Let's Talk About (Consensual) Sex!

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Let’s Talk About (Consensual) Sex!

by

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Bachelor of Commerce, John Molson School of Business, Concordia University, 2011

THESIS

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Abstract

Legal, moral, and health-related issues around sexual consent have become prominent in the media in recent years. The public debate surrounding these news stories indicates a large discrepancy in people’s understanding of sexual consent and its legal implications. Motivated by the fact that university students are sexually victimized at rates exceeding the general population, this study explores factors that influence knowledge of legal aspects of sexual consent and confidence in using such knowledge of students/alumni, under 30 years old, from two southern Ontario universities. This quantitative study used an online survey design, and is grounded in a heuristic paradigm, with a feminist perspective. Ten vignette-style questions were developed to evaluate legal sexual consent knowledge. Participants felt relatively confident about their level of knowledge and understanding, and yet their scores on knowledge do not reflect that. Association between variables was examined using bivariate and multiple regression analyses. No factors were found to be statistically significantly associated with level of sexual consent knowledge. A regression model for levels of confidence about sexual consent, accounted for 12.4% of the variance. Implications for research, practice, and policy are discussed, with an emphasis on educational interventions and advocacy opportunities.
Dedication

I wish to dedicate this work to all survivors of sexual assault and domestic violence, particularly those who have been unable to tell their story. I see you, I hear you, and I believe you.
Acknowledgements

“It takes a village” is not an adequate expression to capture the amount of time, effort, and energy put in by so many people to make this project a reality.

It feels like forever ago that I sat in the graduate student lounge in the basement of the Faculty of Social Work, and said, “So, I think I have an idea.” There were about 4 or 5 of us, and while unfortunately I can’t remember exactly who was there, I do remember Nadine H. encouraging me, in no uncertain terms, to pursue my idea: “Okay, you HAVE to do that!” That initial encouragement was the catalyst for everything that followed!

In putting together a survey which contained elements on the fringes of my expertise, I relied on the input and advice of several key people. Many thanks to Cynthia Jennison, Assistant Crown Attorney (Ministry of the Attorney General of Ontario), Dr. Rebecca Godderis, and Raymond McKie, who all contributed greatly to the key informant review of my survey. Following that, I would like to thank the individuals who participated in my focus group pilot testing of the survey: Kayleigh A., Preet C., Justine D., Hannah G., and Rafik S. My survey, and therefore this thesis, would not have been as valuable without your input.

Thank you to Laurier’s Faculty of Social Work for providing a grant to cover some of the costs of my incentive draw.

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To my advisor, Dr. Eliana Suarez, I owe everything. Your support, excitement, and encouragement on this project have carried me through. Your consistent feedback and constructive criticism have not only made this project what it is, but also made me into a better researcher, writer, and person today. Thank you - graduate students should consider themselves lucky if ever they have someone as great as you advising them.

To all my friends and family members, too many to list here, who have listened to me preach, complain, babble, and vent over the last two years – your support has not gone unnoticed! Special thanks to Hannah G. and Hilary S. who were both kind enough to proofread earlier drafts of this work. I am especially grateful for the support of the individuals who came to my defense: Rachel B., Carrie C., Sanjay G, Hannah G., Paul M., Sarah M., and Ellen M. My parents, parents-in-law, brothers, and brothers-in-law have all been enormously supportive – I cannot thank you enough.

To Paul, my husband, partner, and best friend: there is no way I could have done this without you. From helping put me in contact with professors to advertise my survey, to gently reminding me to turn off Netflix and get back to work, your support has gone a long way. Thank you for wiping my tears during the difficult moments, and celebrating with a hug and a big smile at the successful ones.

Lastly, I want to thank the 347 people who participated in my survey. You have helped to contribute to a field that so desperately needs attention. This work is your work. Together, we can dream of a day where hundreds of pages are not needed to explain ‘sexual consent.’
Author’s Note Regarding Terminology

I wish to acknowledge that the language used in this piece is not always consistent with feminist, social work, and anti-oppressive theories, nor with the principles of diversity and inclusion. As this work was at the intersection of social work, education, and law – three vastly different fields with very different views and terminology – it was often difficult to honour the theories and lenses that I wished to use and embody, while at the same time remaining contextually relevant. Thus, the appearance of terms such as perpetrator (and the insinuation that it is always men), victim (insinuated as always women), offender, accused, witness, and cognitive abilities, as well as others, do not necessarily represent my own views. I attempted to use the language that was the “best” for the context of the immediate discussion, however it has resulted in a very imperfect collection of terminologies. My apologies to anyone who is affected.
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Chapter 1: Introduction

Legal, moral, and health-related issues around sexual consent have become prominent in North American media in recent years, with stories around Jian Ghomeshi, Bill Cosby, and Dalhousie University’s Faculty of Dentistry. Prior to these stories, there were highly-publicized accounts of the lives of Rehtaeh Parsons, Amanda Todd, and the Steubenville rapes. One need only to look at the online commentary surrounding these news stories to notice that there is a huge discrepancy in some people’s understanding of sexual consent and its implications, particularly in the legal context. With many online comments, and entire forum threads dedicated to the subject\(^1\), the major rhetoric that came out of the Steubenville case in Ohio (USA) was, “well, it wasn’t actually rape.” The Steubenville case and the Parsons case both involved minors (under 18 at the time of the incidents) being legally charged with rape and child pornography-related charges, respectively. Activists appeared to respond to these cases with rhetoric of their own: “We need to stop teaching girls how not to get raped, and instead teach boys not to rape.”

However, if there is such a discrepancy in our collective understanding of consent, a legal cornerstone when it comes to defining and adjudicating sexual assault, then how can we expect individuals not to do it? When we teach young people how to drive a car, we include discussions around what the law is, and what the consequences are for breaking it. In our current context, there is no evidence that this same approach is occurring with regards to sexual consent.

With such discrepancies in mind, the purpose of this study was to explore young adults’ 1) level of knowledge of legal concepts of sexual consent, 2) level of confidence in applying these concepts, and 3) explore the association between this knowledge and confidence with other socio-demographic and descriptive variables. This was done through an online survey administered to university students and alumni of universities in Southern Ontario under the age of 30.

Sexual violence is a pervasive issue. Although hard data is difficult to obtain due to the culture of silence around it, it is estimated that on average, 1 in 3 women will experience sexual assault in their lives (Suarez & Gadalla, 2010). Legally, sexual assault is any sexual activity without consent. Therefore, given the traumatizing nature of sexual violence and the way that it reinforces patriarchal norms, social work has a vested interest in studying the issue of sexual consent further in order to be able to better address the roots of this issue. If people had a better understanding of legal sexual consent, perhaps we could change the conversation around what is normal and expected, rather than survivors feeling that an assault was something that is “normal.” Perhaps we could even reduce instances of sexual violence altogether by acknowledging, as a society, more fully the “wrongness” of breaching consent. Understanding the factors that contribute to both knowledge of consent and confidence around the topic would enable program developers and policy analysts to best target their interventions. Furthermore, while justice should not be done in the court of public opinion, there is some legitimacy to the claims, for example in Steubenville, of people being labelled “criminals” or “sex offenders” and the impacts it can have on their lives. Given the host of poorer outcomes associated with youth involvement with the criminal justice system, it is in social work’s best practice
interest to attempt to prevent youth from committing acts that could potentially result in such involvement.

This thesis is structured into five chapters. First, this chapter discusses broadly the issues of sexual assault/consent and the main outline of this study. In Chapter 2, the literature on sexual consent is discussed, highlighting the philosophical underpinnings of consent, the difficulty in defining consent, how people generally give/show consent, and the differences in demonstration and understanding of consent between genders and sexual orientations. It also highlights the absence of literature on legal sexual consent concepts and where/how young people are getting their information about sexual consent. Additionally, the theoretical framework for this study is presented. Next, Chapter 3 outlines the research methodology, including the research objectives and question, the research design and survey instrument, the population and sampling frame, some ethical considerations, the participant response, and data collection and analysis. Chapter 4 presents the results, mainly highlighting the bivariate associations and the lack of regression model that was able to be developed. Lastly, Chapter 5 discusses the findings in the context of what was already known, posits implications for research, policy, and practice, includes a reflective piece, and concludes the study.
Chapter 2: Literature Review

This chapter provides the foundation for this study. The literature that already exists is presented and discussed, along with some critique of these existing studies and ideas. With consent being a relatively ‘new’ topic (about thirty years old), there is some scholarship that has been published on sexual consent, but more ample scholarship on a wide variety of topics related to it. The literature on sexual consent spans its meaning, how it is communicated, the differences between men and women for both communicating and understanding consent, the differences between heterosexual and homosexual relationships, and one study on legal consent. Some discussion of sexual assault prevention strategies is also presented. Secondly, the theoretical framework for this study is presented, noting its grounding in a heuristic paradigm, focused on utility, while employing dynamic systems theory and being heavily informed with a feminist perspective. Lastly, an overview of sexual consent law in Canada is presented to contextualize this study.

Empirical Review

The first topic that will be examined is the meaning of sexual consent. For instance, Archard’s (1998) book explores the philosophy of consent, and even touches on areas that complicate our understanding of consent, such as sado/masochistic relationships and sex workers. It also devotes a lot of discussion to consent being the deciding factor in whether or not a sexual interaction is moral or not. Further complicating issues, Archard suggests, is the idea that some feminists believe that women can never truly give consent because of the societal norms that have developed in our current patriarchal society. He further criticizes the heteronormativity of the idea that
rape can only occur with penetration, while at the same time, the majority of his book refers to women as victims and men as perpetrators, reinforcing the typical gendered discussion around sexual assault that denies the experience of men who have experienced sexual assault as well as the experience of sexual assault within non-heterosexual relationships.

An extensive review of sexual consent literature was conducted by Beres (2007). From her review, two major themes applicable to this research study came out. First, there is little consensus amongst researchers on a definition of consent. Generally, the disagreements are around whether consent given under coercive forces “counts,” and whether consent must be verbal (versus non-verbal). The second issue is around studies about consent which do not include a definition. Beres argues that if there is no common definition, then the participants may be interpreting the questions differently.

The literature that has studied how individuals communicate consent indicates that women as well as men (Beres, 2007; Burrow et al., 1998; Hickman & Muehlenhard, 1999) use primarily non-verbal cues to communicate consent or non-consent. This seems to now be acknowledged for Ontario’s new sexual education curriculum, with the inclusion of reading non-verbal cues incorporated into the learning as early as grade one (CBC News, 2015). While this is definitely progress, it should be noted that there is some literature indicating that men are already very capable of understanding a woman’s non-verbal refusal (O’Byrne et al., 2006). This reinforces an earlier conclusion by Hickman & Muehlenhard (1999) which posited that the miscommunication theory of sexual assault (men simply misunderstanding those non-verbal cues) is unlikely, despite the usual non-verbal communication of consent.
Most of the research focused on heterosexual relations, and used university populations for the studies. Beres et al. (2004) completed one study on homosexual negotiations of consent, and found that their negotiations of consent had some differences from heterosexual negotiations, but again, still relied primarily on non-verbal communication. Hickman and Muehlenhard (1999) identified a need for future research to see if there were any differences between ethnicities and cultures, ages, and socioeconomic groups in terms of how consent is negotiated.

The legal aspects of consent is another topic of relevance for this study. Kazan discusses, in her chapter ‘Sexual Assault and the Problem of Consent’ in French et al. (1998), the two predominant ways that courts determine whether there has been consent: the ‘attitudinal’ and the ‘performative’ models of consent. In essence, the attitudinal has to do with the court determining whether or not the sexual contact was wanted (e.g., the victim’s attitude), whereas the performative model evaluates the actions that the victim took. She argues, “Both accounts are problematic… A meaningful consent standard, which respects the consenting agent’s sexual autonomy, goes beyond the attitudinal and performative accounts, while extracting the best features of both” (French et al., 1998, p. 28). In particular, she argues that the concept of coercion makes both models less useful as it may appear as though there was consent, but the presence of coercion could invalidate it. This problem is still pervasive today, as courts still rely heavily on the performative model.²

² See, for example, the Albertan judge who recently caused outcry by saying to a victim, during the trial of her assailant in her sexual assault, “Why couldn't you just keep your knees together?” and, "Why didn't you just sink your bottom down into the basin [of the sink] so he couldn't penetrate you?" Both of these rely on the performative model of consent. http://www.cbc.ca/news/politics/federal-court-judge-robin-camp-inquiry-1.3393539
Some literature has addressed how sexual assault prevention programs and related interventions are developed and given (e.g., Anderson & Whiston, 2005; Brecklin & Forde, 2001). However, these do not look specifically at whether consent was discussed or presented, since many prevention programs look more at attitudinal changes. Jozkowski et al. (2014) identified that there can be gender differences in how consent is communicated, and therefore education programs should perhaps attempt to address that. Walker (1997) points out that sexual conduct is guided by both gender and cultural norms, and therefore any programming should address those norms as a means to combat sexual violence.

Further to that, Beres (2014), Kumar et al. (2013) and Pearce (2008, as cited in Miller et al., 2010) have pointed out that while people are relatively conversant in colloquial concepts around consent, generally, people have a poor understanding of legal consent. The study by Kumar et al. (2013) was with a student population in Ontario, and asked one question related to the age of consent, which brought the researchers to their conclusion that youth did not have a good understanding of one aspect of legal consent. Logically, it flows that some researchers have also identified the need for people to be taught legal consent (Humphreys & Herold, 2003; Beres, 2014). If sexual education is to be revised, it should also be noted that there was a study done which identified that home-based sexual education may be more effective than school-based (Brock, 1995).

In summary, the literature on sexual consent is varied and covers a lot of different aspects. There are both quantitative studies (e.g., Humphreys & Brousseau, 2010) and qualitative studies (e.g., O’Byrne et al., 2006), as well as an extensive literature review on the conceptual aspects of the topic (Beres, 2007). Much of the literature has focused on
defining consent, and looking at how it is communicated. There is relatively little
literature on the legal aspects of consent, as well as any focus on where individuals have
learned about consent. There is also very little literature comparing across some other
demographic variables aside from gender and sexual orientation. Therefore, this study
covers a significant gap by addressing the legal aspect of consent in detail, covering the
question of where the individual has learned about consent, and offering the potential to
compare both confidence levels and knowledge of legal consent across other
demographic variables.

**Theoretical Framework**

This study falls within the heuristic paradigm, and is grounded in intersectional
feminist theory. Given how feminist theories brought about discussions of sexual
consent, and how feminists continue to be leaders in further developments in this area,
and the ongoing gendered nature of sexual assault, this study requires a feminist
perspective. However, given the complexity of understanding sexual assault and sexual
consent, this study employs an intersectional approach.

