

DO YOU *BELIEVE* WHAT YOU *KNOW*? A QUANTITATIVE ANALYSIS OF SEXUAL  
EDUCATION, SEXUAL CONSENT, AND RAPE MYTH ACCEPTANCE IN COLLEGE  
STUDENT ATTITUDES AND ACTIONS

A Thesis submitted in partial fulfillment  
of the requirements for the degree  
Master of Arts

Department of Communication  
Western Kentucky University  
Bowling Green, Kentucky

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May, 2022

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May 2022

69 pages

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Sexual education has long been a heavily debated topic, particularly in relation to appropriateness and effectiveness. The subject is further muddled by the difficulty of effectively addressing sexual consent and sexual assault in sexual education. The topics have garnered additional attention in today's society, but remain ambiguous and complex. This quantitative thesis sought to examine the relationships between sexual education, sexual consent, and sexual assault, focusing specifically on college populations. Through surveying 445 college students using the Updated Rape Myth Acceptance Scale (IRMA), Sexual Consent Scale (SCS-R), and Affirmative Sexual Consent Situational Knowledge Scale, connections between attitudes and actions regarding sexual education, sexual consent, and sexual assault emerged. Findings indicated that while positive attitudes towards establishing consent and situational knowledge of affirmative consent connected to lower levels of rape myth acceptance, higher levels of reported sexual consent behaviors positively correlated with higher levels of rape myth acceptance. The effects of different types of sexual education and their perceived effectiveness on sexual consent behaviors and acceptance of rape myths was also examined, with findings indicating that type of sexual education was not as significant as the amount of sources of sexual education. Implications and directions for future research are explored.

Keywords: *Sexual consent, sexual education, Updated Rape Myth Acceptance Scale, Sexual Consent Scale, Affirmative Sexual Consent Situational Knowledge Scale*

I dedicate this thesis to the survivors across the world, both documented and undocumented. You are so much more than a statistic. We see you. We hear you. We believe you.

I would also like to dedicate this thesis to the person that sparked this passion so many years ago.

Biggey, you inspire me to keep reaching for knowledge and understanding every day. Your strength in the face of adversity empowers those around you, as it has empowered me.

This is for you.

## ACKNOWLEDGEMENTS

I would like to thank the team of passionate, caring, and patient people who made this thesis, and every project leading up to it, possible. I am so lucky to be supported by friends and family who nourish my mind, my soul, and my need to talk about research constantly.

To my thesis committee: To Prof Hoff, thank you for taking this project on, granting unending patience to my qualitative-natured self, and for (literally) always cheering me on the loudest. I am so grateful that we got to do this together. To Dr. J, thank you for being one of my fiercest advocates since day one and for showing me the kind of professor I hope to be someday. To Dr. Payne, thank you for being the first faculty member to believe in this line of study all those years ago and for fine tuning my work from that of a student to that of a scholar.

To the faculty and staff of Western Kentucky University, who have shaped me into the student, scholar, and instructor I am today. In particular, to Dr. Carl Kell, thank you for seeing in me what I couldn't see for myself. I truly am here today because of you.

To my support system: To my sister, Laura Sisler, thank you for teaching me the lessons no classroom ever could, like the importance of bravery and compassion. Your support means the world to me. To Emily Adkins, thank you for sharing your time, your brilliant mind, your golden words of wisdom, and of course, your office. I couldn't have done this without my "thesis emotional support chair." To Jake Donohue, I'd need more pages than the length of this whole paper to even begin describing what I have to thank you for. To summarize, thank you for your love, support, and brutal honesty. You make me a better person and scholar every day.

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## **Chapter 1: Introduction**

Sexual consent, although inherently ambiguous, plays a critically important role in human lives daily. The topic has grown in prevalence in recent years, in part due to social movements like #MeToo and also because of heightened awareness of sexual assaults (Bhattacharyya, 2018; Murphy, 2019). However, concrete explanations of what sexual consent is and how it should be communicated remain regrettably underdeveloped (Beres, 2007; Mark & Vowels, 2020; Simpson, 2016; Topping, 2016). With staggering statistics indicating that an American is sexually assaulted every 68 seconds, the gravity of understanding consent remains clear (CDC, 2021).

College campuses foster a unique environment for sexual consent contexts, providing a rich area of study. In a university setting, hookup culture not only highlights, but celebrates casual sex (Garcie et al., 2019). Furthermore, as students take advantage of opportunities to engage in acts they may not previously have, sexual expression may become more prevalent, furthering the idea of a hookup culture. While this creates a unique environment for the study of sexual communication, it also illustrates the importance of understanding sexual consent in college student contexts. The alarming statistics regarding sexual assaults on campuses further illustrate this need. The Rape, Abuse, & Incest National Network (RAINN) (2021) identified that individuals between the ages of 18 and 24 are at an increased risk of sexual violence, with women of that age in college being three times more likely to experience sexual violence than other women. These numbers indicate a need for action, which can begin with better understanding and informing education on sexual consent.

To address these glaring issues in society and on college campuses specifically, this study collected quantitative data via surveys given to students at a mid-size regional southern

institution. The survey assessed student attitudes towards and interactions with sexual consent and views of common rape myths, utilizing peer-reviewed Sexual Consent Scale and Updated Illinois Rape Myth Acceptance Scales.

Chapter Two will first review relevant literature regarding sexual consent, sexual education, sexual assault, and then existing literature on the three specifically in the context of college populations. The chapter will conclude by discussing the gaps in existing literature that this study seeks to address. Chapter Three details the methods used to complete the study, including in-depth background on the scales and measures, data collection and analysis, and participant demographics. Chapter Four examines the results of data collection, organized by RQ, with synthesis. Finally, Chapter Five reviews the study's findings and discusses implications and conclusions drawn from the data, followed by conclusions and opportunities for future directions of study.

## **Chapter 2: Literature Review**

The following chapter will examine relevant literature in the areas of sexual consent, college populations and campuses, and rape myth acceptance. This literature review will specifically address previous research connecting these topics to sexual assault and sexual education, highlighting relationships between attitudes and actions in relation to these areas.

### **Sexual Consent**

Understanding the meaning of sexual consent is vital to assisting local and global communities in preventing sexual assault cases. Definitions may seem trivial when focusing on the preventive goal, but people have various understandings of consent, which impacts the fight against offenses. Mainly, at least one in five women and one in sixteen men face sexual assault while in college, though research suggests most assaults go unreported (Germain, 2016). Such statistics imply the need to explore measures that will prevent sexual felonies. Legal and social interpretations of sexual consent shape the discourse on sexual assault and the consent level. According to Sanders (2017), Section 74 of the Federal Sexual Offense Act of 2003 defines consent as the agreement by choice to the penetration. Therefore, an individual has the capacity and freedom to choose the act without coercion. Consent may also have limitations, where a person has permission to one sexual activity but not another. Additionally, the involved parties understand that an individual can withdraw consent at any time during the sexual activity. In America, 10 U.S. Code § 920 - Article 120 on rape and sexual assault defines consent as a freely given agreement to conduct an issue and allowed by a competent person (Robertiello, 2021). Moreover, the lack of physical or verbal resistance does not automatically mean consent to the parties in question. The law also ensures that the issue of dress or previous social experience does not imply consent. Fornicating with a sleeping, incompetent, or unconscious person is not

consent (Robertiello, 2021). The legal interpretations are a source of concern for researchers because they have to deal with the core components of social interactions regarding consent. For example, cultural differences such as gender roles and views of age remain influential in determining the nature of consent.

Scholars are working on bridging the gap between the meaning of legal consent and its interpretation from a social perception. Dixie (2017) provides a preview of some cultural elements that make consent harder to enforce. The issue of token resistance, which Dixie (2017) explains as considering “no” as a “maybe” because no does not always mean no, is a concern for many. Dixie (2017) believes this perception instigates most assault cases in colleges by presenting a defense mechanism that men can use to override pleas from their victims. The clarity of consent remains a clouding element in any discourse because jurisdictions have some laxity in enforcing these laws (Richards, 2019). The challenge is in determining the evidence to use when defining consent in a specific situation.

