. With respect to "*tell[ing] a friend not to hook up with someone who cannot give consent,"* the change in the associated intention was not significantly different for those who did not report having had this experience compared with those who did report having had this experience once the Bonferroni correction was applied, $p = .015$. Finally, with respect to "*confront[ing] a friend who plans to give someone alcohol to hook up or have sex*, the change in the associated intention was not significantly different for those who did not report having had this experience compared with those who did report having had this experience, $p = .70$. See Table 3.8 for relevant statistics.

Table 3.8. *Between-Group Differences in Composite and Individual Bystander Action Intention Item Change Scores by Past Behavioral Experience*

	Past Experience				
	Any	None			
	Mean rank	Mean rank	*U*	*z*	*r*
Bystander Action Intentions	1,648.84	1,761.61	1,496,925.00	3.37**	0.06
Check in with a friend who looks drunk when hooking up	1,574.10	1,742.54	1,263,918.00	5.49**	0.09
Confront a friend making sexist jokes	1,553.32	1,794.75	1,587,667.00	7.91**	0.14
Confront a friend who plans to give someone alcohol to hook up or have sex	1,712.28	1,694.47	447,701.50	-0.38	-0.01
Tell a friend not to hook up with someone who cannot give consent	1,634.75	1,710.12	962,032.50	2.42	0.04
Tell an authority about someone being too pushy about sex	1,362.60	1,705.86	230,068.50	4.04**	0.07

Note. $^{**}p < .001$

CHAPTER IV

DISCUSSION

This study explored how intention to engage in sexual consent negotiations and bystander actions changed following participation in Get Explicit 101. Intentions were targeted as a proximal outcome (applicable to all students) based on the Theory of Planned Behavior, which suggests intentions should influence behaviors if and when students are in situations that call for sexual consent negotiation or intervening as a bystander to prevent or reduce further harm. As previously noted, opportunities for students to implement bystander actions are sparse (Koelsch et al., 2012; Newlands & O'Donohue, 2016) and not all students engage in sexual behavior (American College Health Association, 2019); thus, limiting the ability to assess and detect changes on related behavioral outcomes.

Of course, intentions to negotiate and respect sexual consent and intervene as a bystander are predicated on an accurate understanding of sexual consent and when it is being violated. Thus, students' responses to surveys administered before (pretest) and after (posttest) participation in Get Explicit 101 were analyzed to measure understanding of sexual consent, sexual consent intentions, and bystander action intentions. Contrary to hypotheses related to the first research question, learning outcome scores did not demonstrate an increase in sexual consent understanding from pretest to posttest for all items. In fact, only one item showed the predicted pattern (i.e., students recognizing the absence of consent within a scenario), while two items showed the opposite pattern, with more students changing from correct responses at pretest to incorrect responses following the intervention (i.e., students questioned their initially correct interpretations for one

scenario depicting a consensual sexual encounter [item 2] and a second scenario depicting a student respecting boundaries [item 4]). However, overwhelmingly, students gave correct responses at both pretest and posttest, limiting the ability to detect possible effects of the intervention. By comparison, consistent with hypotheses related to the second research question and intervention goals, sexual consent intentions did significantly increase from pretest to posttest.

Exploration of secondary research questions regarding group differences in sexual consent and bystander action intentions only partially supported hypotheses. Specifically, consistent with hypotheses, males showed a significantly greater change in bystander action intentions from pretest to posttest than females; though, the predicted group difference was not found for sexual consent intentions. Also consistent with hypotheses, those who denied or weren't sure about having past experience with any of the sexual consent behaviors showed a greater change in sexual consent intentions from pretest to posttest in comparison with those who endorsed having past experience with one or more of the sexual consent behaviors, and this finding held true when examining individual sexual consent intention items with the exception of: *immediately stop a sexual act if my partner is not enjoying it*. Likewise, those who denied or weren't sure about having had past experience with any of the bystander action behaviors showed a greater change in bystander action intentions from pretest to posttest in comparison with those who endorsed having experience with one or more of the bystander action behaviors, and this finding also held true when examining individual bystander action items with the exception of: *confront a friend who plans to give someone alcohol to hook up or have sex* and *tell a friend not to hook up with someone who cannot give consent*.