There are four tenets of the heuristic paradigm that inform and shape this study.
First, working in a heuristic paradigm, one is interested in utility rather than certainty
(Pieper, 1989). This study seeks to improve our knowledge of gaps in sexual consent
education in order to inform curriculum and programming for both the public school
system as well as at the university level, specifically for social work students. While this
study will not indicate whether improved knowledge of legal aspects of sexual consent
will reduce incidences of sexual assault, it will be useful in shaping discussions of
consent education in the future. Second, heuristic paradigm seeks more for bias
recognition rather than regulation (Pieper, 1989). It is not expected that a researcher can remain entirely unbiased or that the participants can be entirely uninfluenced by the researcher. In the context of this study, it is plausible that participants may already have knowledge of consent, and therefore be interested enough to participate (self-selection bias). It is also possible that they could research the questions while doing the survey, and thus skew the results. However, if the goal is utility, then in some ways, those possibilities are acceptable because the participants then are at least learning; this study is contributing to their knowledge-seeking behaviour, and therefore the improvement of their knowledge. Third, heuristic research does not look for causation, but explanation (Pieper, 1989). The purpose of this study is not necessarily to find an all-encompassing cause-and-effect relationship in terms of breaches of sexual consent, but it seeks rather to explain more thoroughly both what youth have a good understanding of, and conversely what they have a poor understanding of, and any associations that may exist between that knowledge and other variables. This will help curriculum developers and program developers alike in tailoring their work towards any existing gaps. Last, a heuristic paradigm seeks to redraw environment-system boundaries (Pieper, 1989). Typically, literature on sexual consent has focused on how consent happens, but not as much on what has influenced those happenings. Discussions of consent also typically frame men as perpetrators and women as victims, while ignoring the nuances of non-heterosexual relationships, the experiences of transgender individuals, and the influence of larger aspects of society on all of these. This study seeks to redraw the boundaries of sexual consent literature to include all the systems at play: women, men, peers, parents, education systems, legal systems, and the media.
This study employs an intersectional feminist approach. While feminism has long been at the fore around conversations of sexual assault and sexual consent, feminists realized that gender was not the only identity at stake in these issues (McCall, 2005). This study is looking at various socio-demographic variables that could influence a person's knowledge of consent (gender, age, race/ethnicity, education level, education field, etc.). This study engages this perspective to an extent, however it attempts to disrupt any heteronormative notions by taking a more nuanced approach. A large portion of previous research has been focused on a) heterosexual relations (Beres et al., 2004), and b) that a woman is always the one “giving” consent to a man (Walker, 1997; Jozowski et al., 2014). This reinforces notions of women as victims and men as perpetrators. When looking at things from a more nuanced, intersectional perspective, we can see that the way that girls/women and boys/men are socialized, including through interactions with peers, the education system, their families, and the media, is gendered in itself (Walker, 1997; Jozowski et al., 2014). However, discussions of sexuality have evolved over time and vary across cultures. Therefore, this study conceptualizes consent from the perspective that it should be a mutual negotiation, allowing for a disruption of the normative notion of men-as-perpetrators and women-as-victims, and for an inclusion of non-heterosexual relations, and non-gender conforming individuals, in addition to the idea that partners of different cultures may have additional particularities around negotiations of consent. Men, as well as women, should be actively involved in the consent process, and this study further acknowledges that consent in same-sex relations can be further complicated. The way that men are socialized from a young age is damaging to themselves and to women (see, for example, Hearn & Whitehead, 2005), in
a similar way that the way that women are socialized is damaging to themselves (see, for example, Lebowitz & Roth, 1994). Furthermore, for a truly intersectional approach, this research should be inclusive of all kind of sexually diverse identities, and all types of relations (see, for example, Mehrotra, 2010). Therefore, this study employs tenets of feminist theories (both intersectionality and masculinity theories) to inform various aspects of the study design as well as the analysis of results.

**Sexual Assault Law in Canada**

To appreciate the nature of this study and its implications in the broader context, it is necessary to have a baseline understanding of sexual assault law in Canada, of which sexual consent law is a part. Sexual assault law has undergone several notable revisions which have brought it to where it is today. In 1983, some significant updates were adopted through Bill C-127 (“Act to amend the Criminal Code in relation to sexual offences and other offences against the person and to amend certain other Acts in relation thereto or in consequence thereof”), including the allowance for the possibility of sexual assault within a marriage/relationship, the inadmissibility of the sexual history of the complainant (the so-called “rape shield provision”), allowing for the possibility of male victims, where previously that notion had been refused, and a change in the emphasis of the nature of sexual assault from it being more about sex to it being more about the assault (Schissel, 1996). In 1992, the Criminal Code was updated through Bill C-49 (“An Act to Amend the Criminal Code (sexual assault)”) to include a definition of sexual consent. Sexual consent is defined in the Criminal Code (1985, s 150) as “the voluntary agreement of the complainant to engage in the sexual activity in question.” From there, the next revision was in 2008 with Bill C-22 (“An Act to amend the Criminal Code
(age of protection) and to make consequential amendments to the Criminal Records Act”), when the so-called “age of consent” was raised from 14 – where it had been since 1892 – to 16 years old (Miller et al., 2010).

The reason for saying the age of consent is “so-called” is to highlight the fact that in Canada, there is no singular age of consent. According to the Criminal Code (1985, s 150), age of consent law includes provisions for 12-13 year olds to have sexual interactions, as long as their partner is within two years of their age. At 14-15 years old, one could have a sexual interaction with a partner so long as they were within five years of age (Criminal Code, 1985, s 150). Therefore, 16 is the age of consent where there are no longer any “close in age” provisions (Criminal Code, 1985, s 150). However, 16-17 year olds are still protected from “exploitative” situations such as those where their partner is in a position of authority (e.g. a teacher or a coach) or sexual activities such as prostitution or pornography (Criminal Code, 1985, s 150). For such situations, both partners must be 18 years or older (Criminal Code, 1985, s 150). Additionally, the Criminal Code still contains a provision that does not allow for anal sex under the age of 18, unless the partners are married (Criminal Code, 1985, s 150). If one’s age and the age of one’s partner do not meet the above criteria, then consent for sexual contact cannot be given, regardless of if one or both of the partners say “yes” anyway.

In addition to age of consent laws, sexual assault law in Canada also prescribes a number of other things relating to sexual consent. For example, a mistake in age can only be a defense against a sexual assault charge if the accused person is deemed to have taken “reasonable steps” to find out their partner’s age (Criminal Code, 1985, s 150). Further, 3

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3 It should be noted that this law has been struck down as unconstitutional in both Quebec and Ontario, and therefore is not being applied. However, it is still written as such in the Criminal Code.
the *Criminal Code* (1985, s 153) includes notions of capacity to consent, indicating whether one is actually capable of consenting. Such situations where capacity could be in question include disability (mental or physical), positions of authority/trust where the authority/trust is abused, intoxication, and so on. Additionally, a third party cannot consent for someone else, nor can consent be obtained through threats or coercion (*Criminal Code*, 1985, s 153). One can always change their mind at some point during the sexual activity (*Criminal Code*, 1985, s 153). Lastly, the onus is put on the accused to ascertain consent, and their own intoxication or “recklessness or willful blindness” (*Criminal Code*, 1985, s 153) are not excuses for not knowing that their partner was not consenting – the accused must take “reasonable steps” to ensure they have consent of their partner.

There are number of other provisions that are less relevant to be discussed in detail, but ones relating to graphic images are perhaps worth mentioning. Section 162 (*Criminal Code*, 1985) refers to voyeurism, which includes recording (i.e. photos) and distributing recordings of sexual activity, and section 163 (*Criminal Code*, 1985) refers to sexual recordings of anyone under 18 years old. The relevance of that particular section comes into question with the technology of the 21st century. Teenagers (and adults) have been known to “sext” – send sexual/nude photos by text message or instant message – which would currently be a criminal offense.

When something is a criminal offense, it means, in the most technical sense, that one cannot give consent for that action. Therefore, in the conversation about legal sexual consent, it is important to look at what the law says, how it defines consent, and what actions are criminal offenses, in addition to how all the actors in the judiciary carry out
these written laws (see, for example, Oliver, 2002). This helps to frame the discussion around legal sexual consent, and its implications for education, social work, and research.
Chapter 3: Research Methodology

Given the lack of study in the area of legal sexual consent, and the theoretical underpinnings of this study, this chapter explains the current study in detail, including the research question, the research design, and the data collection and analysis. While previous studies have focused on the demonstration of consent, this study focuses on the knowledge and confidence that young adults have on the topic of legal sexual consent. It further seeks to enhance inclusivity by the deliberate wording of its survey questions. The following sections explain the study and its process in more detail.

Current Study

The purpose of this study is to describe young adults’ level of knowledge and confidence in applying concepts of sexual consent, including legal concepts, as well as explore the association between this understanding and source of their knowledge. This was done through an online survey.

This study explores how much young adults, of any gender or sexual orientation, under the age of 30, using WLU and UW students and alumni as sampling frame, know of the legal concepts of sexual consent, and how confident they feel about their knowledge and about applying concepts of sexual consent in their own lives. This includes whether they feel confident they would be able to interpret their partner’s consent (or non-consent), and whether they feel confident demonstrating clear consent (or non-consent) to their partner. Lastly, this study will explore any associations between the participant’s knowledge of legal issues around consent, their confidence in applying concepts of consent, and where they learned about consent as young adults or teenagers.
Research Objectives and Research Question

The research questions to be answered are: What do young adults, under age 30, know about legal aspects of sexual consent, including age of consent and capacity to consent? How confident do they feel in their knowledge and their ability to apply concepts of sexual consent? Is there any relation between their knowledge of legal sexual consent and their confidence on the topic? What variables are related to their level of knowledge and level of confidence?

Research Design

This study was chosen to be a quantitative study. Given this study falls under the heuristic paradigm, it has to produce useful results considered valid both by people outside of social work, but also by those outside of academia. The results of this study will have implications for university “orientation week” programming, high school curriculum planning, public health planning, legal contexts, and media contexts. Therefore, it was important to the principal investigator to have as much data as possible, and to produce the type of data that is easy for policy makers to understand, in the hopes of having a greater chance of effecting change at those levels. A larger amount of numerical data contributes to generalizability, and quantitative data is still widely considered to be the most “valid” (despite many arguments to the contrary) by senior-level decision makers.

A survey design was chosen for its ability to handle data from large samples, as the anticipated N for this study was 150 or more participants. If this study is to attempt to make a case for enacting change at the systemic level (eg. high school curriculums, etc.), then a large population is needed in order for key decision makers to not view the data as
“anecdotal.” Furthermore, this study was designed to be as generalizable as possible. While the author acknowledges that the sampling method inherently does not allow for full generalizability, it will be a good starting point for further comparative research and discussions.

As well, since this study asked participants to recall where they learned about sexual consent, an experimental or quasi-experimental design did not fit. This research did not look to test the effectiveness of a particular treatment; it only looked to explore and describe young adults’ current knowledge based on their previous learning. As a side benefit, this study allowed participants to think more in depth about what they know and understand about concepts around sexual consent, and to receive further information afterwards in order to increase their knowledge.

Conceptual Framework

Sexual consent. The negotiation between partners of willingness and enthusiasm to engage in sexual activities, in the absence of coercive forces. Expressions of consent can be either verbal or nonverbal (Beres, 2007; Burrow et al., 1998, Hickman & Muehlenhard, 1999). Sexual consent is not being measured directly, so therefore there is no operational definition. However, since understandings of consent are quite varied amongst researchers (Beres 2007), it is important to define this concept for the context of this study.

Variables. (See Appendix A for complete list of items associated with each variable)

1. Primary place where a person learned about sexual consent
• Definition: where a person attributes most of their learning about sexual consent, including what it is, how it can be expressed, how sex can be refused, legal implications, etc.

• Operational: Participants’ self-report on the following question: “Select where/how you learned the majority of your knowledge about sexual consent: school (public, public-religious, private, private-religious), parents/guardians, similar-aged family members (eg, cousins, siblings), similar-aged peers, media (including websites).” Participants were asked to select only one option (where they learned the most).

2. **First place where a person learned about sexual consent**

• Definition: where a person identifies that they first learned about sexual consent, including what it is, how it can be expressed, how sex can be refused, legal implications, etc.

• Operational: Participants’ self-report on the following question: “Select where/how you first learned about sexual consent: school (public, public-religious, private, private-religious), parents/guardians, similar-aged family members (eg, cousins, siblings), similar-aged peers, media (including websites).” Participants were asked to select only one option (where they learned the most).

3. **Level of knowledge (‘total legal consent score’)**

• Definition: how well a person understands the legal concepts around consent, including age of consent and capacity to consent.
• Operational: Measured on a series of vignettes about different legal aspects of sexual consent. Participants were scored on yes/no vignettes related to these concepts, with several vignettes for each age and capacity. An aggregate score of all the vignettes they responded to correctly was used to measure their level of understanding. Six yes/no response vignettes were given to cover aspects of age of consent under Canadian law, informed from Miller et al. (2010). Four yes/no response vignettes were given to cover aspects of capacity to consent under Canadian law, including mental capacity, whether incapacitated by illness or by drug/alcohol use, and positions of authority.

4. Confidence about sexual consent (‘composite perceptions of consent’)

• Definition: how confident a person feels in both demonstrating consent to and perceiving consent from a sexual partner, as well as confidence in their knowledge of age and capacity to consent laws.

• Operational: self-report on five questions, measured on a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree). Some questions were informed from some items from the Sexual Consent Scale-Revised (Humphreys and Brousseau, 2010). Other questions were developed independently as the SCS-R is mostly focused on demonstrating consent or non-consent. Responses were aggregated into a total for each participant as a measure of confidence in applying notions of sexual consent.
Population and Sampling Frame

This exploration was carried out by means of an online survey of young adults (30 years of age or younger) currently or formerly attending Wilfrid Laurier University or University of Waterloo (sample population). Participants were recruited primarily using social media (Facebook, Twitter, and Reddit). The study was also advertised by professors posting on course websites. See Appendix B for full list of recruitment efforts.

Participants were offered the opportunity to participate in a draw for one of 4 gift cards valued at $50 (3 gift cards) and $100 (1 gift card) as compensation for their time in completing the survey and contributing to this important area of research.

Given that the questions around legal concepts of sexual consent are yes/no, participants were offered the opportunity to receive an “answer key” in order to confirm their knowledge, upon completion of the survey. The answer key included the correct answers and also include resources on where to learn more.

Research Instrument

The design of the questionnaire used for this study was informed from previous literature. The design of the measures of ‘level of confidence’ was based on some of the items in the Sexual Consent Scale-Revised (Humphreys & Brousseau, 2010). The vignettes on age of consent were developed based on information in Miller et al. (2010). Lastly, although not included directly, the author consulted Flicker and Guta (2008) to help develop the questionnaire, since the topic of sex can be contentious.

A full copy of the research instrument is available in Appendix A.
Ethical Issues

This study was reviewed by Wilfrid Laurier’s Research Ethics Board and was approved on June 9th, 2015 (see Appendix D for the confirmation).