The difficulty in identifying consent often comes down to communication differences. For example, Jozkowski et al.’s (2018) study explained that college students utilize different techniques for giving and obtaining sexual consent, such as relying on nonverbal cues while others require verbal communication. Furthermore, many college students report using nonverbal cues more frequently than verbal cues, with these cues being more challenging to interpret by their partners (Jozkowski et al., 2018). In a similar light, according to Beres (2007), successful communication in consent needs to have key aspects to be effective. For example, the parties should be encouraged to set their boundaries and concerns at the outset because they should be comfortable agreeing with the terms and conditions of the consent from the beginning. As such, technical jargon should be avoided, and the involved parties need to understand their choices

fully, including the benefits and risks of the activity (Beres, 2007). Therefore, it is apparent that the involved parties should not assume anything while consenting, and it should be confirmed that the parties understand the consent.

Further assessment of sexual consent understanding has been conducted through Humphreys and Brosseau's (2010) Sexual Consent Scale (SCS-R), which measures "an individual's beliefs, attitudes, and behaviors with respect to how sexual consent should be and is negotiated between sexual partners" (p. 420). The scale builds upon existing findings regarding Theory of Planned Behavior (TPB), a communicational approach that addresses the attitude-behavior connection and has been used previously to examine the role of intention to engage in sexual behavior. Through assessing five factors, perceived behavioral control, positive attitude toward establishing consent, sexual consent norms, indirect consent behaviors, and awareness and discussion of consent, the SCS-R demonstrates usefulness as a measure in sexual communication research (Humphreys & Brosseau, 2010). Existing literature references SCS-R as one of the most widely-used measures of consent interactions (i.e. Glace et al., 2020; Ortiz & Shafer, 2018), with Glace et al. (2020) highlighting the way the scale illustrates the role of consent as a transactional social norm in sexual communication.

Though research using frameworks such as the SCS-R examine sexual consent in simple, direct terms, many scholars assert that consent is not that simply understood. Researchers such as Jozkowski et al. (2017), Brady and Lowe (2018) and Mark and Vowels (2020) believe that in modern society, consent is still hard to understand because it is abstract and the topic is taboo in many communities, making it difficult to start discussions regarding it. For instance, according to Willis et al. (2019), sexual consent attitudes are constructed socially based on past sexual experiences as well as sexual scripts. These factors play an important role in navigating and

understanding sexual interactions. Therefore, Jozkowski et al. (2017) believe that when creating a consent culture, people must consciously shift how they engage with others and sexual topics in general. Based on these findings, children need to be taught the significance of consent to break the taboo nature of sexuality from a younger age. Thus, based on these findings, the best way to eliminate taboos around consent is to form interactive and safe spaces to discuss the issue.

Moreover, researchers are seeking models of addressing sexual coercion. Flecha et al. (2020) provide insight into the nature of research in modern engagements. The focus on verbal language such as “no means no” or attributes like “anything less than a yes is a no” has been the main discussion on the issue (Flecha et al., 2020). The researchers’ investigation analyzed related psychological areas such as language, gender, violence, and education because they offer strategies for reducing coercive social relationships. Moreover, Dixon et al. (2019) explore methods of dealing with consent issues, noting that the interpersonal conflicts that cause sexual assault require a different perception to improve service delivery. Therefore, every individual should understand the significance of boundaries in life. Scott and Graves (2017) introduced normative roles and the abuse of substances and alcohol that make the definition of consent complex to streamline. They note a need to explore what could be causing unbecoming behaviors that place individuals at higher risks of committing sexual assaults (Scott & Graves, 2017). Thus, communication strategies and respect for others have a role in promoting or deterring sexual assaults.

The dichotomy of wanted versus unwanted sex brings a different turn to the discourse. Scott and Graves (2017) argue that wanted and unwanted sex is a reconstruction of sex around certain feelings that could hinder an individual from exploring the notion of consent and consent

communication in a social setting. Thus, this assertion complicates the sexual consent between the two parties. The confusion that arises from an increase in the redefinition of normative roles, such as men being initiators and women as gatekeepers, makes the entire process complicated. Women determine when and how to communicate their decisions to engage or not to in sexual activities. Since the social norms shift to meet a specific ideology, exploring the steps to consider the wrong party is imperative (Muehlenhard et al., 2017). Additionally, individuals have to balance their own sexual desires and the expectations of their sexual partners, even if those desires contradict. Conforming to certain expectations derails the conversation because researchers must establish the facts to follow in each case. Holmström et al. (2020) explore a range of elements that affect the actual possibilities in their sexual encounters that indicate the differences in age, gender, and educational pathways relating to sexual encounters. Describing the outcomes demonstrates a need to explore further reviews of consensual expressions on a cultural and social basis.

Sexual education should expand to meet specific ideals that inform decision-making in the social setting. Katz et al. (2019) considered the need to train students to explore their particular experiences and review the lessons to apply them adequately in each environment. Preferably, any raised concerns effectively make it easy to deal with poor quality relationships that create room for forceful friendships. If students understand their options, they can improve the learning environment and enhance its safety. With proper education, De Cordova et al. (2019) believe that individual changes can influence transformation across the community. A positive environment enhances the social influence and the adolescents' decision-making process. It becomes challenging for young people to care about consent in sexual interactions if they do not understand the term. Mainly, consent requires a deep evaluation of the social conditions to

review, making it imperative for the groups presented in various engagements. Any discussion not addressing gender-based violence may fall short of discussing this issue's impact on the parties, as Shefer and Munt (2019) argues on the need to create analytical engagements to realize successful contributions. A society that emphasizes prevention interventions can improve the well-being of all those at risk. Higher education institutions like colleges provide strong opportunities to implement such programs, and have begun similar programs in the past. However, to effectively address this issue, there are numerous factors shaping the culture on college campuses that must be taken into account.

Though existing literature examines sexual consent from a variety of angles, connecting the concepts of sexual consent to things like sexual coercion, sexual assault, and sexual education is required to more thoroughly address those connections and their implications. Scholars agree that sexual consent is an ambiguous and complex issue that prompts intervention, but to better shape such an intervention, a deeper understanding of the relationships between sexual consent understanding, attitudes, and actions is required. Despite this need being persistent across all populations, such research could prove particularly valuable when studying college student populations given the increased risk college students are at given things like prevalence of alcohol and drug use.

## **College Campuses**

### ***Hookup Culture***

Commentators continue to connect sexual assaults and hookup culture on college campuses. For example, Garcia et al. (2019) noted that the rise of hookups or uncommitted sexual encounters was becoming an ingrained and progressive attribute present in pop culture. Further, Wooden (2019) found that 66% of college students self-reported as being sexually active



within the past 12 months. The evolving sexual predilections imply a change in the sexual and social scripts. The activities that define this period keep growing, with many people engaging in oral sex, kissing, and penetrative intercourse (Dardis et al., 2016; Garcia et al., 2019). Students consider the activities an orientation into college life, making it challenging to deal with the outcomes.

In some cases, the behaviors could transpire without the promise of traditional romantic relationships. Mellins et al. (2017) argue that the inability to form such relationships could be responsible for increased cases of sexual assault and victimization among college students. An evaluation of the impact of hookup culture could improve the way society looks at the challenges college students face. The effect this trend could have on normal relationships is notable when noting that the median marriage age has increased from 24-26 bracket to 28-30 years bracket (Wooden, 2019). Assessing this challenge further will improve the outlook on the impact of hookup cultures on society and its morals. Developing the understanding of hookup culture can then aid in creating more effective consent education on college campuses.

### ***Consent Education on College Campuses***

Given the prevalence of sexual assault cases on college campuses, a connection can be made between consent education at educational institutions and the way consent is treated on campus, as Pugh and Becker (2018) suggest that attitudes towards sexual consent and sexual consent education must be reformed to address sexual assault. Many universities have utilized bystander intervention programs such as Green Dot during freshman orientation as a method of consent education, or rather sexual assault prevention education. These programs are primarily focused on encouraging members of the community, not just at-risk individuals, to recognize signs of sexual assault in others and learn how to safely intervene (McMahon & Banyard, 2012).