The literature informing best practices for sexual violence prevention interventions calls for both bystander action (DeGue et al., 2014; Gibbons & Evans, 2013; McMahon & Banyard, 2012) and sexual consent (Johnson & Hoover, 2015; Jozkowski & Humphreys, 2014; Jozkowski & Peterson, 2013; Newlands & O'Dononhue, 2016) programs for college students. However, the literature does not provide the same amount of guidance as it does for bystander action programs on how to go beyond understanding and awareness toward planning and adoption of specific sexual consent practices. Get Explicit 101 was designed to bring together these dominant constructs within sexual violence prevention, to educate on and set a social expectation for (a) *sexual consent,* with students taking responsibility in respecting boundaries and negotiating explicit consent with romantic partners, and (b) *bystander action,* with students taking responsibility in looking out for one another and interrupting all forms of sexual violence. Thus, a major novel contribution of this study is its exploration of the relationship between intervention participation and sexual consent outcomes.

Consistent with prior research showing increases in knowledge of sexual consent following a bystander intervention (Salazar et al., 2014, 2019), a significantly greater proportion of participants correctly recognized the absence of consent in one scenario following participation in Get Explicit 101. However, it is also true that a significantly greater proportion of participants incorrectly interpreted a scenario meant to depict desired prosocial behaviors (i.e., negotiating consent, respecting boundaries) following the intervention. This might reflect a bias introduced by the intervention—to interpret situations more conservatively, so as not to err on the side of harm. It might also represent a demand characteristic, with students perceiving they should be finding more

scenarios violating consent or boundaries because of the nature of the training, which would fit with the increase in participants recognizing the absence of consent. This said, though statistically significant, the percentages of students who went from correct to incorrect responses from pretest to posttest was small. When looking closer at the results, correct responses at pretest ranged from 81.6% to 98.1% across all items, suggesting a ceiling effect of the instrument and limited room to demonstrate the intended change. Additionally, with responses limited to correct versus incorrect, there was not the ability to detect more nuanced changes in understanding, as some items may have been more intuitive, even with limited prior sexual violence prevention education It is also possible that learning outcomes originally created for students in 2015 for the first implementation of Get Explicit 101 needed to be adapted for the 2019 generation of participants, who have been exposed to more media on allegations of sexual misconduct and social dialog on sexual violence. For example, even though Tarana Burke's "Me Too" movement began in 2006, it gained wide-spread media coverage and worldwide adoption in 2017 with the viral "#metoo" hashtag resulting in more societal exposure and conversation about sexual violence ("Me Too," n.d., para. 1–2). Thus, measures need to stay socio-culturally relevant and these findings should be replicated before drawing strong conclusions about the possible association between Get Explicit 101 participation and understanding of sexual consent.

As limited studies have evaluated sexual consent outcomes following a bystander action intervention (see Salazar et al., 2014, 2019) and none have evaluated changes in sexual consent intentions, it is difficult to place the current finding that sexual intentions increased from pretest to posttest in context. However, this finding does broadly fit with

data summarized by DeGue et al. (2014) in their systematic review of universal programs targeting sexual violence, which suggests the majority (63%) of programs that assessed "relevant skills," including communication, relationships, and bystander action skills, which would be inclusive of skills necessary for sexual consent negotiation, showed positive effects in this domain. It is also equally challenging to draw clear practice implications as there was no control group for comparison. Thus, at best, the change in sexual consent intentions may suggest the intervention is having the intended effect on participants, though other explanations cannot be ruled out. Using the minimum effect size recommended for judging practical significance within the social sciences of $r > .20$ (Ferguson, 2009), the effect size found in this study ($r = 0.29$) would be judged to have practical significance. However, making this determination on a quantitative value out of context is not advised (Tanner-Smith et al., 2018). Specifically, as noted by Tanner-Smith and colleagues, "the magnitude of intervention effect sizes is best evaluated relative to the contexts relevant for a specific intervention area; universal rules of thumb are devoid of such context" (p. 1098). Intervention effect sizes noted in Salazar et al. (2014), converted from Cohen's *d* (Borenstein et al., 2009), were $r = 0.14$ for reduction in sexually coercive behaviors and $r = 0.18$ for percentage of occasions that participants confronted other men for inappropriate behaviors, suggesting effect sizes from this study are stronger than findings in similar content areas. If demonstrated to be a real effect of the intervention through future research, this would suggest Get Explicit 101 could be a helpful companion or alternative to extant single-sex group or individual online programs.

Though contrary to hypotheses, absence of differences between men and women with respect to sexual consent intentions does align with *sexual script theory* (Gagnon & Simon, 1973), which is generally applied to cisgender, heterosexual relationships and suggests both males and females have similar understandings of their "role" in sexual relationships and sexual consent negotiation (Hickman & Muehlenhard, 1999; McCormick, 2010). Alternatively, it is possible that gender differences were obscured by the sexual consent items themselves. That is, the sexual consent items in the current study included both initiating behaviors, commonly associated with traditional male gender roles, and verbal expectation-setting and communication behaviors, which are more commonly associated with female gender roles (Humphreys & Herold, 2007; Jozkowski et al., 2014). Even though the sexual consent intention scale suggested it was reliably capturing a unidimensional construct, future research may wish to evaluate these two sexual consent content areas separately using alternative measures like the Consent to Sex Scale (Jozkowski & Peterson, 2014), in which two of five subscales measure the outcomes of interest — initiator behavior and verbal cues.