Psychological risks: While this study was designed to only look at knowledge and confidence levels in applying the knowledge of sexual consent, rather than anything regarding previous experiences or behaviours, there was a possibility that it could bring up uncomfortable past experiences for participants. As such, an offer of resources such as counselling was made on the consent form, and again at the end of the survey. As there was one open-ended question (see Appendix A for survey instrument), there was a possibility of disclosure in the answer to that question. As anonymity was a requirement for this study, participants were advised that any disclosure within that question could not be acted upon, as the researcher did not have access to their identifying data. Instead, in that same question, they were directed to seek counselling or other supports. Despite all these safeguards, in the responses, there were still about four responses that could be regarded as a disclosure of either current or past experiences of sexual assault, particularly around coercion.

Social risks: Safeguards were taken to avoid participants being identified. This included the decision to not ask which university they attended, as this afforded an additional layer of confidentiality (larger total possible population). However, there remained a risk that with the amount of identifying information being asked such as age, gender, sexual orientation, race/ethnicity, discipline/faculty, etc., that participants could still be vulnerable to being identified. This increases the social risk as they could,
hypothetically, be identified as not being aware of consent, or in the case of those who disclosed, being identified as a victim/survivor of sexual assault.

Confidentiality: The safeguarding of data for anonymity and confidentiality was of utmost concern as well. Data collection did not include name with the survey data, and all data was kept on a password-protected computer, in a password-protected file (with backups kept in the same manner on an encrypted USB key) to prevent unauthorized persons from accessing it. Participants names and contact information were collected separately and stored separate from answers, and were only used for the purposes of distributing compensation, answer keys, and following up on the progress of the study (if the participant chose to receive answer keys and updates). Participants were redirected to another survey in order to enter their information for entry into the draw and to receive the answer keys and updates. It should be noted, however, that confidentiality cannot be guaranteed because data was submitted electronically.

Benefits: While there are no tangible direct benefits, this research contributes to an important aspect of the discussion about educating young people about sexual consent. This research may influence changes for university programming or other educational programming. Therefore, participants had an opportunity to be a part of this very important ongoing work. As well, this survey may have increased their knowledge of sexual consent. It required participants to think and reflect on what they know, and to have the opportunity to receive an answer key with more information and resources on the topic.
Response

A total of 347 responses were received. The highest spike in response rate was following the posts to Reddit. Responses with too much missing information were eliminated. Out of the 347 respondents, 205 chose to receive the answer key, and 97 wished to be updated on the progress of the research.

Each participant who wished to be entered into the incentive draw was numbered and a random number generator was used to select the winners of the incentive prize draw, for each of one $100 Amazon gift card, and three $50 Amazon gift cards. Of the total respondents, 299 wished to be considered for the incentive draw. Winners were informed in October, 2015, and were given their prizes either in person or by mail.

Data Collection and Analysis

The data were collected online using Qualtrics. Qualtrics allows the researcher to download and import the data directly into SPSS. After importing to SPSS, and ensuring data was kept in the manner specified above, the researcher began checking the data manually for inconsistencies. Of the 347 respondents, there were 297 usable responses. The fifty responses that were eliminated were removed for a variety of reasons, including: age being outside the specified range, integrity of the data, and missing responses. There were three responses that were outside the specified age range which were removed. A few responses indicated that the individual was not taking the survey seriously, and so they were also removed from the dataset. Since a multiple regression only works if the case has a response for all the input variables, there were a lot of cases that needed to be removed due to missing data.
The two outcome variables, confidence (‘composite perceptions of consent’) and knowledge (‘total legal consent score’) were computed from the individual items making up each scale. ‘Composite perceptions of consent,’ measuring confidence, was a 5-item, 7-point Likert scale, so the number for each item was simply summed in order to come up with the composite score. For ‘total consent score’, the 10 items were first scored correct or incorrect, based on the answer key (found in Appendix C), and a total score was computed by adding the number of correct answers for each participant.

Several of the variables needed to be grouped. Responses for ‘race/ethnicity’ were grouped based on Statistics Canada’s Classification of Population Group, and then readjusted or merged based on size of groups. The faculty or discipline that participants are currently or were most recently a part of resulted in similarly varied responses. They were grouped according to broad faculty groupings. If a double major was specified, they were classified based on which discipline was listed first. It should be noted that there was some subjectivity when it came to some disciplines, such as Psychology, which can be either a Science or an Arts degree. After verifying the typed-in responses for ‘neither/other’, ‘gender’ was collapsed into only three categories instead of four, with ‘trans’ and ‘neither/other’ grouped together. Similarly, due to size of categories, sexual orientation was collapsed into only two categories, ‘heterosexual’ and ‘non-heterosexual,’ the latter of which included gay/lesbian, bisexual, and other responses. Where the individual attended most of their high school education was collapsed into only three categories, ‘Ontario,’ ‘other provinces,’ and ‘outside Canada.’ Similar procedures were applied for highest education completed, current level of studies, relationship type, and first and most learned about consent. Once this was all completed,
any cases which were included in categories that remained and could not honestly be integrated with other categories, were deleted. This resulted in less than five additional cases being deleted.

Since a multiple regression was planned, all non-binary variables were then computed into dummy variables.

Descriptive statistics were computed for all variables. This included frequencies, percentages, and appropriate measures of central tendency. See Chapter 4: Results for further details.

Reliability analysis of the scale ‘composite perceptions of consent’ was computed using Cronbach’s alpha (see Chapter 4). Reliability analysis of ‘total legal consent score’ was deemed unnecessary since each item was measuring a different facet of legal consent knowledge, there it would be possible for an individual to know for certain some of the concepts but not others.

Bivariate analyses (ANOVA, independent t-tests, and correlations) were carried out in order to determine if any variables were correlated with the outcome variables. Multivariate analyses were conducted via multiple regression analyses to attempt to build a predictive model for each outcome variable. The research questions are indicated below in Table 1.

Table 1
*Research Questions, Variables and Statistical Tests*

<table>
<thead>
<tr>
<th>Question</th>
<th>Variables</th>
<th>Statistical Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which variables affect the level of knowledge an individual has about legal concepts of consent?</td>
<td>Demographics (IV) Composite perceptions of consent (IV) Total legal consent score (DV)</td>
<td>ANOVA t-test Multiple Regression</td>
</tr>
<tr>
<td>Question</td>
<td>IV/Dependent Variable</td>
<td>Analysis Method</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Which variables affect the level of confidence of using knowledge of consent?</td>
<td>Demographics (IV) Composite perceptions of consent (DV)</td>
<td>ANOVA $t$-test Multiple Regression</td>
</tr>
</tbody>
</table>
Chapter 4: Findings

After designing and distributing the survey, and collecting the data, this chapter explains the results of the analysis. The participant sample is described in detail with respect to socio-demographic variables, as well as where/how they learned about consent. Bivariate analyses were conducted between all independent and dependent variables to examine in potential trends. Lastly, multiple regression was conducted in order to attempt to build a model to understand differences in levels of knowledge and levels of confidence about sexual consent amongst participants.

Participants

The participants were 177 woman, 115 men, and 5 participants who identified as either transgender or otherwise. The age ranged from 17 to 30, with a mean of 22.16 years ($SD = 3.433$); the age was slightly right-skewed. Most participants identified as white (190 participants), with significant representations of South/Southeast Asian (25 participants), Chinese (23 participants), and Asian-Other (25 participants). This information is depicted in Table 1 and Figures 1-3 below.

Table 2

<table>
<thead>
<tr>
<th>Variable</th>
<th>N (297)</th>
<th>Percentage</th>
<th>Mean (SD)</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>177</td>
<td>59.6</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Men</td>
<td>115</td>
<td>38.7</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Trans/Neither</td>
<td>5</td>
<td>1.7</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 years</td>
<td>6</td>
<td>2.0</td>
<td>22.16 (3.433)</td>
<td>17 – 30</td>
</tr>
<tr>
<td>18 years</td>
<td>42</td>
<td>14.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 years</td>
<td>40</td>
<td>13.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 years</td>
<td>28</td>
<td>9.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 years</td>
<td>24</td>
<td>8.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 years</td>
<td>30</td>
<td>10.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 years</td>
<td>31</td>
<td>10.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 years</td>
<td>22</td>
<td>7.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 years</td>
<td>17</td>
<td>5.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 years</td>
<td>16</td>
<td>5.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>White</td>
<td>Chinese</td>
<td>South/Southeast Asian</td>
<td>Asian (Other)</td>
</tr>
<tr>
<td>---------------</td>
<td>--------</td>
<td>---------</td>
<td>------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>27 years</td>
<td>14</td>
<td>64</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 years</td>
<td>11</td>
<td>7.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 years</td>
<td>8</td>
<td>2.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 years</td>
<td>8</td>
<td>2.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>190</td>
<td>23</td>
<td>25</td>
<td>25</td>
</tr>
</tbody>
</table>

Figure 1. Distribution of gender of participants.

Figure 2. Distribution of age of participants.
Figure 3. Distribution of race/ethnicity of participants.

Most (242) participants completed the majority of their high school education in Ontario, while 35 participants completed the majority in other provinces, and 20 completed the majority of their high school education outside of Canada. High school education or equivalent was the most common level of completed education (164 participants), followed by post-secondary diploma/degree including college diplomas or bachelor degrees (101 participants), and then graduate degrees such as masters or doctorates (32 participants). The current level of studies reflected the highest education completed, with most (186 participants) currently studying at the bachelor level, followed by 62 participants at the graduate level, and 49 who were not currently students. A variety of faculties/disciplines (current or most recent) were represented, with the highest representation (59 participants) being in science, followed by arts (57 participants), social work (50 participants), and math (49 participants). This information is depicted in Table 2 and Figures 4-7 below.

Table 3
Education-Related Descriptive Statistics of Participants

<table>
<thead>
<tr>
<th>Variable</th>
<th>N (297)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed most of high school education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ontario</td>
<td>242</td>
<td>81.5</td>
</tr>
<tr>
<td>Other Provinces</td>
<td>35</td>
<td>11.8</td>
</tr>
<tr>
<td>Outside Canada</td>
<td>20</td>
<td>6.7</td>
</tr>
<tr>
<td>Highest level of education completed</td>
<td>High school or equivalent</td>
<td>164</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------</td>
<td>-----</td>
</tr>
<tr>
<td></td>
<td>Post-secondary diploma/degree</td>
<td>101</td>
</tr>
<tr>
<td></td>
<td>Graduate degree</td>
<td>32</td>
</tr>
<tr>
<td>Current level of studies</td>
<td>Bachelor degree</td>
<td>186</td>
</tr>
<tr>
<td></td>
<td>Graduate degree</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>Not currently a student</td>
<td>49</td>
</tr>
<tr>
<td>Discipline (current or most recent)</td>
<td>Health Science</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Arts</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>Business</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Social Science</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Engineering</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>Science</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>Social Work</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Math</td>
<td>49</td>
</tr>
</tbody>
</table>

Figure 4. Distribution of place where participants attended most of their high school education.

Figure 5. Distribution of highest education completed of participants.
In terms of sexual orientation, there were 252 participants identifying as heterosexual, and 45 who identified as gay/lesbian, bisexual, or otherwise (all classified as non-heterosexual for analysis). The majority of participants (166 participants) identified as being currently in a relationship, with the remainder (131 participants) not identifying as being in a relationship. For those who identified as being in a relationship, the majority (105 participants) identified their relationship as being dating, 39 participants identified that they were living with their partner, and 22 participants were engaged, married, or in a common-law relationship. Of the participants currently in a relationship, the majority (158 participants) indicated that they are monogamous, with the
other 8 participants indicating that they were non-monogamous. Of the total sample, most (201 participants) agreed that they were sexually active, with the other 96 participants indicating that they were not. This information is depicted in Table 3 and Figures 8-12 below.

Table 4  
*Sexuality and Relationship-Related Descriptive Statistics of Participants*

<table>
<thead>
<tr>
<th>Variable</th>
<th>N (297)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>252</td>
<td>84.8</td>
</tr>
<tr>
<td>Non-heterosexual</td>
<td>45</td>
<td>15.2</td>
</tr>
<tr>
<td><strong>Relationship status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>166</td>
<td>55.9</td>
</tr>
<tr>
<td>No</td>
<td>131</td>
<td>44.1</td>
</tr>
<tr>
<td><strong>Relationship type</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dating/in a relationship</td>
<td>105</td>
<td>35.4</td>
</tr>
<tr>
<td>Living together</td>
<td>39</td>
<td>13.1</td>
</tr>
<tr>
<td>Engaged / married / common-law</td>
<td>22</td>
<td>7.4</td>
</tr>
<tr>
<td>Not currently in a relationship</td>
<td>131</td>
<td>44.1</td>
</tr>
<tr>
<td><strong>Monogamous / non-monogamous</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monogamous</td>
<td>158</td>
<td>53.2</td>
</tr>
<tr>
<td>Non-monogamous</td>
<td>8</td>
<td>2.7</td>
</tr>
<tr>
<td>Not currently in a relationship</td>
<td>131</td>
<td>44.1</td>
</tr>
<tr>
<td><strong>Sexually active</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>201</td>
<td>67.7</td>
</tr>
<tr>
<td>No</td>
<td>96</td>
<td>32.3</td>
</tr>
</tbody>
</table>

*Figure 8. Distribution of sexual orientation of participants.*
Figure 9. Distribution of relationship status of participants.

Figure 10. Distribution of relationship type of participants.

Figure 11. Distribution of monogamy of participants.
In terms of indicators related to consent, 90 participants indicated that they had first learned about consent in a non-religious school, while 62 participants indicated that they had first learned from an adult such as a parent. For where the participants learned the most about consent, 121 indicated that they learned the most from media sources including the news or the internet. 70 participants selected that they learned the most from non-religious schools. This information is depicted in Table 4 and Figures 13-14 below.

| Table 5 Education About Consent Descriptive Statistics |
|---------------------------------|-------------|-----------|
| Variable                        | N (297)    | Percentage|
| First learned of consent        |             |           |
| School – non-religious          | 90          | 30.3      |
| School – religious              | 16          | 5.4       |
| Adult                           | 62          | 20.9      |
| Similar-aged peer               | 14          | 4.7       |
| Media                           | 39          | 13.1      |
| Never learned / unsure / other  | 76          | 25.6      |
| Learned most about consent      |             |           |
| School – non-religious          | 70          | 23.6      |
| School – religious              | 8           | 2.7       |
| Adult                           | 26          | 8.8       |
| Similar-aged peer               | 32          | 10.8      |
| Media                           | 121         | 40.7      |
| Never learned / unsure / other  | 40          | 13.5      |

Figure 12. Distribution of sexual activity status of participants.
Dependent Variables

A coefficient alpha was computed to obtain an internal consistency estimate of reliability of the composite perceptions of consent scale, measuring confidence. The scale was found to be internally consistent (alpha was 0.784). For this scale, given that it was a 5-item, 7-point Likert scale, the minimum possible would be 5 and the maximum possible would be 35. The sample had a minimum score of 9, a maximum score of 35, with a mean of 30.3 ($SD = 4.386$). The median was 31 and the mode was score of 35. The scores were left-skewed. This information is depicted in Figure 15 below.
The ‘total legal consent score,’ measuring knowledge of consent, ranged from 2 to 9, with a mean of 5.74 ($SD = 1.507$). The median was 6, and there were two modes of 5 and 6. The distribution approximated a normal distribution. This information is depicted in Figure 16 below. A one-sample $t$ test was conducted on the ‘total legal consent score’ to evaluate whether the mean was significantly different than the expected value of individuals simply guessing the answers (i.e., 5 out of 10, since all questions were yes or no, therefore a 50% chance of guessing correctly). With alpha set at .05, the one-sample $t$ test was significantly different from 5, $t(296) = 8.51, p < .001$. The effect size of $d$ of .49 indicates a medium effect. The 95% confidence interval [.57, .92] indicated that the hypothesis that the population mean was not different from 5 was rejected at the .05 alpha level. This means that the sample scored significantly higher than chance. Tables 6 and 7 depict the SPSS outputs from this test.
Figure 16. Distribution of participant knowledge scores.