While there is evidence that bystander intervention programs can be effective in improving student self-efficacy and behavioral intentions to intervene (Ortiz & Shafer, 2018), the larger issue of learning how to participate in an effective consent dialogue remains a minimal element in college consent education. Pugh and Baker (2018) further discussed the impact of embracing quality of life while exploring the education process to reduce violence cases. The consent standards explain the strategies to consider when seeking affirmative models of dealing with violence cases. Pugh and Becker (2018) stated the first step should be to address sexual assault by espousing on the traditional gender norms and addressing the sexual scripts for redefining students' perceptions of each other. Hence, the power dynamics require a review to understand the experiences of verbal sexual coercion.

Student involvement can shape the definition of consent and explore ways of helping the victims deal with the problem. The meaning of such standards will create the purpose of the consent programs. Education is a viable approach for addressing some of the common sexual consent challenges. Pugh and Becker (2018) believe that the shifting sexual assault definitions complicate programs and policies that could help victims. For example, even the more recently instituted affirmative consent policies walk a fine line between being both vague and yet detailed enough to make harmful assumptions. Affirmative consent policies imply that

(1) men, as the primary initiators of sex, will seek affirmative consent; (2) all women feel that they can freely say no to sex that is not wanted; and (3) initiators will take refusals seriously and respect them by ceasing all initiation of and requests for sexual activity.(Pugh & Becker, 2018, p. 71)

Thus, even programs and policies designed to protect from sexual assault are still harmed by the duality of vagueness and complexity that affects consent. This proves problematic as it hinders the effectiveness of programs created to diminish incidents of sexual assault.

Ortiz (2019) asserted that educational institutions must include situational knowledge regarding how and when to enact affirmative consent, which includes consent being explicit, voluntary, and conscious, in addition to existing consent education. Her study of college students and their understanding of affirmative sexual consent and likelihood to engage in affirmative sexual consent communication found that more factors than simply an understanding of affirmative sexual consent are at play when individuals engage in sexual activity. In particular, Ortiz (2019) encouraged improving student attitudes and perceived behavioral control while providing situational knowledge in order to address the gaps in education illustrated by the study's findings. These findings highlight the dynamic nature of consent, as various factors must be assessed in order to develop sufficient sexual consent education for college students.

### ***Sexual Assault on College Campuses***

Due to the lack of effective consent education, sexual assault is a prevalent issue, and the prevention thereof remains worthy of study. While sexual assault is a pressing issue across the world, research has identified not only its prevalence on college campuses, but also the variety of factors that influence it. Sexual assault refers to a host of behaviors including kissing, fondling, groping, and vaginal, oral, or anal penetration obtained through force, threats of using force, or a victim's inability to give consent due to age, mental status, or intoxication. According to the Centers for Disease Control and Prevention (CDC) (2021), more than one in three women and nearly one in four men experience some sort of sexual assault in their lifetime. Yndo and Zawacki (2018) wrote that the difference in legal definition between state and federal laws

created some confusion, even though they all have a basic structure of what to examine.

Likewise, the definition matters because the precise meaning will inform any policies regarding the presence or absence of assault.

Furthermore, college-aged individuals have a markedly higher risk of experiencing sexual assault. The age group ranges from late adolescence to early adulthood. Yndo and Zawacki (2018) gave a value of 25% of the age group as being at a higher risk of assault than other groups. The researchers also noted that 54% of female college students suffered assault from the age of 14. Only 25% reported such cases in the same timeframe (Yndo & Zawacki, 2018). The CDC (2021) notes that at least one in five women experienced attempted to completed rape in their life, and one in three female rape victims experienced this crime between the ages of 11 and 17. One out of eight females experienced this at an age before ten. In addition, nearly 1 in 38 men experience complete or attempted rape in their life. Close to one in four males experienced sexual assault between 11 and 17 years (CDC, 2021). The World Health Organization (WHO) (2021) found that one in three women experienced some form of violence increasing their risk of fatality. Close to 27% of the cases are among women aged 15 to 49 years who have been in a relationship (WHO, 2021). Many of the incidents occurred from intimate partners. The violence recorded against women is troubling, with little being done on a large-scale level to help the problem.

Sexual education is helpful in improving relationships among males and females after school. Sex education in school shapes the discourse across all generations and among all races (McCauley et al., 2020). Thus, sexual education has the ability to address challenging factors influencing sexual well-being, preparing youth more effectively. Maas et al. (2019) note that online sexual experiences can affect the youths' social interactions and experiences. For instance,

pornography consumption, sexualized social media use, sexual chatting, and exchange of nude images can affect their perception of interactions with the opposite gender. Risks of victimization are on the rise, even offline, making it complex to deal with such susceptibility. Other difficult topics that can be addressed include influence of alcohol and sexual assault (Kennedy & Prock, 2018). Local governments are under pressure to institute policies that improve sexual education delivery. Every attribute in question has to align with some of the shared values that exist within the population. The idea is to create an intervention plan that inculcates other groups while enhancing the well-being of all students.

Discussing sexual assault impacts the programs that improve the victims' wellness. McCauley et al. (2020) consider sexual violence as a danger to the victim's psychological well-being. The victimization will hinder the individual from making strides in life, affecting their ability to build robust coping mechanisms. O'Callaghan et al. (2019) believe that the changes in sexuality can arise due to violence, leading to loss of interest in sex, a change or increase in their sexual partners, or turning to sex work. Some victims also cited triggers that brought post-traumatic stress disorder (PTSD) flashbacks. Some will opt to terminate their intimate relationships because of the impact of the sexual assault. Kennedy and Prock (2018) allude to a research fact that demonstrates the effects of sexual abuse in childhood on adulthood. The risk of adult sexual assault increases, creating poor experiences such as negative sexual attitudes. Hence, exploring approaches of helping sexual assault victims, more so through counseling, can enhance their recovery.

In college, where sexual assault cases are still high, the numbers reveal a concern that requires immediate attention. Borumandnia et al. (2020) evaluated the prevalence rate for completed sexual assault among undergraduates to be 10.3% in females and 3.1% among men.

The prevalence rates for completed rape were 4.1% for women and 0.8% for men (Dills et al., 2016). The figures demonstrate the need to discuss some of the complexities facing women in school and explore approaches to protecting them. O'Callaghan et al. (2018) examined various articles that found sexual victimization history among female students, implying a need to address the sexual risks they faced while in school. Understanding their quest toward improving their well-being can make such experiences attuned to ensuring they stay in college safely.

Greek life highlights the role of sororities and fraternities that ensure students attain some form of togetherness. Fraternity men are likelier to be sexual violence perpetrators than those not in fraternities. Additionally, sorority women are four times more likely to be victims of sexual assault than those not in such groups. Members of the fraternities are three times more likely to commit violence than the non-members (Martinez et al., 2018).

Moreover, alcohol use can be dangerous because it impairs one's ability to use their mental faculties with greater precision. Alcohol can be challenging for the students since 90% of sexual assault on campuses involves the drug, with fraternity/sorority members reporting higher binge drinking rates than non-members (Testa & Cleveand, 2017; Sabri et al., 2019). Mainly, the fraternities and sororities should be the first line of defense when addressing sexual violence. The collaboration can instigate increased talks about consent and respect (Testa et al., 2020).

As college-aged populations continue to be prominently studied in the field of sexual communication, the influence of various factors on sexual communication, particularly sexual consent and sexual assault, are highlighted. This further supports the assertion that sexual consent is dangerously ambiguous, thus requiring additional examination. Clearer insight is required to understand the relationships between sexual consent, sexual assault, and sexual education. Furthermore, as most of the reviewed literature centers on the influence different

factors have on college student *actions* relating to sexual consent, specifically in regards to communication of explicit consent or sexual assault, additional research can delve more deeply into the influence of understanding/knowledge and attitudes/beliefs. Better understanding the cognitive processes can further inform *why* these themes in actions occur.

### **Rape Myth Acceptance**

While college campuses pose a meaningful environment to study consent in, studies conducted with college student populations also reflect larger societal trends. One of the more deeply engrained social consequences of the lack of substantive sexual consent understanding is the prevalence of rape myth acceptance in society. Rape myths, which were originally identified in the 1970s, refer to commonly held notions about sexual assault perpetrators and survivors, such as that rape is simply the outcome of men getting too carried away in their desire for sex or that rape only occurs when the perpetrator uses violent force and/or a weapon (Fansher & Zedaker, 2022). Despite rape myths reflecting socially contested ideals, such as sexism and traditional gender norms, these harmful myths are accepted by the masses (Bendixen & Kennair, 2017).