On the other hand, consistent with prior research showing gender differences with respect to bystander intentions (Amar et al., 2014; Gidycz et al., 2011; McMahon, 2010) and findings showing men tend to initially report lower willingness to intervene than women (Fabiano et al., 2003), men in the current study potentially showed greater benefit from the intervention than women with respect to changes in bystander intentions, though the effect size was seemingly small. Nonetheless, this finding is consistent with prior research demonstrating college men want to help women who have experienced sexual assault (Scheel et al., 2001), and that men may be more open and responsive (less

reactive) to bystander interventions that situate them as allies versus as perpetrators of harm (Berkowtiz, 2002; Newlands & O'Donohue, 2016). Of note, most prior studies examining outcomes of such interventions among men have been within the context of single-sex vs. mixed-sex groups (e.g., RealConsent [Salazar et al., 2014, 2019]; The Men's Program [Foubert et al., 2007]; The Men's Project [Gidycz et al., 2011]), which may hold theoretical value (Berkowtiz, 2002) yet be challenging practically, and these interventions have showed extremely mixed results (Newlands & O'Donohue, 2016). Thus, if future studies using an experimental design were to replicate the finding from the current study, they would add to the rigorous evaluation missing from the literature (DeGue et al., 2014) and provide a stronger case for mixed-sex bystander programs in sexual violence prevention efforts on college campuses.

Finally, substantial research has been conducted on the association between past behavior and intentions for future behavior on a host of topics (e.g., Albarracín & Wyer Jr., 2000; Kidwell & Jewell, 2003, 2008; Kim et al., 2018), though this study is the first to examine the connection between past experience with sexual consent negotiation and bystander action and related intentions. This said, there is research demonstrating a past behavior-intention connection for some sex-related behaviors that informed the current hypotheses, including contraceptive use, a behavior which is often negotiated (e.g., Brüll et al., 2016; Campo et al., 2012; Krugu et al., 2016). Moreover, Social Cognitive Theory (Bandura, 1997) strongly suggests that past behavior, through which individuals can acquire enacted mastery, is the most important influence on self-efficacy. In turn, self-efficacy is a central component of perceived behavioral control—a precursor to intention based on the Theory of Planned Behavior (Ajzen, 1991).

Although self-efficacy was not assessed in the current study, bolstering perceived ability to engage in sexual consent negotiation and bystander action is an implicit goal of Get Explicit 101, which is why the intervention focuses on related skill-building and scenario-based education to develop *if-then* intention plans. The finding that participants with no or uncertain prior experience with sexual consent and bystander action behaviors showed significantly greater increases in intention on the composite intention scales and on most individual items compared to those who did have prior experience with the behaviors provides tentative support for this intervention goal (i.e., students gained experience that may have bolstered self-efficacy beliefs that undergird intentions). Of course, past behaviors may also influence intention through their effect on attitudes, another precursor to intention articulated within the Theory of Planned Behavior. That is, individuals may infer their attitude concerning a behavior from the fact that they have performed the behavior in the past (e.g., "I did it, so it must be a good thing"), thereby increasing their intentions to perform the behavior in the future (Albarracín & Wyer Jr., 2000). This is an important point, as experiments by Albarracín and Wyer Jr. (2000) removed enacted self-mastery as a confounding variable by convincing participants they had performed a behavior of which they were unaware and then assessing the connection between their attitudes toward the behavior and future intentions.

Related to the item-level analyses that were not significant, it may be that the behaviors described more clearly represent actions violating another person than the other behaviors in the scales, eliciting a moral or values-based response despite prior experience. Given the seemingly small effect sizes found in this study and the absence of a control group, future research is needed that simultaneously examines self-efficacy,

values, and attitudes in concert with past behavior to determine if and how these factors may influence outcomes of and/or be attributable to the effects of Get Explicit 101. Moreover, more fine-grained assessment and analysis of past sexual consent and bystander action behaviors was not possible in this study and is needed. In particular, an assessment that evaluates how successful students were in enacting each of the behaviors is warranted, as if a behavior was performed unsuccessfully it might reasonably be expected to reduce self-efficacy and related intentions. Moreover, further research is necessary to differentiate types of prior experiences (e.g., values-aligned, norms-aligned) and how they relate to outcomes for sexual violence prevention.