Table 6
One-Sample Statistics SPSS Output for Knowledge

<table>
<thead>
<tr>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Legal Consent Score</td>
<td>297</td>
<td>5.74</td>
<td>1.507</td>
</tr>
</tbody>
</table>

Table 7
One-Sample Test SPSS Output for Knowledge Compared to Test Value of 5

<table>
<thead>
<tr>
<th>Test Value = 5</th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
<th>Mean Difference</th>
<th>95% Confidence Interval of the Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
</tr>
<tr>
<td>Total Legal Consent Score</td>
<td>8.507</td>
<td>296</td>
<td>.000</td>
<td>.744</td>
<td>.57</td>
</tr>
</tbody>
</table>

Bivariate Analyses

Bivariate analyses were conducted between all independent variables and each of the two dependent variables. The results are summarized in Tables 8, 9, and 10 below. Asterisks are used to indicate statistical significance at the .05 level.
Table 8
Non-statistically significant bivariate analyses for knowledge (‘total legal consent score’)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Test</th>
<th>Significance (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>ANOVA</td>
<td>.505</td>
</tr>
<tr>
<td>Age</td>
<td>Correlation</td>
<td>.220</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>ANOVA</td>
<td>.071</td>
</tr>
<tr>
<td>High school</td>
<td>ANOVA</td>
<td>.849</td>
</tr>
<tr>
<td>Highest Education Completed</td>
<td>ANOVA</td>
<td>.150</td>
</tr>
<tr>
<td>Current Level of Studies</td>
<td>ANOVA</td>
<td>.395</td>
</tr>
<tr>
<td>Discipline</td>
<td>ANOVA</td>
<td>.539</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Independent t-test</td>
<td>.485</td>
</tr>
<tr>
<td>Relationship Status</td>
<td>Independent t-test</td>
<td>.561</td>
</tr>
<tr>
<td>Relationship Type</td>
<td>ANOVA</td>
<td>.196</td>
</tr>
<tr>
<td>Monogamous / Non-monogamous</td>
<td>ANOVA</td>
<td>.173</td>
</tr>
<tr>
<td>Sexually Active</td>
<td>Independent t-test</td>
<td>.708</td>
</tr>
<tr>
<td>First Learned of Consent</td>
<td>ANOVA</td>
<td>.373</td>
</tr>
<tr>
<td>Learned Most about Consent</td>
<td>ANOVA</td>
<td>.964</td>
</tr>
</tbody>
</table>

Table 9
Statistically significant bivariate analyses for confidence (‘composite perceptions of consent’)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Test</th>
<th>Significance (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/Ethnicity</td>
<td>ANOVA</td>
<td>.042*</td>
</tr>
<tr>
<td>Discipline</td>
<td>ANOVA</td>
<td>.002*</td>
</tr>
<tr>
<td>Relationship Status</td>
<td>Independent t-test</td>
<td>.021*</td>
</tr>
<tr>
<td>Relationship Type</td>
<td>ANOVA</td>
<td>.008*</td>
</tr>
<tr>
<td>Monogamous / Non-monogamous</td>
<td>ANOVA</td>
<td>.010*</td>
</tr>
<tr>
<td>Sexually Active</td>
<td>Independent t-test</td>
<td>.010*</td>
</tr>
</tbody>
</table>

Table 10
Non-statistically significant bivariate analyses for confidence (‘composite perceptions of consent’)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Test</th>
<th>Significance (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>ANOVA</td>
<td>.213</td>
</tr>
<tr>
<td>Age</td>
<td>Correlation</td>
<td>.904</td>
</tr>
<tr>
<td>High school</td>
<td>ANOVA</td>
<td>.329</td>
</tr>
<tr>
<td>Highest Education Completed</td>
<td>ANOVA</td>
<td>.944</td>
</tr>
<tr>
<td>Current Level of Studies</td>
<td>ANOVA</td>
<td>.478</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Independent t-test</td>
<td>.493</td>
</tr>
<tr>
<td>First Learned of Consent</td>
<td>ANOVA</td>
<td>.263</td>
</tr>
<tr>
<td>Learned Most about Consent</td>
<td>ANOVA</td>
<td>.596</td>
</tr>
</tbody>
</table>
Knowledge.

1. A one-way analysis of variance was conducted to evaluate the relationship between gender and total legal consent score, and the result was found to not be significant at the $p < .05$ level [$F(2, 294) = .685, p = .505$].

2. Correlation coefficients were computed among age and total legal consent score, however results indicated no significant correlation ($p = .220$).

3. A one-way analysis of variance was conducted to evaluate the relationship between race/ethnicity and total legal consent score, and the result was found to not be significant at the $p < .05$ level [$F(5, 291) = 2.059, p = .071$].

4. A one-way analysis of variance was conducted to evaluate the relationship between where participants attended high school and total legal consent score, and the result was found to not be significant at the $p < .05$ level [$F(2, 294) = .164, p = .849$].

5. A one-way analysis of variance was conducted to evaluate the relationship between highest education completed and total legal consent score, and the result was found to not be significant at the $p < .05$ level [$F(2, 294) = 1.908, p = .150$].

6. A one-way analysis of variance was conducted to evaluate the relationship between current level of studies and total legal consent score, and the result was found to not be significant at the $p < .05$ level [$F(2, 294) = .932, p = .395$].

7. A one-way analysis of variance was conducted to evaluate the relationship between discipline and total legal consent score, and the result was found to not be significant at the $p < .05$ level [$F(7, 289) = .860, p = .539$].
8. An independent-samples $t$ test was conducted to evaluate the hypothesis that sexual orientation was related to total legal consent score, and was found not to be significant, $t(295) = .699, p = .485$.

9. An independent-samples $t$ test was conducted to evaluate the hypothesis that relationship status was related to total legal consent score, and was found not to be significant, $t(295) = -.583, p = .561$.

10. A one-way analysis of variance was conducted to evaluate the relationship between relationship type and total legal consent score, and the result was found to not be significant at the $p < .05$ level [$F(3, 293) = 1.573, p = .196$].

11. A one-way analysis of variance was conducted to evaluate the relationship between monogamy and total legal consent score, and the result was found to not be significant at the $p < .05$ level [$F(2, 294) = 1.766, p = .173$].

12. An independent-samples $t$ test was conducted to evaluate the hypothesis that sexual activity was related to total legal consent score, and was found not to be significant, $t(295) = -.375, p = .708$.

13. A one-way analysis of variance was conducted to evaluate the relationship between how participants first learned of consent and total legal consent score, and the result was found to not be significant at the $p < .05$ level [$F(5, 291) = 1.077, p = .373$].

14. A one-way analysis of variance was conducted to evaluate the relationship between how participants learned most about consent and total legal consent score, and the result was found to not be significant at the $p < .05$ level [$F(5, 291) = .196, p = .964$].
Confidence.

Statistically significant results.

1. A one-way analysis of variance was conducted to evaluate the relationship between race/ethnicity and composite perceptions of consent, and the result was found to be significant at the $p < .05$ level [$F(5, 291) = 2.340, p = .042$].

2. A one-way analysis of variance was conducted to evaluate the relationship between discipline and composite perceptions of consent, and the result was found to be significant at the $p < .05$ level [$F(7, 289) = 3.252, p = .002$].

3. An independent-samples $t$ test was conducted to evaluate the hypothesis that relationship status was related to composite perceptions of consent, and was found to be significant, $t(295) = 2.327, p = .021$.

4. A one-way analysis of variance was conducted to evaluate the relationship between relationship type and composite perceptions of consent, and the result was found to be significant at the $p < .05$ level [$F(3, 293) = 4.018, p = .008$].

5. A one-way analysis of variance was conducted to evaluate the relationship between monogamy and composite perceptions of consent, and the result was found to be significant at the $p < .05$ level [$F(2, 294) = 4.683, p = .010$].

6. An independent-samples $t$ test was conducted to evaluate the hypothesis that sexual activity was related to composite perceptions of consent, and was found to be significant, $t(295) = 2.601, p = .010$. 
Non-statistically significant results.

1. A one-way analysis of variance was conducted to evaluate the relationship between gender and composite perceptions of consent, and the result was found to not be significant at the $p < .05$ level [$F(2, 294) = .1.555, p = .213$].

2. Correlation coefficients were computed among age and composite perceptions of consent, however results indicated no significant correlation ($p = .904$).

3. A one-way analysis of variance was conducted to evaluate the relationship between where participants attended high school and composite perceptions of consent, and the result was found to not be significant at the $p < .05$ level [$F(2, 294) = 1.115, p = .329$].

4. A one-way analysis of variance was conducted to evaluate the relationship between highest education completed and composite perceptions of consent, and the result was found to not be significant at the $p < .05$ level [$F(2, 294) = 1.124, p = .944$].

5. A one-way analysis of variance was conducted to evaluate the relationship between current level of studies and composite perceptions of consent, and the result was found to not be significant at the $p < .05$ level [$F(2, 294) = .740, p = .478$].

6. An independent-samples $t$ test was conducted to evaluate the hypothesis that sexual orientation was related to composite perceptions of consent, and was found not to be significant, $t(295) = .687, p = .493$.

7. A one-way analysis of variance was conducted to evaluate the relationship between how participants first learned of consent and composite perceptions of
consent, and the result was found to not be significant at the $p < .05$ level \[ F(5, 291) = 1.302, p = .263 \].

8. A one-way analysis of variance was conducted to evaluate the relationship between how participants learned most about consent and composite perceptions of consent, and the result was found to not be significant at the $p < .05$ level \[ F(5, 291) = .738, p = .596 \].

In summary, knowledge (‘total legal consent score’), was not associated significantly with any of the independent variables, as noted in Table 8. One variable, ‘race/ethnicity’ was approaching significance ($p = .071$). Confidence (‘composite perceptions of consent’) was significantly ($p < .05$) associated with ‘race/ethnicity,’ ‘discipline,’ ‘relationship status,’ ‘relationship type,’ ‘monogamous/non-monogamous,’ and ‘sexually active,’ as shown in Table 9.

It is interesting to note that some variables exhibited interesting trends when compared side-by-side between total legal consent score (knowledge) and composite perceptions of consent (confidence). One would think that the more knowledge one has (e.g., a higher score), the more confident one would be. For example, Figure 17 depicts this trend with the variable for gender. Women scored highest and trans/neither scored lowest on knowledge, and showed identical trends when it came to confidence. Figure 18 shows this similarity for highest education completed.
Conversely, Figure 19 depicts the comparison of means for race/ethnicity. Individuals who identified being ‘mixed’ race scored well below the sample mean (5.74) for knowledge, and yet scored above the sample mean (30.3) for confidence. Similarly, as shown in Figure 20, participants who identified having attended most of their high school education outside of Canada scored above the sample mean (5.74) on knowledge, but scored below the sample mean (30.3) for confidence.
While one might expect that highest education completed, shown in Figure 18 above, would show similar results to current level of studies, Figure 21 shows again an interesting trend. Graduate degree (masters and doctoral) students showed high levels of knowledge, above the sample mean (5.74), while they showed levels of confidence below the sample mean (30.3).
Figure 21. Comparison of means for current level of studies on both knowledge (on the left) and confidence (on the right)

Business had the highest mean score for knowledge, followed by social work, and then engineering. Health sciences (including nursing and medical school students) scored the lowest on knowledge. Additionally, while engineering had one of the highest means for knowledge, it also had the second lowest, next to math, for confidence. See Figure 22 for these graphs.

Figure 22. Comparison of means for discipline on both knowledge (on the left) and confidence (on the right)

Lastly, in terms of how participants learned the most about consent, those who learned from religious school scored the lowest on knowledge. Those who learned most from
similar-aged peers such as friends, siblings, or cousins, scored the highest on knowledge but the lowest on confidence, as shown in Figure 23 below.

![Figure 23](image)

*Figure 23. Comparison of means for current level of studies on both knowledge (on the left) and confidence (on the right)*

All of these graphs highlight the fact that, as found in this study, there is no significant relationship between confidence and knowledge. There are, however, some interesting trends that could be explored further.

**Multiple Regression Analyses**

Multiple regression analysis was carried out for both dependent variables, knowledge and confidence. No statistically significant model was found for knowledge. A model that explains 12.4% of the variance was found for confidence, using variables that were found to have significant associations in the bivariate analyses, as described above.

**Knowledge.**

A multiple regression analysis was conducted to build a model to predict overall knowledge (‘total legal consent score’). Using many of the variables that were expected to have an effect, such as how the participants learned of consent, their discipline, gender, and so on, no relationship was found. To further test the model, another regression was
conducted using the enter method, using the variables that had an association with ‘composite perceptions of consent.’ The results of this analysis indicated that there was no statistically significant model that could be built for total legal consent score based on the independent variables in this study.

**Confidence.**

A multiple regression analysis using the enter method was conducted to build a model to predict overall confidence (‘composite perceptions of consent’). Using the variables that were found to have a significant association (see Bivariate Analyses section) in the enter method, the final model (#5) shows that discipline (social science), relationship status (engaged/married/common in law) and being non-monogamous accounts for 12.4% of the variance of confidence, $R^2 = .124, F(16, 280) = 2.474, p < .05$. Race/ethnicity (Asian other) and discipline (math) also approach significance in this model. Results are summarized in Table 11 below.