Not only does the acceptance of rape myths pose harm as they promote sexist attitudes, but they also prove inaccurate and even dangerous when it comes to understanding assault, consent, and sexual communication as a whole. The cognitive schema created by these notions encourages victim derogation while decreasing receptibility to messages encouraging healthy sexual communication, particularly through affirmative consent. Silver and Hovick (2018) examined the impacts of rape myth acceptance on the beliefs and processing of affirmative consent campaign messages. Findings illustrated a schema denying sexual assault as an important issue, thus creating distance between respondents and perceived rape survivors and

perpetrators. Such a schema enables individuals to avoid addressing their own perceived moral failings or outdated thoughts, such as those involving gender norms, but can be extremely harmful, especially as it can lead to discounting rape prevention messages and decreasing their effectiveness, thus protecting ideals that do not encourage sexual consent or healthy sexual communication (Silver & Hovick, 2018). These findings further highlight the harmful nature of rape myth acceptance and their underlying schema.

To measure the prevalence of such schema, the Updated Illinois Rape Myth Acceptance Scale (IRMA) was developed. The scale features four subscales, “she asked for it,” “he didn’t mean to,” “it wasn’t really rape,” and “she lied,” which illustrate prominent socially accepted beliefs about sexual assault. Through having participants rate their agreement with different statements within each subscale, IRMA seeks to gauge how accepted rape myths are in various populations (Silver & Hovick, 2018).

A study by Fansher and Zedaker (2022) extended RMA research by including additional correlates, such as number of sexual partners, sexual deception, and sexual compulsivity, though sexual deception and sexual compulsivity were not as prominently correlated to RMA scores. Interestingly, results of this study directly contradicted previous studies of RMA that found correlations between sexual conservatism and higher levels of RMA (i.e. Monto & Hotaling, 2001; Yost & Zurbiggen, 2006), Fansher and Zedaker (2022) found that individuals with more sexual experience scored higher on the IRMA subscales that “it wasn’t really rape” and “she lied.” The authors asserted that this could point to a dangerous level of entitlement gained through sexual experience, as individuals may be more likely to sympathize with rape perpetrators after experiencing the gray areas of sexual consent themselves (Fansher & Zedaker, 2022). This in itself provides compelling rationale to explore how attitudes towards sexual



consent and sexual assault develop in order to better inform sexual consent education, which this supports is necessary early on. Furthermore, results supported assertions that rape myths do not reflect individual actions, but rather deeply engrained social beliefs, including negative attitudes towards women and adherence to gender-role norms (Fansher & Zedaker, 2022). This highlights not only a notable consequence of poor understanding of sexual consent, but also a deeply rooted social problem that requires immediate correction.

As previously noted, deeper analysis of rape myth acceptance can prove valuable both in scholarly and applied contexts, particularly when it comes to creating effective sexual education. Further research should examine the factors that influence RMA, but also the influence that RMA has on other attitudes and/or actions. Understanding the relationship between attitudes and actions will build upon existing literature by analyzing RMA with the goal of applying to sexual education to create prevention that addresses the societal themes of RMA.

Collectively, the examined literature illustrates the relationships between sexual consent, sexual assault, and sexual education. At the core, sexual consent is a complex topic, exacerbated by its tabooess. Adding to the importance of consent is the prevalence of sexual assault in modern society, which scholars assert is often described in the context of sexual situations that lack clear consent. Sexual education plays a pivotal role in how sexual consent is understood, viewed, and enacted, thus also influencing attitudes towards and even instances of sexual assault. Furthermore, many sexual education programs, particularly those on college campuses, aim to educate for the purpose of preventing sexual assault. As such, sexual consent, sexual education, and sexual assault are closely linked. Therefore, existing scales that examine attitudes, understanding, and actions regarding sexual consent, education, and assault should be studied together to better understand the relationships between the three.

Given the proven connection between sexual consent and sexual assault on college campuses, along with existing literature regarding the influence of factors such as rape myth acceptance on attitudes towards sexual consent, this study sought to understand the way students both understand and interact with sexual consent. Specifically, this study examined what, if any, correlations exist between an individual's attitudes towards sexual consent and sexual assault, actions regarding sexual consent, and experiences of sexual education. The following research questions delved deeper into how students view consent, connect it to societally held views of sexual assault, and then act upon those views in their sexual encounters:

RQ1: What is the relationship between sexual consent attitudes and acceptance of rape myths?

RQ2: What is the relationship between sexual consent behaviors and acceptance of rape myths?

RQ3: What is the relationship between situational knowledge of affirmative consent and acceptance of rape myths?

RQ4: How does the type of sexual education received affect college students' consent behaviors?

RQ5: How does the type of sexual education affect college students' acceptance of rape myths?

These questions address the gaps in existing literature by connecting components that have previously been studied separately, such as sexual consent behaviors and acceptance of rape myths, or sexual education history and acceptance of rape myths. Furthermore, these questions link sexual education, sexual consent, and sexual assault together by examining the interrelationships between the them.

The next chapter outlines the specific methodology used to address the above research questions, including reviewing surveys and measures used, data collection and analysis procedures, and participant demographic information.

## **Chapter 3: Methods**

Following IRB approval, a quantitative survey regarding attitudes, understanding, and actions in relation to sexual consent, sexual assault, and sexual education was distributed to students at a mid-sized Southern university. The survey was distributed electronically via Qualtrics, an online survey platform.

A quantitative approach was ideal as it allowed the researcher to compare data without the risk of bias. Furthermore, quantitative analysis such as that enabled the researcher to examine relationships between multiple competing variables, thus giving a more accurate depiction of any present relationships (Hayes, 2005). Lastly, existing studies exploring sexual consent understanding and rape myth acceptance effectively utilized quantitative methods, demonstrating the value of such methodologies (i.e. Bendixen & Kennair, 2017; Fansher & Zendaker, 2022; Humphreys & Brosseau, 2010; Silver & Hovick, 2018).

### **Participants and Sampling**

#### ***Recruitment***

Criteria for completing the proposed survey was that individuals were 18 years of age or older and currently enrolled at the specified university, whether that be for an undergraduate or graduate program. Participant recruitment was done primarily via convenience sampling by asking faculty in different departments on campus to distribute the Qualtrics survey platform link and possibly even offer extra credit for participation. Since the survey was to be anonymously completed, the link to a second survey was at the end of the initial survey, allowing students to put in identifying information and what class for which they were completing the survey. Secondary recruitment tactics included posting flyers with a QR code linked to the survey on

campus and creating social media flyers that were posted by the researcher and any other willing individuals.

### ***Participants***

At the end of the data collection process, there were a total of 773 responses. After cleaning the data through removal of incomplete responses, the final number of participants was 445. Participants (n = 445) were currently enrolled college students at a mid-sized Southern university, with 41% (n = 185) of participants being freshmen, 19% (n = 86) sophomores, 13% (n = 57) juniors, 16% (n = 74) seniors, and 12% (n = 53) graduate school students. Participants were asked to identify both their assigned sex at birth and current gender identity. Thirty-six percent (n = 158) of participants were born male and 64% (n = 287) were born female. In terms of gender identity, 34% (n = 155) identified as male, 61% (n = 276) identified as female, 2% (n = 9) identified as gender fluid or nonbinary, and 3% (n = 15) preferred to not identify. Approximately 28% of participants identified as a sexual minority, which included homosexual/gay/lesbian, bisexual, pansexual, asexual, or other (n = 127). In terms of extracurricular involvement, 78% (n = 354) of participants are involved in at least one extracurricular activity. Lastly, while 33% (n = 152) of participants identified themselves as being sexual assault survivors, 60% (n = 272) reported knowing someone else that has been sexually assaulted in college.