Limitations

The current study had many strengths, including assessment of outcomes related to sexual consent intentions, high rates of participation at pretest and posttest, and utilizing data from a real-world intervention implementation to expand the research on existing prevention practices. Despite these strengths, this study also had limitations that must be considered when interpreting the results. Especially for the group-comparison analyses, there were some findings that may have been statistically significant due to an over-powered sample, as less than 1% of the variance in sexual consent and bystander action intentions was explained by these individual characteristics. Though very small effect sizes can hold meaning when the outcome variable in question is harm, as when something reduces risk of death, the differences in intentions based on gender and past behavioral experience may not hold much practical significance. That is, the mean intention level from pretest to posttest stayed within the range of *very likely to extremely likely.* Thus, most students were already high in intentions. Therefore, it may be more

beneficial in future research to examine what student characteristics predict movement from *not at all likely* to ratings suggesting greater intention.

Another limitation was that the two primary outcomes were assessed by a limited number of items (i.e., three sexual consent items and five bystander action items), as a result of which meaningful aspects of the constructs of interest may have been missed. For the sexual consent items, two addressed intentions and behaviors of verbal sexual communication with current or past partners at times other than sexual encounters, and one addressed responding to cues when consent is either not present or being withdrawn. While these items incorporate elements of sexual consent, they were used to gauge foundational concepts and are by no means comprehensive of the complexities of negotiating and interpreting sexual consent; thus, findings may not generalize to the full range of sexual acts and communication styles. In the same way, the bystander action items were selected to reflect plausible scenarios for intervention, as items used in prior evaluations included situations students rarely encountered (Frazee, 2018). However, similar to the sexual consent items, they do not cover the breadth of opportunities to intervene, the risk factors or considerations made to not intervene, or the bystander approach used to intervene (e.g., direct or indirect).

Moreover, the posttest did not include a direct assessment of behavioral outcomes, neither did it provide information on the range of indirect behavioral outcomes that may be of particular interest to administrators in the college setting, such as how intervention participation is related to rates of reporting sexual assault and frequency with which campus and community resources are accessed by student survivors of sexual assault. While, due to the wide range of support options that a survivor might access and

the importance of maintaining survivor confidentiality, it would be challenging to measure direct effects of the intervention on survivors' choice of which, if any, support services to access, future research could examine the campus climate data related to sexual violence prevention with timepoints both prior to and following administration of Get Explicit 101 to see if there is a correlation with rates of reporting of sexual assault and utilization of support services. However, as previously noted, there are complications in using this as a metric (e.g., increased rates of reporting may have nothing to do with the intervention); thus, gathering data simultaneously from a comparison campus where Get Explicit 101 was not administered would be essential.

The most significant limitations of this study are tied to the non-experimental design. Specifically, Get Explicit 101 was administered as a single-dose intervention to all students to fulfill a university requirement, which is based on federal regulations under Title IX and the Clery Act, and, as such, there was not an option for random assignment to a control group. Additionally, the analyses addressing gender differences did not include transgender and gender non-conforming students; thus, the findings may not generalize to students across the full range of gender identities. Another limitation was the inability for this study to assess the potential gap between intentions and actual behaviors. Though past evaluations of Get Explicit 101 have been able to include a follow-up survey assessing consent and bystander action behaviors, participant retention for follow-up assessments, even with monetary incentivization of gift cards, has been low, with 12.8% retention at 6-month follow-up (Frazee, 2018); thus, even if a follow-up assessment had been possible as part of the current study, statistical conclusion validity would likely have been very low due to significant (and possibly differential) attrition.

Moreover, as previously noted, it is unclear if sufficient students would have had opportunities to engage in sexual consent negotiation or intervene as a bystander over a matter of months for analyses to have adequate power. Following students over multiple years may be necessary.

Another study limitation is that the variables that were tracked during the program evaluation did not consider the nested nature of the data. That is, the dataset did not contain a variable to differentiate participation based on Get Explicit sessions, which were nested within day (Saturday or Sunday) and within session time, nor did it contain a variable capturing which facilitators administered which session, through which facilitator effects might have been explored. With no session-level tracking identifiers in place, hierarchical analyses could not be used, which would have been the most appropriate approach for the data. Related to facilitators, though extensive training was provided to facilitators and the intervention is heavily scripted, no measures of facilitator fidelity to the intervention protocol were administered (e.g., recording the intervention sessions and coding facilitator behaviors). There were also no measures to explore facilitator relatability or identity (e.g., racial, gender) as moderators of outcomes. Thus, in addition to the absence of a control group, it is also unclear if the intervention was uniformly delivered or received by participants as intended.