<table>
<thead>
<tr>
<th>Table 11</th>
<th>Multiple Regression for Confidence using variables associated with Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model</td>
</tr>
<tr>
<td>Constant</td>
<td>5</td>
</tr>
<tr>
<td>Race/Ethnicity – Asian Other</td>
<td>5</td>
</tr>
<tr>
<td>Discipline – Social Science</td>
<td>5</td>
</tr>
<tr>
<td>Discipline – Math</td>
<td>5</td>
</tr>
<tr>
<td>Relationship Type – Engaged/Married/Common-law</td>
<td>5</td>
</tr>
<tr>
<td>Non-monogamous</td>
<td>5</td>
</tr>
</tbody>
</table>
Chapter 5: Discussion and Conclusions

This chapter examines the findings of this study. In the following sections, the analysis of the study results is contextualized within the literature in sexual consent, as well as with current and ongoing public events in Ontario and elsewhere regarding sexual assault. First, a short summary of the results of this study is presented. This is followed by a discussion of the findings by each predictor variable, and then by each outcome variable. Then, implications for research, policy and advocacy, and practice are discussed. Finally, to conclude the thesis a reflective piece and general conclusions are presented.

Summary of Findings

This study looked at any factors influencing the level of knowledge and level of confidence young adults have regarding sexual consent laws. One major finding in this study was that while knowledge scores are relatively low, confidence scores are very high. There are no significant factors to understand differences in levels of knowledge, although the variable of ‘race/ethnicity’ was approaching significance. Further to that, confidence about consent, including confidence in one’s own knowledge and confidence in one’s ability to apply that knowledge, was not related to the level of knowledge. Several factors were significantly associated to confidence about consent, including ‘race/ethnicity (Asian-other),’ ‘discipline (social science),’ ‘discipline (math),’ ‘relationship type (engaged/married/common in law),’ and being ‘non-monogamous.’ However these factors only account for 12.4% of the variance of confidence about consent which indicate that additional variables not considered in this study are largely influencing participants’ knowledge and confidence about consent. Differences on both
knowledge and confidence in sexual consent were also examined on places where sexual consent was first or most learned about, however findings indicate no significant statistical differences on these group comparisons, despite some interesting conclusions that can be drawn from the distributions across categories on these two variables. Several trends that approach significance will be discussed in more detail in the following sections.

Demographics and Other Predictor Variables

Age, gender, and race/ethnicity.

Age, gender, and race/ethnicity were expected to be key associated variables. Particularly since the discussion around sexual consent has been consistently gendered, it was expected that gender would have a significant influence on knowledge and confidence. However, the bivariate analyses showed that only two categories of race/ethnicity was associated to either of the dependent variables. Race/ethnicity was significantly associated with confidence, and was approaching significance for knowledge. It should be noted that the group within race/ethnicity that was significant (or approaching significance) for knowledge and confidence was different for each: for knowledge, it was “mixed race” and for confidence, it was “Asian – other.” These findings are discussed in further detail in the sections below regarding each outcome variable.

The finding that gender is not significantly associated with either knowledge or confidence disrupts the narrative of boys/men often being clumsy or mistaken around concepts of consent and relationships; men and women in this study are equally confident and equally unknowledgeable. The implication then becomes much more complex than
simply “teaching boys not to rape.” Rather, there is a need to empower everyone to know and recognize healthy relationships, and to be able to recognize when a breach of consent occurs and how to seek help following any breach of consent. Anderson & Whiston (2005) found that outcomes from sexual assault prevention programming were similar for men whether they attended an all-men group or a mixed gender group, and the conclusions for women in all-women versus mixed groups were inconclusive. Therefore, prevention efforts should target both men and women (not one or the other), with a variety of options on group composition. The gendered analysis and the creation of gender-specific interventions also invites the discussion of trans-inclusivity. This study was unable to address anything regarding trans-identifying individuals as there were only five people who identified as neither men nor women, making statistical interpretation not possible. However, given the varying needs and experiences of LGBTQ-identified individuals, there could be good reason to also have a LGBTQ-specific groups (Todahl et al, 2009). Age was also not significantly associated with either knowledge or confidence. This fails to support any notion that, at least in the area of sexual consent, people mature and become wiser as they age. However, the sample for this study ranged from 17 to 30 years old, with an average age of 22.

**Education-related variables.**

Education-related variables include where participants attended most of their high school years, the highest education they had completed, their current education level, and their discipline. Of these four variables, none were associated with either knowledge or confidence, except for discipline which was significantly associated with confidence. Since the association did not carry over for knowledge, it is possible that in disciplines
where students may be exposed to related topics, such as within social work or other social sciences, they feel confident that they know and understand consent. However, since legal consent is often not discussed specifically, it is somewhat understandable that despite their confidence, there is not a comparable association with knowledge.

**Sexuality/relationship-related variables.**

This grouping of variables includes: sexual orientation, relationship status, type of relationship, monogamous versus non-monogamous, and sexually active or not. None of these variables were associated with knowledge of legal consent. However, all of them were significantly associated directly at bivariate level with confidence except for sexual orientation, though the association did not hold at multivariate level. Confidence scores increased as the relationship moved towards more “committed” status; participants who were dating scored statistically significantly lower than participants who were engaged, married, or in a common-law relationship. This may imply a certain amount of comfort that comes from being with the same person for a long time, and therefore feeling more confident about being able to understand their cues. Similarly, individuals who identified as monogamous are more confident than their non-monogamous counterparts. This could be for a similar reason as relationship type, since a non-monogamous person may potentially have more partners for shorter periods of time. For relationship status, individuals in a relationship scored higher on confidence than individuals reporting not currently being in a relationship, and the same for sexually active or not. This could indicate higher levels of confidence when actually engaging in situations on a regular basis that require consent to be practised.
Education about consent.

How participants first learned and learned most about consent was not significantly associated with either knowledge or confidence. However, there is an interesting discussion to be had about the distribution of the results of both of those questions. For how participants first learned about consent, the most common response was in school (35.7%), either religious (5.4%) or non-religious (30.3%), followed by “never/unsure/other” (25.6%), and from an adult such as a parent (20.9%). For how they learned most about consent, media was by far the most common response (40.7%), followed again by school (26.3%), either religious (2.7%) or non-religious (23.6%), and then “never/unsure/other” (13.5%). There are several ideas that can be drawn from these results. First, it appears as though a significant portion of adults are at least starting the conversation with their children about consent, but may not be continuing it adequately, since this method was in the top three for “first learned,” but not for “learned most.” Given the low scores overall on knowledge of consent, it is also possible that they are not able to provide accurate information. This is unfortunate, since there has been some research indicating that home-based sexual education is actually more effective (Brock & Beazley, 1995). Schools already show up in the top three for both “first learned” and “learned most,” which is good: it means schools have already been attempting conversations around consent for some time now, since all participants were out of high school already. However, since knowledge scores were poor across all factors, it seems as though school-based discussions of consent up until now did not contain enough information regarding legal sexual consent. Hopefully, with the introduction of Ontario’s new sexual education curriculum, this may change in the future. It is somewhat alarming
that “never/unsure/other” appeared in the top three for both “first learned” and “learned most.” This implies that there is still a non-insignificant portion of youth and young adults who are not being reached in educational efforts. Lastly, and perhaps most importantly, the media was by far the most common response for “learned most.” The need for responsible media reporting, and education on critical consumption of media becomes paramount. We must provide young people with the tools they need to access information in a responsible and healthy way.

**The Known and Unknown in Knowledge of Legal Aspects of Sexual Consent**

One of the major gaps identified in the literature was the lack of research regarding the legal concepts around sexual consent in Canada. Only one study, by Kumar et al. in 2013, addressed the topic of legal knowledge, and only by asking one question: “What is the age of consent in Canada?” Given Canada’s law allows for multiple nuances around age of consent, including tiered close-in-age exceptions, the question itself is flawed, and does not fully address the concept. This study took an expanded approach by asking six questions about age of consent, plus four regarding capacity to consent, in order to evaluate more comprehensively participants’ knowledge all the aspects of sexual consent law in Canada. The findings, however, are consistent with Kumar et al. (2013): young adults generally have a poor understanding of sexual consent law in Canada. Given that the mean score did not reach 60%, and there were zero instances of perfect scores (10/10), it is reasonable to conclude that either no one attempted to search the internet for the answers (which seems unlikely), or that even when researched, sexual consent laws in Canada are so nuanced they remain too confusing (Miller et al. 2010).
While scores were generally poor, there are two interesting discussion points to consider. First, the average score for knowledge of consent was still statistically significantly higher than had participants simply guessed their answers. This indicates that despite having little formal education in this area, participants are still aware of at least some of the aspects of legal consent. More theoretically, the scores on legal consent knowledge beg the question of how much knowledge is enough. With a mean score of 5.74, this sample would not even ‘pass’ by some university standards (e.g., 60%) if this had been an academic test.

One might have also expected certain fields of study to have higher levels of knowledge, due to the fact that they may have come across the topic in their studies, such as social work, some social sciences, and others. However, there was no statistically significant difference in levels of knowledge across academic disciplines. It is somewhat concerning that health sciences scored the lowest on knowledge, as health care providers are often on the “front-line” when it comes to recognizing and treating sexual assaults and domestic violence, experiences that often directly relate to violations of consent. If they are unsure about the legal mechanics of consent, this could be problematic for survivors getting adequate care and referrals. The low scores in health sciences may also explain the fact that medical services are often not perceived as healing, but rather as hurtful in such a way that has been called the “second rape” (Campbell et al., 2001). Similarly, given that social workers scored higher than most other disciplines, but not with statistical significance, there is a potential for this ‘helping profession’ to also be at risk of causing the “second rape.” A further discussion of future directions is given in the section, Implications for Research, below.
It should be noted that the only factor that was approaching significance at the bivariate level for knowledge of consent was race/ethnicity, particularly those who identified as mixed race. At the multivariate level, it was not statistically significant, meaning that race was not influencing knowledge when combined with other demographic factors. Mixed race, which included 25 participants, had overall lower scores compared to the sample for knowledge, but after computing cross-tabulations to compare across variables, the participants in the category of mixed race were statistically similar to the sample on all factors, including age, gender, education levels, sexuality/relationship-related identities, and their education about consent. Importantly, this category should not be considered as a homogenous group. The question about race/ethnicity in the original survey was an open-ended text box, so “mixed” included people who identified outright as “mixed race,” but also included people who listed two or more racial identities. Usually, one of the identities was “white” (though not always), but the second identity varied across all racial/ethnic backgrounds, including black, Latin American, Asian, and others. Therefore, any interpretations should be made with caution, as these individuals may vary significantly in their cultural background or upbringing. Since one of the identified gaps in previous literature on sexual consent was anything regarding differences across race/ethnicity, it is difficult to say why this could be the case. There has been exploration around race/ethnicity in the literature on sexual assault, specifically regarding reactions to sexual assault, depending on the races of those involved and the race of the person reacting to it (George & Martinez, 2002). George & Martinez found that when the race of the victim and the perpetrator were different, people were more likely to exhibit more empathy for the person belonging to their own racial
group. However, their study, as well as many others (Carmody & Washington, 2001, Nagel et al., 2005) focused on specific racial groups, mainly in the US, and without analysis of participants’ knowledge or understanding of sexual consent. Given the current study was looking specifically at knowledge, and the association was only with lower scores for those who were categorized as “mixed race,” the previous literature does not fully explain the current findings. Further exploration on the topic of the intersection of race/ethnicity in sexual consent knowledge would be pertinent to shedding light on this emergent information.

**Contextual Factors Associated with Confidence about Sexual Consent**

Conversely to knowledge scores, participants’ confidence levels are very high, with a mean of 30.3 (out of a possible 35) on this composite measure. The high ratings that participants scored on confidence support conclusions by Beres (2014), Kumar et al. (2013) and Pearce (2008 as cited in Miller et al. 2010), that individuals seem to be competent in colloquial understandings of consent, despite having a lack of knowledge around the actual facts of legal sexual consent.

This final regression analyses indicate a combination of variables which could explain 12.4% of the variance in participants’ level of confidence. The positively associated factors were ‘discipline (social science),’ and ‘relationship type (engaged/married/common in law),’ ‘Race/ethnicity (Asian other than Chinese or south/southeast Asian),’ ‘discipline (math)’ and non-monogamy also showed a trend with confidence about consent, which was in these cases negative in direction. Therefore, people in social science or in a committed relationship tended to feel more confident about their knowledge and ability to apply it, while people who identified as Asian (other
than Chinese or South/Southeast Asian), and those who were non-monogamous, or who were in math tended to feel less confident.

For those who were categorized as Social Science for discipline, the only two factors that approached significant difference from the sample were sexually active and where they attended high school. Those categorized as social science identified more frequently as sexually active compared to the sample. They also identified receiving most of their high school education in Ontario at a higher rate than the rest of the sample. Finally, people in social science were significantly different from the sample on how they learned most about consent: social science individuals were more likely to have learned most about consent from either religious schools or adults (such as parents), and less likely to have learned about it through the media.

For relationship status, being engaged, married, or in a common-law relationship was positively associated with levels of confidence. This could stem from the relative comfort and understanding of one’s partner that comes from being in a long-term committed relationship; a person feels they know their partner well, and that they have good sexual communication. Additionally, this group (engaged/married/common-law) also differed from the sample on many factors, however most were unsurprising. Those who were engaged/married/common-law were older, they were all in a relationship, they were all sexually active, and they had higher levels of completed and current education. However, they also differed from the sample in that there were more people from social work, and less from science and engineering. However, previous research (Humphreys & Herold, 2003) has indicated that some people view a committed relationship as having less of a need for asking for consent, which could explain why committed relationships
are significantly related, in this study, to confidence around sexual consent – if someone does not feel as though consent could ever be threatened within their relationship, they may feel more confident about its ongoing presence.

For those who were categorized as ‘Asian-other,’ they were mostly representative of the sample, however after computing crosstabs, they differed significantly on their highest level of education completed, and approached significant difference from the sample for gender, sexually active, and current level of education. Those categorized as Asian-other were more likely to have only completed high school. For the factors approaching significant difference, those who were categorized as Asian-other were also more likely to be men, less likely to be sexually active, and more likely to be currently completing a bachelor’s degree. Another factor on which they varied significantly from the sample was on how they had learned the most about consent. While the sample already had media as being the most common response at 40% of respondents, 72% of Asian-other participants selected this response. These differences could indicate a combination of factors that overall make those categorized as Asian-other less confident about sexual consent. While not statistically significant, men scored lower on confidence than women, as did those currently completing a bachelor’s degree compared to those who had completed higher education, and those who were not currently sexually active versus those who were. Furthermore, similar to the discussion above of those who were categorized as ‘mixed race,’ Asian-other participants should not be seen as a necessarily homogenous group. This category was mostly comprised of people who identified simply as “Asian,” however it is possible that they would consider themselves as more similar with “Chinese” or “South/Southeast Asian,” (or otherwise) however this question was a
Asia being the largest continent and having such a diverse array of cultures and ethnicities means that despite all being technically ‘Asian’ other than Chinese or South/Southeast Asian, these individuals may not share much more in common.

An interesting relationship was that non-monogamy was related to lower levels of confidence. Potentially, this is due to the fact that they may have several short-term partners, which would then explain the lower levels of confidence given the previous point made about the relative comfort of longer-term committed relationships. However, since no additional questions were asked regarding the nature of non-monogamy (e.g., was it an “open relationship,” “cheating,” or polyamory with several longer-term partners), it is premature to state any conclusive assertion in this context. Non-monogamous identifying individuals were more likely to be non-heterosexual compared to the sample, had a higher proportion of individuals who had attended high school outside of Canada, and were further along in their education compared to the rest of the sample. All of these interpretations should be made with extreme caution, as there were only eight individuals who identified as non-monogamous.