### **Survey, Variables, and Measures**

#### ***Sexual Consent Scale (SCS-R)***

The survey was composed of three scales that have been validated through peer-reviewed research. The SCS-R scale, composed of 39 Likert-scale items, examines 5 dimensions through the lens of the theory of planned behavior, assessing how individuals view and communicate

sexual consent (e.g. Humphreys & Brosseau, 2010; Bryan et al., 2002; Fazekas et al., 2001; Foster & Fullagar, 2018). The scale exhibited high reliability in previous studies ( $\alpha = .87$ ), and also demonstrated acceptable reliability in this study ( $\alpha = .79$ ). The first dimension of SCS-R is “(lack of) perceived behavioral control,” ( $\alpha = .86$ ) and includes items like “I would have difficulty asking for consent because it would spoil the mood” and “I think that verbally asking for consent is awkward.” The second dimension, “positive attitude toward establishing consent,” ( $\alpha = .84$ ) measures items like “I feel that sexual consent should always be obtained before the start of any sexual activity” and “not asking for sexual consent some of the time is okay.” The third dimension, “indirect behavioral approach to consent” ( $\alpha = .78$ ) includes items like “typically I communicate sexual consent to my partner using nonverbal signals and body language” and “I don’t have to ask or give my partner sexual consent because my partner knows me well enough.” The fourth dimension, “sexual consent norms,” ( $\alpha = .67$ ) measures items like “I think that obtaining sexual consent is more necessary in a casual sexual encounter than in a committed relationship” and “I believe that sexual intercourse is the only sexual activity that requires explicit verbal consent.” The final dimension of SCS-R is “awareness and discussion” ( $\alpha = .71$ ) and includes items like “I have discussed sexual consent issues with a friend” and “I have heard sexual consent issues being discussed by other students on campus” (Humphreys & Brosseau, 2010).

### ***Updated Illinois Rape Myth Acceptance Scale (IRMA)***

The Updated Illinois Rape Myth Acceptance Scale (IRMA) is comprised of 5 dimensions with 19 items, all of which seek to assess how much individuals agree with statements of different common rape myths. The scale exhibited high reliability in previous studies ( $\alpha = .94$ ), and also demonstrated acceptable reliability in this study ( $\alpha = .84$ ). The first subscale of IRMA is

“she asked for it,” ( $\alpha = .87$ ) which includes items like “if a girl is raped while she is drunk, she is at least somewhat responsible for what happened” and “if a girl hooks up with a lot of guys, eventually she is going to get into trouble.” The second subscale, “it wasn’t really rape,” ( $\alpha = .78$ ) measures items like “if the accused “rapist” doesn’t have a weapon, you really can’t call it a rape” and “if a girl doesn’t say “no,” she can’t claim rape.” The third subscale is “she lied” ( $\alpha = .92$ ) and includes items such as “a lot of times, girls who say they were raped agreed to have sex and then regret it” and “rape accusations are often used as a way of getting back at guys.” The last subscale is “he didn’t mean to” ( $\alpha = .92$ ) and measures items like “when guys rape, it is usually because of their strong desire for sex” and “guys don’t usually intend to force sex on a girl, but sometimes they get too sexually carried away” (Fansher & Zedaker, 2022).

#### ***Affirmative Sexual Consent Situational Knowledge Scale***

The third section used Ortiz’s (2019) Affirmative Sexual Consent Situational Knowledge Scale, which seeks to measure how well individuals are able to identify affirmative sexual consent or sexual assault in various situations, thus testing their knowledge of affirmative sexual consent in action. The scale exhibited high reliability in previous studies ( $\alpha = .85$ ), and also demonstrated acceptable reliability in this study ( $\alpha = .73$ ). This section asked participants to assess 12 different situations using a scale of 1-5 (1 = definitely is not sexual assault to 5 = definitely is sexual assault) for whether affirmative sexual consent is present or not, thus whether it is considered sexual assault or not. The situations are based upon the prompt: “If two people had sex (including oral, vaginal, and/or anal) under the following conditions, please indicate whether you believe it to be sexual assault or not.” Example situations include “one partner is verbally and nonverbally expressing their interest when having sex but the other partner is silent and motionless” and “both partners have verbally agreed to have sex” (Ortiz, 2019).

### ***Demographic Information***

The last section asked participants to provide general information. Questions asked about gender identity, assigned sex at birth, sexual orientation, current level of sexual activity, experiences with sexual assault, campus involvement, and frequency of drug and/or alcohol use. Data from these questions helped describe general information on the population, but were also telling about trends in college students as a whole. In particular, information about the level of sexual activity and frequency of drug/alcohol use illustrated trends in college life. Questions regarding experiences with sexual assault and level of sexual activity were included, in particular, to mirror variables tested in previous studies using the IRMA. This section was included at the end instead of the beginning to encourage participants to be honest throughout the survey without being concerned about their responses being linked to their on-campus affiliations or other personal information.

### **Data Analysis**

Quantitative data was analyzed by exporting the data into Statistical Package for Social Sciences (SPSS) and conducting bivariate and multivariate correlations, ANOVA, and post hoc tests according to Hayes (2015). These tests first examined trends between each individual scale, followed by analysis of relationships between each scale and the general demographic information.



## Chapter 4: Results

### **RQ1: What is the relationship between sexual consent attitudes and acceptance of rape myths?**

To explore whether all four subscales of the Updated Illinois Rape Myth Acceptance Scale are correlated with positive sexual consent attitudes as presented in SCS-R's subscale 2, "positive attitudes towards establishing consent," (SCPA Overall) bivariate correlations were conducted, all using the same variables. These can be seen in Table 1.

Table 1

<i>Correlations of SCPA Overall and RMA Overall</i>		SCPA Overall	RMA Overall
SCPA Overall	Pearson Correlation	1	-.343**
	Sig. (2-tailed)		<.001
	N	445	427
RMA Overall	Pearson Correlation	-.343**	1
	Sig. (2-tailed)	<.001	
	N	427	427

\*\* Correlation is significant at the 0.01 level (2-tailed).

SCPA Overall and RMA Overall were found to have a moderate, negative correlation,  $r(427) = -.343, p < .001$ . As such, higher rated positive attitudes of consent correlated to lower levels of rape myth acceptance.

### **RQ2: What is the relationship between sexual consent behaviors and acceptance of rape myths?**

To address the relationship between sexual consent behaviors and acceptance of rape myths, SCS-R's subscales relating to sexual consent behaviors were combined into a composite variable. This composite variable, SCUBehave, is composed of the 3 subscales "(Lack of)

Perceived Behavioral Control,” “Indirect Behavioral Approach to Consent,” and “Awareness and Discussion.” A bivariate correlation was then run between SCUBehave and RMA, which can be found in Table 2.

Table 2

<i>Correlations of RMA Overall and SCU Behave</i>		RMA Overall	SCU Behave
RMA Overall	Pearson Correlation	1	.276**
	Sig. (2-tailed)		<.001
	Sum of Squares and Cross-products	179.719	37.907
	Covariance	.422	.099
	N	427	382
SCUBehave	Pearson Correlation	.276**	1
	Sig. (2-tailed)	<.001	
	Sum of Squares and Cross-products	37.907	121.655
	Covariance	.099	.307
	N	382	397

\*\* Correlation is significant at the 0.01 level (2-tailed).

SCUBehave and RMA were found to have a significant, positive correlation,  $r(382) = .276, p < 0.01$ . As such, higher levels of reported sexual consent behaviors correlate to higher levels of rape myth acceptance.

**RQ3: What is the relationship between situational knowledge of affirmative consent and acceptance of rape myths?**

To explore the relationship between situational knowledge of affirmative consent and acceptance of rape myths, a bivariate correlation was run between the Affirmative Sexual Consent Situational Knowledge Scale (CS) and the IRMA. The simple correlations can be found in Table 3.

Table 3

<i>Correlations of RMA Overall and SC Overall</i>		RMA Overall	SC Overall
RMA Overall	Pearson Correlation	1	-.458**
	Sig. (2-tailed)		<.001
	Sum of Squares and Cross-products	179.719	-71.768
	Covariance	.422	-.186
	N	427	386
SC Overall	Pearson Correlation	-.458**	1
	Sig. (2-tailed)	<.001	
	Sum of Squares and Cross-products	-71.768	144.356
	Covariance	-.186	.367
	N	386	394

\*\* Correlation is significant at the 0.01 level (2-tailed).

SC and RMA were found to have a significant, negative correlation,  $r(362) = -.458, p < 0.01$ . As such, lower levels of affirmative sexual consent situational knowledge is correlated with higher acceptance of rape myth levels.