Future Directions

With these limitations in mind, future studies should utilize a randomized controlled trial design or, if not possible, a quasi-experimental design with a control group, with longitudinal follow-up to establish causal associations between Get Explicit 101 participation and increases in sexual consent and bystander action intentions and

subsequent changes in associated behaviors. It would be especially beneficial to include multiple longitudinal follow-ups to assess the duration of intervention effects (i.e., over the course of 1 or more years). Additionally, if an effect on behavior can be established experimentally, there are many opportunities for future studies that could manipulate components of Get Explicit 101 and measure effectiveness. For example, manipulating when the intervention is delivered, voluntariness, and dosage (one time vs. repeated) could help researchers understand how these factors influence the size of the effect on different outcomes. Future research could also explore potential effects of intervention fidelity and the differential effects of individual peer facilitator identity, relatability, and content delivery on intention and behavior outcomes.

Future research should also utilize different measures to better assess how bystander action interventions may be influencing sexual consent perceptions and attitudes. There were considerable challenges with the measure used to assess learning outcomes in this study, including over-alignment of the depicted scenarios with intervention content, which may have led students to respond in ways that do not reflect their actual beliefs and perceptions regarding sexual consent (i.e., they may have treated the survey as a "knowledge quiz"). The Sexual Consent Scale-Revised (Humphreys & Brousseau, 2010) could be used as a more valid and reliable measure of attitudes that influence decisions regarding sexual consent negotiation. Specifically, subscales in this measure would allow for researchers explore participant perceived behavioral control, attitude toward establishing consent, indirect behavioral approach to consent, perceived sexual consent norms, and awareness and discussions of sexual consent. Further, to reduce potential socially desirable responses endemic to explicit measures of illegal or

stigmatized behaviors, an implicit measure of attitudes could also be used such as the Rape Evaluation Implicit Attitudes Test (RE-IAT; Nunes et al., 2013).

As previously mentioned, this study did not have a large enough sample of transgender and gender non-conforming students to support inclusion of these students in the statistical analyses exploring group differences based on gender. Future research should intentionally recruit more gender-diverse samples that would allow for such comparisons, especially as transgender and gender non-conforming students are at increased risk for sexual assault (James et al., 2016). Moreover, future studies could use a more robust measure of sexual consent intentions that better captures the nuances and complexities of sexual consent and accounts for more diverse experiences. Potential instruments to consider are the aforementioned Sexual Consent Scale-Revised (Humphreys & Brousseau, 2010) and the Internal and External Consent Scales (Jozkowski et al., 2014).

Also, future studies could expand on the research showing lack of experience with bystander behaviors may be due lack of opportunities to enact the behavior (Banyard et al., 2007; Koelsch et al., 2012; Newlands & O'Donohue, 2016). Responses of *wasn't in the situation* from this study showed the majority of participants did not have opportunities for prior experience with the bystander behaviors. Drawing on this, future studies could assess for a wider range of bystander actions and also differentiate between those who did not have bystander experience by choice (e.g., they observed something and chose not to act) or by the absence of being in situations in which bystander intervention may have been warranted. Future studies could also explore bystander behaviors related to helping or supporting someone after they have been harmed, which

was not assessed in this study. As this skill may need to be developed over time, intervention booster sessions with both education and interactive practice could be implemented and measured for effectiveness.

While the current study highlights significant shifts in intentions following the intervention, future research is needed to further establish the relationship between intentions and both initial and continued behavior change, especially toward interrupting sexual violence and practicing healthy sexual consent. As a whole, there is a need for more research measuring the effectiveness of collegiate sexual violence prevention programs (DeGue et al., 2014; McMahon, 2015). The pre- and post-intervention assessment methods presented in this study may be the most practical option for college prevention practitioners; though, to really move the field forward, future research requires use of designs that allow for causal conclusions.

Conclusion

Overall, the findings from this study show significant increases among first-year college students in intentions to negotiate sexual consent and engage as an active bystander (i.e., assert that they will be more likely to call out problematic behavior and intervene to prevent harm) following participation in Get Explicit 101; though, as noted above, a direct causal association cannot be asserted based on the current data. Yet, this study highlights that a universal approach for collegiate sexual violence prevention has the *potential* to change students' intentions to engage in pro-social behaviors, specifically related to sexual-consent negotiation. Moreover, though findings related to group differences based on gender (male versus female) and behavioral experience (with versus without experience) are mixed and the effect sizes smaller, exploration of what could

potentially be intervention moderators is a strong preliminary step, laying the groundwork for future research, and the findings in this study collectively expand the literature on effective prevention programs for college students.

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