The fifth significant predictor for confidence was those who were categorized as being in math. This group was significantly, or approaching significantly, different from the sample on all factors except sexual orientation, monogamy, and where they attended high school. Individuals in math were younger, more likely to be men, less likely to be in a relationship, less likely to be sexually active, more likely to have their highest education completed be high school and their current level of education be a bachelor degree, and they were also less likely to be white and more likely to be Chinese.
Worth noting is that across all five predictive variables of confidence, being sexually active or not was significantly (or approaching significantly) different than the rest of the sample. Being sexually active was associated to higher levels of confidence at the bivariate level but did not achieve significance when combined with other variables in the multiple regression analysis. Across all five factors that were significant in the multiple regression analysis, sexually active matched with a hypothesis that those who are currently sexually active, are more confident in their knowledge and ability to apply their knowledge about sexual consent. There are two possible explanations for this. First, perhaps this indicates that those who currently have ongoing exposure to situations related to sexual consent are more confident as a result of a relative comfort that comes with consistent “practice.” Alternatively, it is possible that those who were not currently sexually active rated several of the confidence measures at the low end of the scale due to them feeling as though it was “not applicable” to their situation. For example, two of the questions were, “I can convey consent (or lack of consent) in a way my partner can accurately interpret” and “I can accurately interpret my partner conveying consent (or lack of consent) to me.” If one does not have a partner currently or in the relatively recent past, they may rate the lowest possible since the question is not applicable to their situation.

In summary, this study attempted to address a significant gap in the literature of sexual consent, surrounding differences in race/ethnicity, age, sexual orientation, gender identity, and other demographic factors. Previous research (e.g., Beres, 2007; Burrow et al., 1998; Hickman & Muehlenhard, 1999) has mainly focused on how individuals demonstrate consent or non-consent to each other, and therefore the gap was referring to
research regarding the demonstration of consent. In contrast, this study examined knowledge and confidence about legal definitions of consent across many demographic factors currently under-studied. While age, sexual orientation, gender, and other factors were not found in this sample to be related to levels of confidence in this sample, race/ethnicity, type of relationship, and social/academic group remain as areas for further exploration. When looked at more closely, it appears as though it is a complicated interaction of factors, rather than individual factors on their own, that influence both knowledge and confidence. Sexually active status seems to be consistently appearing as influencing confidence, but only as a sub-factor within other variables.

**Implications for Research**

There are several implications for future research based out of this study which will be discussed in this section. The first is to deepen the knowledge of how individuals define consent. As well, future research should consider other potentially influencing variables, in addition to re-exploring some of the factors that showed trends in this study. Lastly, it would be interesting to repeat this study in the future once there is a cohort of youth who have completed Ontario’s new sexual education curriculum.

An ongoing challenge for research about sexual consent, as indicated by Beres (2007), is the lack of consensus on a definition of consent. In the context of this study, there is a potential that participants, when rating their confidence around consent, did not have a clear or consistent definition of consent, and therefore the results should be interpreted with caution. Future research could address this by asking participants to define consent themselves – something that has not previously been done – and looking
for consistencies or inconsistencies between participant-generated definitions and the literature.

Since no reliable or substantial model of factors influencing knowledge or confidence was able to be constructed based on the variables in this study, future research should look to expand the types of variables. This fits well within a systems perspective, as other systems, not identified in this study, could be influencing both the level of knowledge and the level of confidence. Other predictive factors should be looked at such as peer groups or involvement in sports or other extracurricular involvement, previous experience of sexual assault, and rape myth acceptance. Some of these influences may be captured in this study, but having specificity would allow for more solid conclusions and more targeted implications. Fraternities and sports team are notorious for being involved in sexual assault cases (e.g., Casey & Lindhorst, 2009) and not being seen as being appropriately disciplined. A documentary called “The Hunting Ground” (2015) was made about sexual assault on college and university campuses in the United States, and highlights the intersection of the higher-risk position that women face on campuses, while extra social and institutional protection is afforded to groups that are “well-liked” such as fraternities and sports teams. The Steubenville rape, mentioned in the introduction of this paper, was highly publicized and highly contentious, in part due to the fact that it involved two “star” athletes as the accused. Notably, CNN broadcasters made comments that highlighted their sympathy for the perpetrators and their “ruined lives” rather than sympathy for the victim (Ortberg, 2013). Closer to home, the University of Ottawa had to suspend their varsity hockey program over allegations of sexual assault (CBC News, 2014). Throughout these examples, and others, it appears as
though peer group and/or extracurricular involvement could potentially be an area that is more predictive of level of knowledge of sexual consent, rather than academic discipline or gender.

Additionally, a variable capturing survivorship, or previous experience of sexual assault, could prove to be useful. It is possible that individuals who have experienced sexual assault have since learned about consent in their own recovery journey. While previous research has shown that relatively few sexual assault survivors seek formal supports, survivors may seek information and support informally (see Ullman and Filipas, 2001), thereby increasing their knowledge and future confidence about sexual consent. Having a measure of survivorship would provide the ability to see if confidence and knowledge levels were higher in survivors compared to others.

Suarez and Gadalla (2010) did an extensive analysis of rape-myth acceptance. It was found that there was an association between rape-myth acceptance and the other “isms” such as racism, sexism, heterosexism, etc. A potentially interesting avenue would be to see of individuals who had high rape-myth acceptance also had low knowledge of sexual consent laws. Since those individuals have accepted the stereotypes that surround sexual assault, rather than the facts, it is possible that they do not even have the initial factual knowledge about sexual consent. Therefore, future research could consider rape-myth acceptance as a factor regarding knowledge of sexual consent laws.

Since the conversation about sexual consent and sexual assault has long been gendered, with women as victims and the “guardians” of consent, and men as the perpetrators and the “seekers” of consent, it is difficult to understand why gender was not at all significantly associated with either knowledge or confidence. Future research
should continue to include gender as a variable, and look for intersections between
genre and other factors.

Lastly, future research should continue to expand this analysis in community samples. For example, it is important to know more about groups that experience higher rates of sexual assault. This includes young women (Humphrey & White, 2000), children (Miller et al., 2010), marginalized racial/ethnic minorities including aboriginals (Bryant-Davis et al., 2009), transgender individuals (Stotzer, 2009), and individuals with disabilities (Nannini, 2006), highlighting the intersecting oppression that continues to occur within the realm of sexual assault and violence against women (Mattsson, 2014).

As mentioned in Suarez and Gadalla (2010), intersectionality continues to be a key analytical tool in attempting to address sexual violence. While this study included numerous identities and social locations, for example race/ethnicity, sexual orientation, and gender identity, other important identities were absent from the analysis. Aboriginal and trans-identifying people had less than 5 respondents each, and therefore could not be addressed within the larger context of the study. Specific outreach to groups could help increase sample sizes of target populations.

**Implications for Policy and Advocacy**

This research sits at the intersection of education, law, and social work. As such, social workers should look to this section for direction on potential policy changes. However, since some of the implications are outside of social work’s usual field of practice or area of expertise, this section also includes potential areas for advocacy work.

Policy directions should primarily focus on education. Since no protective factors (i.e., higher levels of knowledge of sexual consent laws) were identified, any initiatives
for education in this area should be wide and far-reaching such as the health and physical
education curriculum or other educational opportunities within schools. With the
introduction of the revised Ontario curriculum in 2015, there is a potential for
improvement. The new curriculum begins to address consent as a part of healthy
relationships starting in Grade 6, and makes one mention of legal implications in Grade
7; though only in relation to sharing intimate images (Ministry of Education, 2015).
Potentially, the new curriculum will help strengthen understandings of consent from a
younger age, and although the curriculum does not directly address legal implications,
youth may begin thinking about it themselves and asking questions. The importance of
legal implications should not be seen only as a way of emphasizing risk-aversion (i.e.
avoiding criminalization), but also as a concrete starting point for more broad and general
discussions of consent. It allows for a traditional educational model of moving from the
concrete/known, to the abstract/unknown – in this case, moving from the law around
consent (for example, being drunk is not an excuse for misinterpreting consent, ages of
consent, someone who is drunk cannot consent, etc.) as the concrete/known, to the
discussions of the importance of consent in a healthy relationship as the
abstract/unknown, a common teaching sequencing strategy that has been used before in
the context of healthy relationships (see Begoray & Banister, 2005). If these additions to
the curriculum do indeed improve understandings of consent, it will be an excellent step
forward. However, it will take almost a full generation before students receiving this new
curriculum will be of the same age as the participants in this study. In the meantime, there
remain questions on how to address the gaps in knowledge and understanding of consent
for people who are already out of the high school system today.
Further to the creation of the new curriculum, there should also be support and education for both teachers and parents in implementing or having discussions about related topics. Brock and Beazley (1995) found that home-based sexual education may be more effective. Therefore, while updating the curriculum to reflect information about sexual consent is an excellent step, even more important would be to make parents knowledgeable and comfortable to speak to their children at home. This becomes especially important given the number of participants who identified having first learned about consent from an adult in their life, however that they did not learn the most from an adult in their life.

Additionally, given that the current law still lists anal sex outside of marriage as being illegal under the age of 18, contrary to the other close-in-age exceptions, policy advocates and advisors have an opportunity. While same-sex marriage has been legally recognized in Canada for over 10 years, this law still presents itself as discriminatory and contributes to the stigmatization of anal sex as being in a different realm of sexual activity, as being potentially not ‘normal,’ and as being ‘worse’ than other types of sexual activity. Despite not being enforced as it is written, this still presents an incredible opportunity for advocacy to bring the law in line with the principles of equality, inclusion, and sex positivity.\(^4\)

To further the point on advocacy within the legal system, it should be noted that the current laws still do not appear to be addressing the issue of prevention or conviction

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\(^4\) Sex positivity has been defined by Glickman (2000) as, “working towards a more positive relationship with sex…the benefit or harm comes from what you do and how it affects you.” Its relevance to the discussion and/or criminalization of anal sex stems from fighting the homophobic notions that anal sex is “bad” and only for gay men, and moving towards a sex positive view of consensual anal sex, regardless of the genders of the participating parties, as being on equal footing with other forms of consensual sexual activity.
in cases of sexual assault. Age of consent laws, long debated in the 2008 presentation of Bill C-22 which raised the so-called age of consent from 14 to 16, do not protect young people from sexual assault, as most report being assaulted by someone who is within the legal age ranges (Miller et al., 2010). The exception to this is for young adolescents under 12 years of age, who report that their sexual assault was perpetrated by someone older than 20 years, despite this having been illegal since 1892 (Miller et al., 2010). Thus, the current laws are not protecting in the areas where youth need protection. According to Brennan and Taylor-Butts (2008), sexual assaults represent extremely low rates of reporting (approximately 1 in 10 sexual assaults are reported to police in Canada), lower rates of charges being laid (only one third of sexual assault cases versus half for other violent crimes) and lower rates of conviction in cases of sexual assault compared to other violent crimes. All this is a clear indication that while the laws protect people in theory, in practice, the system still leaves much to be desired. While legal scholars would be better suited for an analysis of laws on paper versus the actual carrying out of justice within the current systems, at a cursory glance, there are already lawyers calling for changes (Tanovich, 2013, Koshan, 2016). A term called “whacking” is used in the legal community to indicate a practice of calling into question the credibility of the victim, usually through the reinforcement of rape myths and undermining the stamina of the complainant, through the treatment of the complainant by defence lawyers in cases of sexual assault (Comack & Peter, 2007). In theory, the law already prohibits whacking (both in written law and in jurisprudence), however the practice continues today – notably in the Ghomeshi trial. Thankfully, some lawyers have come out against the practice entirely, calling for the practice of more ethical strategies as defense lawyers
(Tanovich, 2013), as well as other potential additions or alternatives to the legal process in cases of sexual assault altogether (Koshan, 2016). Social workers would do well, as a part of their advocacy efforts, to pair up with such members of the legal community to continue to advocate for a process that is fair to both complainants and the accused, but one that will also encourage more victims to come forward and increasing the rate of convictions. Due process should not be overturned or dismissed, however it is clear that the current system is not working. In the meantime, with the current criminal justice system being not especially sympathetic or helpful to survivors of sexual assault, social workers and other social justice advocates should continue to explore and strengthen other survivor-centred approaches to healing post-sexual assault.

Another area for potential advocacy is around media reporting. This study showed that a significant proportion of participants (around 40%) reported receiving most of their knowledge about sexual consent from the media, which included the internet, print media, and television news. Therefore, advocacy can be done around responsible media reporting in cases of sexual violence. Currently, there is an online campaign using the Twitter hashtag #UseTheRightWords, as well as a media guide, calling for journalists be more responsible in their reporting of sexual violence (Femifesto, 2015). Social workers could take part in this advocacy, since until something changes, the media remains a major source of information about sexual consent. On the consumption side of the media, it is important that youth are educated on responsible and critical consumption of the media, including all forms of media: digital, print, and televised. Skills in critical consumption of media would help to mitigate if journalists are not “using the right words” when reporting on sexual violence.
Implications for Practice

The biggest implication for direct social work practice is that social workers themselves need to be educated on the legal aspects of sexual consent. Given that social work students in this study did not score significantly above the mean sample score on knowledge, they should take the time to pursue further education on this topic. Figure 24, in Appendix C, shows a screenshot from Reddit highlighting the ongoing need for more conversations about consent. When the survey was advertised on Reddit, the first response was “[Today I Learned] I know nothing about consent laws. Don’t really need to anyway, been with the same person for years.” Several of the comments in the last question of the survey (“Do you have anything else to add”) reflected these sentiments as well. This is yet another example that people’s knowledge is lacking in this area. But more importantly, despite the laws being changed over 30 years ago to recognize sexual assault within marriages (see, e.g., Randall, 2008), there is still an ongoing misunderstanding that the concepts of consent do not apply equally to a short-term relationship as they do to a longer-term relationship. This attitude contributes to the stigma around sexual assault within committed relationships. Social workers will have to have the knowledge themselves to be able to begin these conversations and to begin combatting the misunderstandings and stigma around sexual assault.