#### **RQ4: How does the type of sexual education received affect college students' consent behaviors?**

To uncover any connections between types of sexual education received and college student consent behaviors, listed sources of sexual education were categorized based on level of formality. The “informal education” category included “at home,” “through peers,” and “through the internet.” The “formal education” category included “in elementary school class,” “in middle

school class,” “in high school class,” “in college orientation,” and “in college class.” Lastly, the “at church” option was categorized as “religious education.” Two additional categories were created to encompass cross-category education, with “comprehensive education” including all of the informal, formal, and religious education methods, and “both” including both informal and formal methods.

A one-way between subjects ANOVA was conducted to compare the effect of types of sexual education on sexual consent behaviors. There was not a significant effect of different types of sexual education on sexual consent behaviors for the three conditions [ $F(3, 393) = .444$ ,  $p = .722$ ]. Results indicated that sexual education type did not have significant effects on consent behaviors, thus rejecting the null hypothesis.

**RQ5: How does the type of sexual education affect college students’ acceptance of rape myths?**

Using the sexual education categories tested to answer RQ4, a one-way between subjects ANOVA was conducted to compare the effect of types of sexual education on IRMA. There was a significant effect of different types of sexual education on RMA for the three conditions [ $F(3, 423) = .530$ ,  $p < .01$ ]. To find the differences, a Games-Howell post hoc test was conducted, revealing a significant difference between both informal and formal sexual education and comprehensive sexual education. Post hoc comparisons using the Games-Howell test indicated that the mean score for the comprehensive sexual education condition ( $M = 1.9044$ ,  $SD = 1.0188$ ) was significantly different than the conditions of informal ( $M = 1.5773$ ,  $SD = .69712$ ), formal ( $M = 1.6135$ ,  $SD = .54038$ ), and both informal and formal ( $M = 1.5384$ ,  $SD = .57060$ ) sexual education methods. As such, participants that received sexual education from multiple types of sources were less likely to have high levels of rape myth acceptance.

## Chapter 5: Discussion

Prior research suggests that a variety of factors influence the way individuals view, understand, and enact sexual consent. The topic of sexual consent and, in conjunction, sexual assault, in particular on college campuses, has been examined in relation to numerous cognitive and behavioral phenomena, illustrating the complexity of the subject. This study investigated the role of various factors on both sexual consent behaviors and rape myth acceptance (RMA) levels. Results both corroborate and contradict existing literature on the topics of sexual consent behaviors and RMA. While clear connections are highlighted between attitudes, behaviors, and rape myth acceptance levels, type of education demonstrates a weaker effect on behavioral and RMA related outcomes.

This study's findings provide evidence of a surprising relationship between attitude, action, and RMA. Results indicated a moderate, negative correlation between positive attitude towards establishing consent and RMA, suggesting that an individual's attitude towards consent affects their view of sexual assault. Thus, if establishing consent is viewed favorably, an individual is more likely to disagree with rape myths. Similarly, results indicated a significant, negative relationship between situational knowledge of affirmative consent and RMA, supporting previous literature positing that increased sexual education can help address harmful social norms, such as those that reinforce rape myths (i.e. McCauley et al., 2020; Ortiz, 2019; Sisler, 2022). These findings in particular advance previous literature by quantifying this notion, but also highlighting the value of *situational* knowledge of consent. As this study's findings illustrate the connection between attitudes and actions, it is worth noting that this result in particular reflects a relationship between *specific* knowledge of consent (i.e. what situations do

and do not have consent) and attitudes towards sexual assault, as opposed to vague, overarching ideas about consent (i.e. consent is good).

Higher levels of reported consent behaviors on the other hand, were related to higher levels of RMA, showing that individuals who report using using higher levels of consent behaviors in their sexual activity are also more likely to accept rape myths. These findings suggest that attitudes towards consent may be more influential than actual behaviors when it comes to acceptance of rape myths, as this finding implies that use of positive sexual behaviors, such as consent behaviors, does not actually mean that someone has a healthy view of sexual consent and sexual assault (Bohner et al., 2009; Deming et al., 2013). This could also support Sisler's (2022) assertions that sexual consent is valued primarily because it is viewed as somewhat of a protection against sexual assault accusations. This further suggests that individuals who report sexual consent behaviors do so in an effort to prevent rape accusations, which could in turn reflect higher RMA if individuals subscribe to such beliefs because they are afraid of being on the other side. Furthermore, individuals may report higher levels of sexual consent behaviors if they are concerned about the stigma associated with not caring about consent and in conjunction, accusations about sexual assault. Future research should delve more deeply into the relationship between RMA and fear of sexual assault accusations.

While previously discussed results allude to the value of sexual education in addressing RMA, this study's results also highlighted an unexpected theme regarding the type of received sexual education. Though there were no significant relationships between RMA and informal vs. formal vs. religious sexual education, there was a correlation between comprehensive sexual education, which in this context is defined as including the three aforementioned types, and lower levels of RMA. This may indicate less importance of the source of sexual education, and

greater importance of having consistent, well-rounded sexual education. Receiving sexual education from multiple sources, regardless of the source, may normalize thought and discussion of sexual topics, such as sexual consent, thus increasing awareness and leading to decreased RMA.

Expanding upon the notion suggested by this study's findings that sexual education content may not be as influential as previously believed, the influence of received sexual education was also examined in a broader sense through running bivariate correlations between perceived effectiveness of received sexual education in general and on specific topics and reported levels of sexual activity. Interestingly, there were no significant correlations between perceived effectiveness of received sexual education about pregnancy, sexually transmitted diseases, or abstinence-only sexual education, which may indicate that sexual education focusing on negative consequences of sexual activity or specifically encouraging abstinence may not be as effective in actually curbing future engagement in sexual activity. This can be connected to Atkins and Bradford's (2021) study of comprehensive and abstinence-only sexual education's impacts on youth sexual behaviors, which found that comprehensive sexual education decreases sexual activity and increases contraceptive use, whereas abstinence-only increases sexual activity and decreases hormonal contraceptive use in teens.

Given the findings regarding the influence of sexual education on RMA, additional bivariate correlations were run between RMA and measures relating to sexual education perceptions. Results revealed positive correlations between RMA and perceived effectiveness of received sexual education in general and on specific topics relating to sexual assault and consent. For example, RMA and perceived effectiveness of received sexual education overall were found to have a significant, positive correlation,  $r(347) = .129, p < .05$ , while RMA and perceived

effectiveness of sexual education about consent specifically have a weak, positive correlation  $r(427) = .458, p < .001$ . This trend is also reflected in the weak, positive correlation between RMA and perceived effectiveness of received sexual education regarding sexual assault,  $r(427) = -.104, p = .059$ . Though these results failed to reject the null, further research should examine if there is a connection between perceived effectiveness of sexual education and acceptance of rape myths. Although there is not literature directly addressing the connection between perceived effectiveness of sexual education and rape myth acceptance, Silver and Hovick (2018) reference RMA as an issue influenced by misinformation, supporting the need to understand the role of sexual education in the formation of such beliefs.

Given the surprising result of RQ2, which indicates that higher levels of reported sexual consent behaviors correlate to higher levels of rape myth acceptance, further bivariate correlation tests were run to determine the most impactful influences on sexual consent behaviors (SCUBehave), aiming to further understand the connection between sexual attitudes and actions. After testing frequency of engaging in sexual activity and enactment of sexual consent behaviors, a promising, moderate correlation emerged,  $r(397) = .261; p < .001$ , indicating that the more sexually active an individual is, the more likely they are to enact sexual consent. While this is certainly a positive finding, further tests highlighted the influence of multiple variables on attitudes, which as previously discussed, greatly influence sexual consent behaviors, as well as acceptance of rape myths (i.e. Beres, 2007; Bohner et al., 2009; Dixon et al., 2019; Fansher & Zedaker, 2022).

Specifically, beliefs about one's ability to give and identify consent were found to correlate with lower levels of consent behaviors. The belief that "it is easy to accurately read my current (or most recent) partner's nonverbal signals as indicating consent or non-consent to



sexual activity” and sexual consent behaviors have a significant, moderate, negative correlation,  $r(397) = -.438; p < .001$ . As such, individuals that believe that they can easily read a partner’s nonverbals as consent or non-consent are less likely to engage in sexual consent behaviors. Interestingly, the same belief has a significant, moderately positive relationship to frequency of engaging in sexual activity,  $r(445) = .265; p < .001$ . This suggests that though individuals reporting higher levels of sexual activity also reported higher levels of sexual consent behaviors, the belief that nonverbals can indicate consent or non-consent can lead to a contradicting relationship. The connection between college student sexual activity and the belief that one can read their partner’s nonverbals as communication of consent is supported by multiple previous studies, which indicate that college students specifically prefer relying on indirect, nonverbal consent communication, believing nonverbals to be effective consent communication (i.e. Humphreys & Brosseau, 2010; Jozkowski et al., 2014; Sisler, 2022).