It is also worth noting that after sending out the answer key to participants who had requested a copy, one person responded. This individual thought that the answer key was incorrect for the vignette regarding both parties being drunk. In essence, the person argued that they had been told, in a law class, that both parties being drunk ‘cancelled each other out,’ therefore allowing consent to be present. While factually false, this is
unsurprising. Even in the court systems, both parties being drunk remains a point of contention (see, for example, Sheremata, 1998). Other myths about sexual assault and consent also continue to prevail. Remember again Justice Robin Camp from Alberta, who recently was banned from hearing cases relating to sexual violence due to the fact that he asked a victim why she was unable to prevent the assault by either closing her knees, or by moving her bottom farther down into the sink so that her assailant would not be able to access her (Crawford & Tasker, 2016). The trial of Jian Ghomeshi, still unfolding at the time of writing, has further entrenched rape myths, victim-blaming, and the performative model of consent. In questioning the first two witnesses (complainants), the defence asked questions relating to how much they had to drink, whether they contacted him afterwards, whether they resisted, and so on (570 News, 2016). Both of these extremely recent cases, Justice Camp and the Ghomeshi trial, reinforce the notion that, many years after being identified as problematic, the legal system in Canada still relies on the “performative model” of consent, as identified by French et al. (1998), and reinforces rape myths through the questioning of sexual assault survivors. With that in mind, social workers who find themselves in the position to be helping survivors of sexual assault to navigate the system would be better equipped by knowing more about consent, as well as having a certain amount of determination and perseverance in order to accompany their clients through what appears to be often an extremely messy legal process.

Furthermore, given the low level of knowledge on what “counts” as consent or not, social work clients may not have the language or knowledge to describe what happened to them as sexual assault, potentially supporting the findings of Peterson and Muehlenhard (2004). Their study found that if a woman believed certain rape myths and
if her experience fit the narrative of that myth, then she would be less likely to label her experience as “rape.” While the acknowledgement and labelling of sexual experiences is a complex issue, this study makes a case for all people, but in particular helping professionals, to know and understand how the sexual consent laws and how they could be applied, if a woman so chooses. Again, social workers will need to have a good understanding of sexual consent themselves, in particular the legal implications, in order to provide appropriate and timely referrals to legal services, if warranted and if the client so wishes. Without the knowledge of legal consent themselves, it is not possible for social workers to fill the very important role of providing sexual assault survivors with the information they need to make an informed decision on how they would like to proceed. Already, there is literature indicating that social work students do not feel comfortable nor confident in working with survivors of sexual assault or domestic violence (Warrener et al., 2013). Since social work students in this study showed to not have significantly more knowledge or confidence than their peers, then work must be done for them to improve their knowledge, and hopefully following that, their confidence in this important topic area. Lastly, since race/ethnicity came out as a potentially reverse association for both knowledge and confidence, and since the intersection of race and gender has already been shown to have consequences in terms of the supports that women seek and receive following sexual assault (Ullman & Filipas, 2001), it becomes paramount that social workers not only education themselves on legal sexual consent, but also take an intersectional, culturally safe\textsuperscript{5} approach to social work practice.

\textsuperscript{5}Cultural safety “…questioned and challenged the concept of cultural competence and, by bringing in the notion of safety, it extended the debate by focusing less on the benefits of cross-cultural awareness and sensitivity, and more on the risks associated with their absence” (Brascoupé and Waters, 2009, p. 8).
Implications for practice at the community level should focus on education and other prevention interventions. Since the new Ontario curriculum has only now been implemented, there is still a huge gap in knowledge for those who have already left the high school system. Therefore, public education should continue, and should continue to target groups that experience sexual assault at higher rates. Further to that, since educational models have only been shown to be somewhat effective in the short term, and only in terms of certain attitudes or knowledge rather than actually reducing prevalence of sexual assault (Anderson & Whiston, 2005), other models or expansion of content should be considered. For example, while current educational models may be considering rape myths, this study shows that there is still a gap in terms of factual knowledge of what constitutes consent (or non-consent). Looking at a community model of intervention, such as described by Casey and Lindhorst (2009), may provide for additional breadth of addressing the issue of sexual violence. Drawing on examples from anti-bullying, HIV prevention, and safer drinking initiatives, Casey and Lindhorst (2009) provide evidence for peer models, bystander interventions, men’s groups, and social norms campaigns in reducing incidences of sexual assault. Building a culture of consent could be based upon those models, and could include information on facts about legal sexual consent in Canada.

**Consent, Rape Culture, and Sex Positivity.**

This study looks at knowledge and confidence on topics of sexual consent, as a way of showing a potential area that could be worked on towards the elimination of rape culture. Rape culture includes many facets, including, “the imagery of sexual relations between males and females in books, songs, advertising, and films is frequently that of a
sadomasochistic relationship thinly veiled by a romantic facade” (Herman, 1984). It can also include the lack of acknowledgement of rape as well as the blame being placed on victims of rape (Vogelman, 1990). More generally, Women Against Violence Against Women has conceptualized rape culture as, “Rape culture includes jokes, TV, music, advertising, legal jargon, laws, words and imagery, that make violence against women and sexual coercion seem so normal that people believe that rape is inevitable. Rather than viewing the culture of rape as a problem to change, people in a rape culture think about the persistence of rape as ‘just the way things are’” (2014).

The importance of educating about consent and making it more commonplace, as a part of eliminating rape culture, become more obvious when toxic masculinity is considered. Herman (1984) stated, “American culture produces rapists when it encourages the socialization of men to subscribe to values of control and dominance, callousness and competitiveness, and anger and aggression, and when it discourages the expression by men of vulnerability, sharing, and cooperation” (p. 49). The initial conceptualization of consent for this study was as a mutual negotiation, which speaks to that vulnerability, sharing, and cooperation mentioned by Herman (1984). If cooperation is discouraged, then consent can never be a mutual negotiation. Thus, the conversation of consent is a critical aspect of dismantling rape culture.

Looking at another definition of rape culture, the intersections between rape culture, consent, and sex positivity become apparent. Buchwald et al. (1993, as cited in Rentschler, 2014) wrote of rape culture:

…a complex set of beliefs that encourage male sexual aggression and supports violence against women. It is a society where violence is seen as sexy and
sexuality as violent. In a rape culture, women perceive a continuum of threatened violence that ranges from sexual remarks to sexual touching to rape itself. A rape culture condones physical and emotional terrorism against women as the norm. . . . In a rape culture both men and women assume that sexual violence is a fact of life, inevitable. . . However, . . . much of what we accept as inevitable is in fact the expression of values and attitudes that can change. (p. 66).

Sex positivity infiltrates this idea through the notion of what is “sexy” and sexuality being seen as “violent.” Sex positivity has been defined by Glickman (2000) as, “working towards a more positive relationship with sex…the benefit or harm comes from what you do and how it affects you.” If legal consent is brought into the conversation, the dismantling of violence as sexy can begin. By bringing sex positivity into the discussion, then sexuality no longer needs to be seen as a violent or dirty aspect, but rather as a normal, beautiful, and powerful aspect of human nature. Indeed, a meta-analysis on acceptance of rape myths found that being sexually active and with more than one sexual partner was a protective factor in not endorsing rape myths or a victim blaming attitude (Suarez & Gadalla, 2010). Consent can then be conceptualized in a way in which it is seen as healthy, beautiful, and even more enjoyable rather than as solely a way to avoid criminalization. The intersection of rape culture and its dismissal of sharing and cooperation, sex positivity as a way of seeing sexual activity as a normal and enjoyable fact of life, and the connection that consent has in both of those spheres make it imperative to make consent a part of any and all educational efforts.
Limitations

Several limitations have been identified for this study. These include the sampling strategy, the research instrument, the simplification of sexual scenarios in which consent is significant, and the size of some variable categories. This section discusses these limitations in more detail.

As with any opt-in survey, there will be a self-selection bias involved in the sampling strategy. It is likely that those who responded to the survey may be more interested in the topic and therefore better informed about it, causing the results to be skewed from the reality of the general population. Generally, those at university may be less representatively diverse in terms of cultural background and of class. The absence of a random sample limit generalizability, as the sample is not representative of the entire Canadian young adult population or even of all the universities represented in this survey. It is also not representative of the general community in southern Ontario, particularly given its age boundaries and requirement to be a student and/or alumni of university. According to Humphreys and Brousseau (2010), university students may also be more exposed to discussions around issues of date rape and sexual assault, and therefore may be more knowledgeable than the general population. This sampling strategy may also exclude voices of those in less privileged circumstances whose experiences of discussions and learning of sexual consent may have been different than those in the sample. As well, a lack of cultural diversity could skew the results because, as mentioned previously, perceptions around sex and sexual consent are highly contextual and heavily influenced by cultural norms. Lastly, with a recruitment strategy that relied heavily on social media, there is an inherent bias which excludes those who are not present on social
media, and in particular, potentially marginalized groups that are more severely affected by sexual violence such as persons with disabilities.

This study relies on a new survey instrument that has not been validated; however its use in this study achieved acceptable level of internal consistency. This limits however the validity of the findings. Furthermore, given that it is a survey based on pre-determined answers (e.g., multiple choice), it does not allow for all the nuances of the lived experiences of the participants. This limits its ability to make an all-encompassing understanding about how people understand sexual consent in this study. Since this was an online survey, it is possible that participants researched the answers to the legal consent vignettes, thus skewing the scores higher than what participants actually knew off-hand. Lastly, this study may be limited by the participants responding in what they deem to be the most “socially desirable” way. This could skew the responses to be much more “socially acceptable” than the actual reality.

Since the research instrument has not been validated nor measured for reliability, opinions and feedback from key informants were sought. An Assistant Crown Attorney with the Ministry of the Attorney General of Ontario was consulted to ensure the legal vignettes were clear and correct. Several researchers in related fields were consulted to review the rest of the survey in order to establish face validity. The survey as a whole was also pilot-tested with a small group of participants. Even though some of the “confidence” measures are based on the Sexual Consent Scale-Revised (Humphreys & Brousseau, 2010), breaking apart those items SCS-R invalidates any established validity and reliability. These factors represent a limitation to the study as a whole. This study would have to be replicated in other settings in order to establish reliability and validity.
Additionally, consent issues are rarely, if ever, clear cut. This is another one of the major limitations of this study - it tried to simplify extremely complex social and legal issue (sex, consent law) into one-line situations with yes-or-no answers. This is obviously not how things are in the real world. Most laws are like this - they are written as though the world is clear cut, and then rely on lawyers and judges to interpret and apply them based on context. Given the complexities of potential situations involving breach of consent, it is possible that participants were unsure as they had questions about potentially mitigating circumstances in the vignettes. While every effort was taken to make the vignettes as clear as possible, this remains a potentially large limitation of this study.

Lastly, it should be noted that some of the categories were smaller than the ideal of 15 cases of data per predictor (Field, 2009, p. 222). This limits the reliability of the tests. As well, the confidence measure, ‘composite perceptions of consent,’ was not normally distributed, which violates another condition for multiple regression and other statistical tests.

**Reflection**

This research study has challenged my own perceptions and beliefs. The original idea for this study came out of an experience: I used to teach a 1-hour class to 16 year olds about sexual consent, from a risk reduction perspective. When I spoke to them, they often told me that they had no idea about any of these things, that they had no idea that someone could change their mind “halfway through [sexual relations],” and that nobody ever talks to them about this. I was shocked – considering that young people often begin sexual contact well before 16 years of age, it seemed ridiculous to me that these teenagers
did not even know that someone was allowed to change their mind! So, this research was meant to see if those teenagers were just an anomaly, and if there was anyway a focus could be drawn on improving their knowledge and understanding.

Given that I attended religious school for high school, and that it focused mostly on an abstinence approach (though not to be confused with abstinence-only approaches), I fully expected that those who learned from religious sources would fare worse on their level of knowledge. I also expected that those in healthcare professions – in this study, noted as “health sciences” under discipline – would have better knowledge than most others about consent, since they are often primary care givers or emergency room workers, where they could be on the receiving end of disclosures of sexual assault. It is alarming to me that they scored so poorly in comparison to other disciplines.

Throughout this study and my analysis, I have struggled with the engrained gendering of the discussion, and how the discussion tends very heavily towards heteronormativity. Despite my best efforts, even some of the corrections that were made in earlier drafts of this thesis were indicative of precisely how engrained this gendering and heteronormativity is in the discussion of sexual consent and sexual assault – as someone who was actively attempting to disrupt those notions, I still fell into them the same as previous researchers have. Further to that, I always could feel myself saying, in my head, “Well, women must know more, we just get it.” Sadly, I have been proven wrong. This study illuminates that we are equally as uninformed and over-confident as men. It has further been challenging to try to rid this discussion of the usual gendering, when inherently, it is gendered. While my own feminist awakening is still in its infancy, I am struggling to comprehend the apathy towards sexual consent, the general non-
understanding of the concept, and the overwhelming influence of misogyny and patriarchy in everything that we say, do, and encounter. Perhaps most telling was my own reaction to the quote by Catherine MacKinnon in Archard (1998, p. 84): “Never is it asked whether, under conditions of male supremacy, the notion of ‘consent’ has any meaning.” I was shocked by the insinuation that consent has no meaning – and even more shocked by the use of the term “male supremacy.” However, in conversations with friends, colleagues, and others, it has become clear to me that consent is anything but clear! Coercion is such a difficult notion to pin down in sexual relations because it can be so subtle. How much are women “expected” to have sex with their male partners, still today? Male supremacy, indeed. My struggle continues.

I was hoping for an easy solution. Perhaps naïve, or perhaps just overly optimistic, I was hoping to find something that could be the key to addressing this problem. As disappointing as it is to not find “the answer,” I feel validated that, as I have suspected for years, lack of knowledge appears to be a pervasive issue. Perhaps now we can begin talking about it, and eventually begin building ideas towards improvement.

**Conclusion**

This study looked at factors influencing the level of knowledge of legal consent in Canada, as well as confidence in that knowledge and its application. Knowledge of sexual consent law is relatively poor, and this, across all the variables in this study including gender, age, sexual orientation, race/ethnicity, where the participant attended high school, education levels, discipline, relationship status and type, monogamy, sexual activity status, and how the participant learned first and most about consent. Participants felt relatively confident about their level of knowledge and understanding, and yet their
scores on knowledge do not reflect that. Previous literature on this topic is virtually non-existent, so this study contributes to the broader literature on sexual consent in general, and opens the door to further research in sexual education around consent. Future research should focus on expanding into other factors such as peer groups, survivorship, and acceptance of rape myths. Opportunities for advocacy are plenty, with changes being necessary within the legal system, the education system, and with how the media reports on sexual violence. Further to that, social workers must educate themselves on sexual consent laws in order to be effective clinical and community practitioners.

Significant progress has been made on sexual assault laws over the last several decades, as indicated by Randall (2008). However, knowledge of the legal context appears to remain relatively low. That being said, sexual assault does not occur as a result of individuals not “realizing” that it is illegal or wrong. Knowledge of legal aspects will not necessarily impact sexual assault rates directly. Rather, law has a huge impact on culture (Mezey, 2001), and so by teaching it and discussing it change can be made in the way future generations perceive and understand and know about sexual consent. Beginning the conversation of what is allowed and what is not could change perceptions of what is okay and what is not. This can help dismantle rape culture, and elevate notions of sex positivity and healthy relationships. The time is now to be educated and to advocate for the changes necessary to create a society in which sexual violence is not met with apathy and shrugged shoulders, but rather with empathy, accountability, and resilience.
Appendices
Appendix A: Survey Instrument Including Consent Form

Let's Talk About (Consensual) Sex!

Introduction
This research looks at what students and alumni 30 years or younger know about legal sexual consent, and their confidence levels around topics of sexual consent. This research will contribute to the areas of sexual education and university programming (eg, orientation week, Gender Based Violence Task Force). The principal investigator is Eleanor McGrath, a Masters of Social Work student at Wilfrid Laurier University, and her advisor is Dr. Eliana Suarez. Eleanor can be contacted at kohl3020@mylaurier.ca and Dr. Suarez at esuarez@wlu.ca for any questions or concerns regarding this study.

This study has been approved by Wilfrid Laurier’s Research Ethics Board; REB #4520.

Condensed consent form
Participating in this research is completely voluntary, and you can withdraw at any time. The principal investigator will do everything possible to keep your data confidential, although because it is an online survey, confidentiality cannot be fully guaranteed. At the end of the survey, you will have the opportunity to give your contact information through a separate link to be included in research updates and given an answer key, and to participate in a draw for a participation prize.

Please read the full consent form on the next page and save a copy for your records!

Counselling
This study is about sexual consent, and may bring up uncomfortable feelings or past experiences. If you are feeling uncomfortable, distressed, or just need to talk to someone, you are encouraged to contact any of the following resources:

- Here24/7 (crisis line): 1-844-437-3247
- WLU Counseling Services (appointments): 519-884-0710 x3146
- UW Counseling Services (appointments): 519-888-4567 x32655
- Waterloo Walk-In Clinic: 519-725-1514

WILFRID LAURIER UNIVERSITY
INFORMED CONSENT STATEMENT
“Let’s Talk About (Consensual) Sex” Study
Eleanor McGrath, Master of Social Work student, Principal Investigator
Dr. Eliana Suarez, PhD, RSW, Assistant Professor, Advisor

You are invited to participate in a research study. The purpose of this study is to describe Wilfrid Laurier University (WLU) and University of Waterloo (UW) students' and alumni's level of understanding and confidence in applying concepts of sexual consent, including legal concepts, and explore the association between this understanding and source of their knowledge.
INFORMATION

This study is an electronic survey consisting of 16 items, not including demographic questions. It should take you about 15-20 minutes to complete. The survey will ask you some demographic questions and some questions related to your knowledge of sexual consent and confidence in applying concepts related to consent in your relationships. Data will be collected anonymously. The data will be analyzed by the Principal Investigator in order to look for any correlations. Afterwards, participants such as yourself can be made aware of any progress and conclusions of the research, if you choose.

Participants are current or former WLU or UW students, 30 years old or younger, in any discipline. You have been invited to complete this survey because you are a current or former student.

RISKS

While this study is designed to only look at knowledge and confidence levels in applying the knowledge of sexual consent, there is a possibility that it could bring up uncomfortable past experiences for you. As such, a list of resources such as counselling will be given at the end of the survey. We encourage you to use these services if you are feeling at all uncomfortable or distressed. Furthermore, you may choose to withdraw from the survey at any time, for any reason, without penalty.

BENEFITS

This research will contribute to an important aspect of the discussion about educating young people about sexual consent. This research may influence changes for university programming or other educational programming. Therefore, you have an opportunity to be a part of this very important ongoing work.

As well, this survey may increase your knowledge of sexual consent. Not only will it require you to think and reflect on what you know, but you will also be given the opportunity to receive an answer key with more information and resources on the topic.

CONFIDENTIALITY

All data will be kept on a password-protected computer, within a password-protected document. Participants’ contact information (for research updates and participation in the incentive draw) will be collected through a separate link and will not be linked to any participant responses, therefore responses will be anonymous. Even if Qualtrics, the survey hosting service, makes available individual IP addresses, this information will not be used. The raw data will be destroyed upon completion of this project, and contact information will be destroyed after the draw. The only individuals who will have access to the raw data will be the Principal Investigator and her Advisor. Since the data is being collected via an online survey, full confidentiality cannot be guaranteed.

Results will be incorporated into the Principal Investigator’s Master’s thesis, as well as possibly published in an academic journal article. Results will only be used in group aggregates (no individual results). Summaries of the results will also be distributed to those participants who choose to be updated on the outcome of the research.
COMPENSATION
For participating in this study you will receive the opportunity to be in a random draw of all participants for one of three $50 gift cards, or one $100 gift card for Amazon.ca. Odds of winning depend on the number of participants. Winners will be notified via email no later than October 15, 2015.

CONTACT
If you have questions at any time about the study or the procedures, or you experience adverse effects as a result of participating in this study, you may contact the researcher, Eleanor McGrath, at kohl3020@mylaurier.ca, or Dr. Suarez at esuarez@wlu.ca. This project has been reviewed and approved by the University Research Ethics Board (#4520). If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 4994 or rbasso@wlu.ca

PARTICIPATION
Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed. You have the right to omit any questions you choose.

FEEDBACK AND PUBLICATION
Results will be incorporated into the Principal Investigator’s Master’s thesis, as well as possibly published in an academic journal article. Results will only be used in group aggregates (no individual results). Results may also be presented as a part of research presentations at conferences or forums. Results will also be distributed to those participants who choose to be updated on the outcome of the research. There will be an option to provide your email address for such updates at the end of the survey. Updates will be available in late 2015 or early 2016.

CONSENT
I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

Please print or save a copy of this page for your records and for future reference.
❑ I agree - participate in survey (1)
❑ I disagree - do not participate (2)

Please note that you are not able to return to questions after you click the "next" button.

Q1 What is your current age?

Q2 What is your gender?
Q3 Do you currently consider yourself to be:
- Heterosexual (1)
- Gay/lesbian (2)
- Bisexual (3)
- None of the above. I prefer to identify as: (4) ____________________

Q4 How do you describe your racial and/or cultural ethnicity?

Q5 Where did you complete the majority (at least 3 or more years) of your secondary school education (grades 7-12)?
- Alberta (1)
- British Columbia (2)
- Manitoba (3)
- New Brunswick (4)
- Newfoundland (5)
- Northwest Territories (6)
- Nova Scotia (7)
- Nunavut (8)
- Ontario (9)
- Prince Edward Island (10)
- Quebec (11)
- Saskatchewan (12)
- Yukon Territory (13)
- Elsewhere outside of Canada (14)
- I did not complete at least 3 years in a single province. (15)

Q6 What is your highest level of education completed?
- High school or equivalent (1)
- Trade or apprenticeship (2)
- College diploma (3)
- University degree - bachelor (4)
- University degree - master (5)
- University degree - doctorate (6)
- Other (please specify): (7) ____________________

Q7 What is your level of education that you are currently in the process of completing?
- University degree - bachelor (1)
- University degree - master (2)
- University degree - doctorate (3)
- Other (please specify): (4) ____________________
- I am not currently a student. (5)
Q8 Which faculty are you currently or most recently a part of:

Q9 Do you consider yourself to be currently in a relationship?
   ☐ Yes (1)
   ☐ No (2)
If No Is Selected, Then Skip To Q12

Q10 Which relationship status best describes your current situation?
   ☐ Dating casually (1)
   ☐ Steady relationship (2)
   ☐ Living together (3)
   ☐ Engaged (4)
   ☐ Married or common-law (5)
   ☐ Other (6) ____________________

Q11 Do you consider yourself to be:
   ☐ Monogamous (1)
   ☐ Non-monogamous (2)

Q12 Do you consider yourself to be sexually active?
   ☐ Yes (1)
   ☐ No (2)

Q13 Select where/how you first learned about sexual consent:
   ☐ School - Public (1)
   ☐ School - Public-religious (2)
   ☐ School - Private (3)
   ☐ School - Private-religious (4)
   ☐ Homeschooling (5)
   ☐ Parents/guardians (6)
   ☐ Other adult (please specify): (7) ____________________
   ☐ Similar-aged family members (eg, cousins, siblings) (8)
   ☐ Similar-aged peers (eg, friends) (9)
   ☐ Religious community (10)
   ☐ Media - Movies, news, etc (11)
   ☐ Media - Websites or other online sources (12)
   ☐ I have never learned about sexual consent (13)
   ☐ I’m not sure where I learned about sexual consent (14)
   ☐ Other (please specify): (15) ____________________

Q14 Select where/how you learned the majority of your knowledge about sexual consent:
   ☐ School - Public (1)
   ☐ School - Public-religious (2)
   ☐ School - Private (3)
   ☐ School - Private-religious (4)
The following questions are for you to rate your confidence in your knowledge of sexual consent and in your ability to apply it in your own relationships.

Q15 Please answer the following questions from 1 (strongly disagree) to 7 (strongly agree).

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<tbody>
<tr>
<td>I can convey consent (or lack of consent) in a way my partner can accurately interpret.</td>
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<tr>
<td>I can accurately interpret my partner conveying consent (or lack of consent) to me.</td>
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<td>I understand what sexual consent is.</td>
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<tr>
<td>I understand the Canadian legal concepts around sexual consent in terms of age of consent.</td>
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<tr>
<td>I understand the Canadian legal concepts around sexual consent in terms capacity to consent.</td>
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The following questions are about legal sexual consent under current Canadian law. Please assume that all other aspects of consent are met (for example, that there is no force or coercion being used) and focus only on the conditions mentioned in the question. Please do not consult the internet or other persons while answering these questions. The goal is not for you to get as many “right” as possible, but rather to answer them to the best of your knowledge. Please note that the wording of the questions represent how these statements are referred to in legal terms and is not the researcher's choice of wording.

Q16 One partner is 18 years old and the other partner is 15 years old. Can there be consent?
  ❑ Yes (1)
  ❑ No (2)

Q17 Both partners are 12 years old. Can there be consent?
  ❑ Yes (1)
Q18 One partner is 15 years old and the other partner is 12 years old. Can there be consent?
   - Yes (1)
   - No (2)

Q19 One partner is 18 years old and the other partner is 17 years old, and they wish to engage in anal sex. Can there be consent?
   - Yes (1)
   - No (2)

Q20 One partner is 19 years old and the other partner is 14 years old. Can there be consent?
   - Yes (1)
   - No (2)

Q21 One partner is 21 years old and the other partner is 16 years old. Can there be consent?
   - Yes (1)
   - No (2)

Q22 One partner is under the influence of alcohol. Can there be consent?
   - Yes (1)
   - No (2)

Q23 One partner is the sports coach of a team and their partner, 17 years old, is a member on the team. Can there be consent?
   - Yes (1)
   - No (2)

Q24 Both partners are under the influence of alcohol. Can there be consent?
   - Yes (1)
   - No (2)

Q25 One partner has a mental disability which prevents them from having full cognitive abilities. Can there be consent?
   - Yes (1)
   - No (2)

Q26 Is there anything else you’d like to share or add regarding sexual consent?

NOTE: As your survey is being completed anonymously, any disclosure of sexual assault in the above question cannot be acted upon by the researcher. Please feel free to consult the following services if you feel you need someone to talk to:
   - Here24/7 (crisis line): 1-844-437-3247
- WLU Counseling Services (appointments): 519-884-0710 x3146
- UW Counseling Services (appointments): 519-888-4567 x32655
- Waterloo Walk-In Clinic: 519-725-1514
Appendix B: Survey Answer Key - Legal Consent Vignettes

1. One partner is 18 years old and the other partner is 15 years old. Can there be consent? (YES)
2. Both partners are 12 years old. Can there be consent? (YES)
3. One partner is 15 years old and the other partner is 12 years old. Can there be consent? (NO)
4. One partner is 18 years old and the other partner is 17 years old, and they wish to engage in anal sex. Can there be consent? (YES)

*From an Assistant Crown Attorney in Ontario: “While the Criminal Code of Canada says that there cannot be consent for anal sex under the age of 18 years old, that section was held to be unconstitutional (breaches s.15 of the Charter) by the Ontario Court of Appeal in 1995 and as a result, is of no force and effect; also so held by the Quebec Court of Appeal in 1998.”*

5. One partner is 19 years old and the other partner is 15 years old. Can there be consent? (YES)
6. One partner is 21 years old and the other partner is 16 years old. Can there be consent? (YES)
7. One partner is under the influence of alcohol. Can there be consent? (NO)
8. One partner is the sports coach of a team on which the other partner, 17 years old, is a member. Can there be consent? (NO)
9. Both partners are under the influence of alcohol. Can there be consent? (NO)
10. One partner has a mental disability which prevents them from having full cognitive abilities. Can there be consent? (NO)

For additional information, please see:

- **Age of Consent (including position of authority):**
  - Figure 1 in Miller, B. B., Cox, D. N., & Saewyc, E. M. (2010). Age of sexual consent law in Canada: population-based evidence for law and policy. Canadian Journal of Human Sexuality, 19(3), 105-119.
- **Capacity to consent (including intoxication, mental disability):**
Appendix C: Recruitment Efforts and Response

- 4 posts to personal Facebook account
  - 7 “shares” by friends
- 2 posts to Facebook groups
- 4 professors agreed to advertise to their students (potentially reaching a combined over 1000 students)
- 1 post to personal Twitter account
  - 1 “retweet”
- 1 post to each WLU and UW’s Reddit pages

*Figure 24. Screenshot from Reddit thread advertising the survey.*
Appendix D: Ethics Approval

REB Clearance Notification

REB@wlu.ca <REB@wlu.ca> 9 June 2015 at 09:30
To: "Ms. Eleanor Marie McGrath (Principal Investigator)"
<kohl3020@mylaurier.ca> Cc: "Dr. Eliana Suarez (Supervisor)"
esuarez@wlu.ca, REB@wlu.ca

June 09, 2015

Dear Eleanor Marie McGrath

REB # 4520
Project, "Let's Talk About (Consensual) Sex"
REB Clearance Issued: June 09, 2015
REB Expiry / End Date: April 30, 2016

The Research Ethics Board of Wilfrid Laurier University has reviewed the above proposal and determined that the proposal is ethically sound. If the research plan and methods should change in a way that may bring into question the project’s adherence to acceptable ethical norms, please submit a "Request for Ethics Clearance of a Revision or Modification" form for approval before the changes are put into place. This form can also be used to extend protocols past their expiry date, except in cases where the project is more than two years old. Those projects require a new REB application.

Please note that you are responsible for obtaining any further approvals that might be required to complete your project.

If any participants in your research project have a negative experience (either physical, psychological or emotional) you are required to submit an "Adverse Events Form" within 24 hours of the event.

You must complete the online "Annual/Final Progress Report on Human Research Projects" form annually and upon completion of the project. ROMEO will
automatically keeps track of these annual reports for you. When you have a report
due within 30 days (and/or an overdue report) it will be listed under the 'My
Reminders' quick link on your ROMEO home screen; the number in brackets next
to 'My Reminders' will tell you how many reports need to be submitted.

All the best for the successful completion of your project.

Yours sincerely,

[Signature]

Robert Basso, PhD
Chair, University Research Ethics Board
Wilfrid Laurier University

/pb
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