These findings offer valuable insight into not only the role of sexual education on future attitudes and behaviors, but also suggest different directions for the concepts in sexual education. Findings, such as the negative relationship between number of sources of sexual education and RMA, illustrate that comprehensive sexual education where a young adult is offered differentiated enforcement of safe sexual practices has a negative impact on RMA. This may support an argument for comprehensive sexual education over abstinence-only education (Atkins & Bradford, 2021). Although there was not a research question addressing this, the lack of significant correlation between abstinence-only sexual education and actual sexual activity levels in this study’s findings provide evidence that this phenomena should be explored further and explicitly addressed in a future study.

## **Chapter 6: Conclusion**

Previous literature illustrates the impactful nature of attitudes, knowledge, and actions relating to sexual consent and in conjunction, sexual assault. These outcomes are often exacerbated on college campuses, as is evident in the numbers of sexual assault suffered by college-aged individuals.

Although these issues are particularly pressing on college campuses, consent is an integral part of the way humans connect—sexually and otherwise. Although there are seemingly unending opportunities for expanding research on these topics, the results of this study highlight the need to understand the role of education in tandem with socialization in order to improve the way consent is viewed not just in educational institutions, but society as a whole.

This study revealed strong connections between attitudes and sexual consent behaviors and acceptance of rape myths. Attitudes towards establishing consent guide views of sexual assault, which also guide actions and specifically, the enactment of sexual consent behaviors. While correlations were also found between knowledge of consent in terms of affirmative consent situational knowledge, surprising results indicate that the type of received sexual education has no significant effect on sexual consent behaviors or acceptance of rape myths, though a positive correlation was found between comprehensive sexual education (informal, formal, and religious sources) and RMA. This supports the notion that the influence of sexual education may be less intertwined with *what* is covered, but rather the frequency of the education.

### **Limitations and Future Directions**

First and foremost, the primary limitation of this study was the sample size. A larger, more representative sample should be studied in the future to ensure an accurate statistical

representation. More diverse representation, particularly in relation to different sexual education backgrounds, ages, and geographic locations, would benefit future research in order to better isolate the factors that influence sexual consent behaviors and acceptance of rape myths. Additionally, while the perspective of sexual assault survivors were represented, no participants were able to represent the side of the accused assailant. A more diverse sample could have offered different viewpoints. Contributing to the sample size, another notable limitation of this study is that given the sensitive nature of the topic, recruitment was difficult. Furthermore, the only compensation offered to participants was extra credit, which was given at the discretion of faculty that agreed to help recruit, who were primarily faculty from the humanities and social sciences.

Another notable limitation is that given the stigma of the researched topics, it is possible that not all participants were honest in their answers. Because sexual consent and sexual assault have gained traction in the media and social conversations over the past few years, participants may have felt pressured to answer questions, such as how frequently they engage in sexual consent behaviors, a certain way in order to avoid a perceived stigma.

The implications of this study highlight numerous future directions for additional research. Future researchers can study the relationships between various other factors and attitudes and actions relating to sexual consent, sexual education, and sexual assault. Additional research can also delve more deeply into sexual education, examining the effects of type of sexual education, topics covered, perceived effectiveness of the education, and perceived influence of the education.

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## APPENDIX A: Survey Instruments

### **Sexual Consent Understanding Scale (SCS-R)**

Please read each of the following statements and indicate the number that indicates how true each is of you: 1 = strongly disagree 5 = strongly agree.

#### ***Subscale 1: (Lack of) perceived behavioral control***

- I. I would have difficulty asking for consent because it would spoil the mood
- II. I am worried that my partner might think I'm weird or strange if I asked for sexual consent before starting any sexual activity
- III. I would have difficulty asking for consent because it doesn't really fit with how I like to engage in sexual activity I would worry that if other people knew I asked for sexual consent before starting sexual activity, that they would think I was weird or strange
- IV. I think that verbally asking for sexual consent is awkward
- V. I have not asked for sexual consent (or given my consent) at times because I felt that it might backfire and I wouldn't end up having sex
- VI. I believe that verbally asking for sexual consent reduces the pleasure of the encounter
- VII. I would have a hard time verbalizing my consent in a sexual encounter because I am too shy
- VIII. I feel confident that I could ask for consent from a new sexual partner
- IX. I would not want to ask a partner for consent because it would remind me that I'm sexually active
- X. I feel confident that I could ask for consent from my current partner

#### ***Subscale 2: Positive attitude toward establishing consent***

- I. I feel that sexual consent should always be obtained before the start of any sexual activity

- II. I believe that asking for sexual consent is in my best interest because it reduces any misinterpretations that might arise
- III. I think it is equally important to obtain sexual consent in all relationships regardless of whether or not they have had sex before
- IV. I feel that verbally asking for sexual consent should occur before proceeding with any sexual activity
- V. When initiating sexual activity, I believe that one should always assume they do not have sexual consent
- VI. I believe that it is just as necessary to obtain consent for genital fondling as it is for sexual intercourse
- VII. Most people that I care about feel that asking for sexual consent is something I should do
- VIII. I think that consent should be asked before any kind of sexual behavior, including kissing or petting
- IX. I feel it is the responsibility of both partners to make sure sexual consent is established before sexual activity begins
- X. Before making sexual advances, I think that one should assume “no” until there is clear indication to proceed
- XI. Not asking for sexual consent some of the time is okay

***Subscale 3: Indirect behavioral approach to consent***

- I. Typically I communicate sexual consent to my partner using nonverbal signals and body language
- II. It is easy to accurately read my current (or most recent) partner’s nonverbal signals as indicating consent or non-consent to sexual activity

- III. Typically I ask for consent by making a sexual advance and waiting for a reaction, so I know whether or not to continue
- IV. I don't have to ask or give my partner sexual consent because my partner knows me well enough
- V. I don't have to ask or give my partner sexual consent because I have a lot of trust in my partner to "do the right thing"
- VI. I always verbally ask for consent before I initiate a sexual encounter

***Subscale 4: Sexual consent norms***

- I. I think that obtaining sexual consent is more necessary in a new relationship than in a committed relationship
- II. I think that obtaining sexual consent is more necessary in a casual sexual encounter than in a committed relationship
- III. I believe that the need for asking for sexual consent decreases as the length of an intimate relationship increases
- IV. I believe it is enough to ask for consent at the beginning of a sexual encounter
- V. I believe that sexual intercourse is the only sexual activity that requires explicit verbal consent
- VI. I believe that partners are less likely to ask for sexual consent the longer they are in a relationship
- VII. If consent for sexual intercourse is established, petting and fondling can be assumed

***Subscale 5: Awareness and discussion***

- I. I have discussed sexual consent issues with a friend
- II. I have heard sexual consent issues being discussed by other students on campus



- III. I have discussed sexual consent issues with my current (or most recent) partner at times other than during sexual encounters
- IV. I have not given much thought to the topic of sexual consent

### **Affirmative Sexual Consent Situational Knowledge Scale**

Please read each of the following situations and indicate whether you feel each situation is 1 = definitely is not sexual assault to 5 = definitely is sexual assault, based upon the following prompt: “If two people had sex (including oral, vaginal, and/or anal) under the following conditions, please indicate whether you believe it to be sexual assault or not.”

- I. One partner pressured the other into having sex when he or she did not want to.
- II. One partner got angry at the other as a means of intimidating him or her into having sex.
- III. One partner encouraged the other to consume alcohol or drugs to loosen him or her up.
- IV. One partner gave the other alcohol or drugs without his or her knowledge.
- V. One partner had sex with the other when he or she was passed out.
- VI. One partner had sex with the other when he or she was intoxicated (with alcohol and/or illicit drugs).
- VII. One partner is verbally and nonverbally expressing their interest when having sex but the other partner is silent and motionless.
- VIII. One partner does not actively resist having sex but also does not indicate whether he or she wants to have sex.
- IX. Both partners verbally agree to have sex but then one partner becomes unsure and says he or she may want to stop, but the other partner continues anyway.
- X. One partner used some degree of physical force (twisting his or her arm, holding him or her down or in any other way restraining or physically hurting the person).
- XI. Both partners verbally agreed to have sex.
- XII. One partner verbally agreed to have sex and the other did so by nodding or providing some other nonverbal agreement.

## **Updated Illinois Rape Myth Acceptance Scale (IRMA)**

Please read each of the following statements and indicate the number that indicates how true each is of you: 1 = strongly disagree 5 = strongly agree.

### ***Subscale: She asked for it***

- I. If a girl is raped while she is drunk, she is at least somewhat responsible for what happened.
- II. When girls go to parties wearing revealing clothes, they are asking for trouble.
- III. If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped.
- IV. If a girl hooks up with a lot of guys, eventually she is going to get into trouble.

### ***Subscale: It wasn't really rape***

- I. If a girl doesn't physically resist sex—even if protesting verbally—it really can't be considered rape.
- II. If a girl doesn't physically fight back, you can't really say it was rape.
- III. If the accused "rapist" doesn't have a weapon, you really can't call it a rape.
- IV. If a girl doesn't say "no," she can't claim rape.

### ***Subscale: She lied***

- I. A lot of times, girls who say they were raped agreed to have sex and then regret it.
- II. Rape accusations are often used as a way of getting back at guys.
- III. Girls who say they were raped often led the guy on and then had regrets.
- IV. A lot of times, girls who claim they were raped just have emotional problems.
- V. Girls who are caught cheating on their boyfriends sometimes claim that it was rape.

### ***Subscale: He didn't mean to***

- I. When guys rape, it is usually because of their strong desire for sex.

II. Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away.

III. Rape happens when a guy's sex drive gets out of control.

***Subscale: He didn't mean to – alcohol***

I. If a guy is drunk, he might rape someone unintentionally.

II. If both people are drunk, it can't be rape.

III. It shouldn't be considered rape if a guy is drunk and didn't realize what he was doing.

## Demographic Information

- I. What is your current gender identity?
  - A. Male
  - B. Female
  - C. Gender fluid
  - D. Nonbinary
  - E. Other
  - F. Prefer not to say
  
- II. What was your assigned sex at birth?
  - A. Male
  - B. Female
  - C. Prefer not to say
  
- III. What is your sexual orientation?
  - A. Heterosexual
  - B. Homosexual
  - C. Bisexual
  - D. Asexual
  - E. Pansexual
  - F. Other
  - G. Prefer not to say
  
- IV. What is your academic standing at WKU?
  - A. Freshman
  - B. Sophomore

- C. Junior
  - D. Senior
  - E. Graduate student
- V. What are you involved in on campus?
- A. Please mark all that apply: IFC fraternity, Panhellenic sorority, NPHC fraternity, NPHC sorority, WKU sponsored sport team, campus club, campus nonprofit organization, campus academic organization, campus honor society, on campus job, off campus job, intramurals, performance based club, student publications or media
- VI. On a scale of 1-10, how sexually active would you rate yourself?
- A. Slide bar with 1 being not sexually active to 10 being very sexually active
- VII. Typically, how frequently do you engage in sexual encounters?
- A. Never
  - B. A few times a year
  - C. A few times a semester
  - D. A few times a month
  - E. A few times a week
  - F. Daily
  - G. Multiple times a day
- VIII. Which of the following sexual encounters do you/have you participated in during your college experience?

- A. Please select all that apply: One night stand, friends with benefits, sexually active romantic relationship, sexually active open relationship, casual repeat sexual partner, masturbation, viewing pornographic material, none of the above
- IX. How frequently do you go out to events that may include drinking and/or drug use?
- A. Never
  - B. A few times a year
  - C. A few times a semester
  - D. A few times a month
  - E. A few times a week
  - F. Daily
- X. How frequently do you consume alcohol?
- A. Never
  - B. A few times a year
  - C. A few times a semester
  - D. A few times a month
  - E. A few times a week
  - F. Daily
- XI. How would you define your K-12 schooling?
- A. Private, same sex school, private, all inclusive school, public, same sex school, public, all inclusive school, home school, online school
- XII. Did you receive a formal sexual education?
- A. Yes
  - B. No

- XIII. If yes, how would you rate the effectiveness of your formal education?
- A. 1-10
- XIV. When or where did you receive sexual education? Please select all that apply.
- A. At home
  - B. At church
  - C. In elementary school in class
  - D. In middle school in class
  - E. In high school in class
  - F. At college orientation
  - G. At college in a class
  - H. Through peers
  - I. Through the internet
- XV. Please rate the effectiveness of the training you received on each of the following subjects in your sexual education on a scale of 1-5, with 1 = not effective at all and 5 = very effective.
- A. Sexual consent
  - B. Abstinence only
  - C. Sexually transmitted diseases
  - D. Pregnancy
  - E. Types of contraceptives
  - F. How to use a condom
  - G. How to discuss sex with a partner
  - H. Affirmative sexual consent



- I. What an orgasm is
  - J. Health benefits of sex
  - K. Peer pressure
  - L. Reproductive health
  - M. Sexual assault
  - N. Title IX policies
  - O. Sexual orientation
- XVI. Have you ever experienced any form of sexual assault?
- A. Yes
  - B. No
  - C. I don't know
- XVII. Do you know someone that's been assaulted during college?
- A. Yes
  - B. No

Appendix B: Tables

Table 1

<i>Correlations of SCPA Overall and RMA Overall</i>		SCPA Overall	RMA Overall
SCPA Overall	Pearson Correlation	1	-.343**
	Sig. (2-tailed)		<.001
	N	445	427
RMA Overall	Pearson Correlation	-.343**	1
	Sig. (2-tailed)	<.001	
	N	427	427

\*\* Correlation is significant at the 0.01 level (2-tailed).

Table 2

<i>Correlations of RMA Overall and SCU Behave</i>		RMA Overall	SCU Behave
RMA Overall	Pearson Correlation	1	.276**
	Sig. (2-tailed)		<.001
	Sum of Squares and Cross-products	179.719	37.907
	Covariance	.422	.099
	N	427	382
SCU Behave	Pearson Correlation	.276**	1
	Sig. (2-tailed)	<.001	
	Sum of Squares and Cross-products	37.907	121.655
	Covariance	.099	.307
	N	382	397

\*\* Correlation is significant at the 0.01 level (2-tailed).

Table 3

<i>Correlations of RMA Overall and SC Overall</i>		RMA Overall	SC Overall
RMA Overall	Pearson Correlation	1	-.458**
	Sig. (2-tailed)		<.001
	Sum of Squares and Cross-products	179.719	-71.768
	Covariance	.422	-.186
	N	427	386
SC Overall	Pearson Correlation	-.458**	1
	Sig. (2-tailed)	<.001	
	Sum of Squares and Cross-products	-71.768	144.356
	Covariance	-.186	.367
	N	386	394

\*\* Correlation is significant at the 0.01 level (2-tailed).

Appendix C: Institutional Review Board (IRB) Approval



*INSTITUTIONAL REVIEW BOARD  
OFFICE OF RESEARCH INTEGRITY*

DATE: February 4, 2022

TO: Julie Sisler

FROM: Western Kentucky University (WKU) IRB

PROJECT TITLE: [1868521-1] College Student Sexual Consent Communication: Thesis Prospectus

REFERENCE #: IRB# 22-177

SUBMISSION TYPE: New Project

ACTION: APPROVED

APPROVAL DATE: February 4, 2022

EXPIRATION DATE: May 1, 2022

REVIEW TYPE: Expedited Review

Thank you for your submission of New Project materials for this project. The Western Kentucky University (WKU) IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by an *implied* consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a MINIMAL RISK project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of May 1, 2022.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Robin Pyles at (270) 745-3360 or [irb@wku.edu](mailto:irb@wku.edu). Please include your project title and reference number in all correspondence with this committee.

- 1 - Generated on IRBNet

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Western Kentucky University (WKU) IRB's records.

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Keywords (3-5 keywords not included in the title that uniquely describe content): Sexual consent, sexual education, rape myth acceptance

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