



Unwanted and non-consensual sexual experiences reported by university students in Northern Ireland

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UNWANTED AND
NON-CONSENSUAL
SEXUAL EXPERIENCES
REPORTED BY
UNIVERSITY STUDENTS;
IN NORTHERN IRELAND

This is valuable research and I want to commend its authors, Ms Ngozi Anyadike-Danes, Ms Megan Reynolds, Professor Armour and Dr Lagdon and all who participated in it, for helping to lift the lid on the scale and nature of unwanted and non-consensual sexual experiences (USEs) within the higher education sector in Northern Ireland.

This is an important issue. The findings make for uncomfortable reading, with 63% of participants experiencing at least one USE during their time in higher education, including experiences of coercion, attempted rape and rape.

I am clear that sexual misconduct in all its forms violates human dignity and has no place in our society. The report highlights not only its prevalence, but also the harm and impact it can cause in terms of damaged interpersonal relationships, psychological distress, PTSD, diminished academic performance, problematic alcohol usage, depression and anxiety.

While the findings are alarming, I nonetheless welcome the publication of this research, as it is only when we start to recognise and acknowledge the challenge we face, that we can start to address it. I also believe this research teaches us about the ways in which we need to respond, noting:

- that zero tolerance, whilst necessary, needs to be supported and reinforced by institutional structures and policies and by organisational cultures;
- that these policies need to be visible, accessible and relatable to all, in order to empower individuals to disclose and report USEs so that they can access the support they need (both formal and peer support); and
- that our responses need to be trauma-informed in order to better meet the complex needs of those who have been subject to USEs and sexual offences.

I am encouraged that the research indicates a high level of awareness of rape myths amongst those who participated. However, this has also reinforced existing concerns that many people are not clear about the boundaries of consent and I recognise that more needs done to educate and inform and to call out unacceptable and unwanted sexual behaviour.

These themes resonate with many of the key findings contained within Sir John Gillen's review of the law and procedures in serious sexual offences in Northern Ireland and my Department is working with partners, including PSNI, to challenge perceptions and raise public understanding about consent.

As Justice Minister, I remain committed to doing all I can to support the victims of crime, including leading work to fully implement the Gillen Review.

I acknowledge and endorse the recommendations set out in this report which I believe will help to improve the safety and security of students in higher education.

I want to extend my personal thanks to the students who contributed to the research, particularly those who bravely shared their personal experience of USEs.

Naomi Long
Justice Minister

FOREWORD

BACKGROUND	3
METHODS	5
STUDY DESIGN	6
ETHICAL CONSIDERATIONS	6
SURVEY COMPONENTS	6
DEFINITIONS OF FORMS OF UNWANTED SEXUAL EXPERIENCES	6
STUDY RECRUITMENT AND PROCEDURE	6
SHORT ANALYSIS SYNOPSIS	7
DEMOGRAPHIC SUMMARY OF STUDY PARTICIPANTS	7
TABLE 1: DEMOGRAPHICS OF STUDY PARTICIPANTS	8
RESULTS	9
UNWANTED SEXUAL EXPERIENCES SUMMARY	10
TABLE 2: REPORTED USES BY GENDER	10
REPORT AND SUPPORT SUMMARY	11
TABLE 3: EXTENT OF RELATIONSHIP BETWEEN PARTICIPANT AND PERPETRATOR	11
TABLE 4: PARTICIPANTS' DISCLOSURE PRACTICES	12
TABLE 5: IMPACT OF COVID-19 TO DISCLOSURE	13
FORMAL REPORTING TO A UNIVERSITY:	14
TABLE 6: FORMAL REPORTING TO THE UNIVERSITY	14
IMPACT TO MENTAL WELLBEING SUMMARY	15
FIGURE 1: COMPARING REPORTED USES TO INDICATORS OF POOR MENTAL WELLBEING	15
SUPPORT SERVICE ENGAGEMENT	16
TABLE 7: ENGAGING WITH SUPPORT SERVICES	16
SEXUAL CONSENT ATTITUDES AND BELIEFS SUMMARY	16
RAPE MYTH ACCEPTANCE SUMMARY	17
REACTION TO PARTICIPATING IN THE STUDY SUMMARY	17
FIGURE 4: EXPERIENCE OF NEGATIVE EMOTIONAL REACTION COMPARED TO REPORTED USES	18
FIGURE 5: PERCEIVED DRAWBACKS COMPARED TO REPORTED USES	19
FIGURE 2: PERCEIVED BENEFITS TO PARTICIPATION COMPARED TO REPORTED USES	19
FIGURE 3: PERCEIVED INSIGHT COMPARED TO REPORTED USES	20
FIGURE 6: GLOBAL EVALUATION OF PARTICIPATION COMPARED TO REPORTED USES	21
STUDY LIMITATIONS	21
CONCLUSION	22
EXPERT AND PRACTITIONER RECOMMENDATIONS	23
RECOMMENDATIONS FROM UNIVERSITY STUDENTS	25
ACKNOWLEDGEMENTS	26
REFERENCES	28

CONTENTS

BACKGROUND

Unwanted and non-consensual sexual experiences [USEs] among students of Higher Education have received increased attention in recent years. USEs can include a broad spectrum of harmful behaviour including sexual harassment and misconduct (including verbal and non-verbal sexual behaviours) rape, attempted rape, or any other undesired sexual experiences. Whilst there is much variation in the available prevalence data of USEs across UK and Irish university students, the potential impact of this experience has been well documented within the US and other countries. Adverse consequences include significant psychological distress (Campbell et al., 2009; Carey et al., 2018), diminished academic performance (Jordan et al., 2014) impacts on interpersonal relationships (Faravelli, et al., 2004) and possible dropout from educational courses (Huerta et al., 2006; Mengo & Black, 2016). Moreover, a strong body of work also exists with regards to risk factors related to USEs while at university, with research highlighting the role of alcohol (Behnken, 2017), 'lad culture' (Phipps & Young, 2015) and lack of consent awareness and education (Kilimnik & Humphreys, 2018; Thomas et al., 2016) as possible precursors.

Previous work such as the National Union of Students' research efforts (Smith, 2010) and Universities UK's (2016) taskforce report which examined violence against women, harassment and hate crime affecting university students, have exemplified the need for action on this issue. The task force recommended that universities adopt a universal and agreed approach to tackling sexual misconduct which is devised in partnership with students. Further, prevention efforts should be based on a zero-tolerance approach with universities encouraging disclosure and ensuring accessible responses, utilising local partnerships. Universities should also endeavour to share best practices in this regard. The Republic of Ireland's Department of Education also published the Consent Framework for Higher Education Institutions (Department of Education & Skills, 2020), which encourages adopting principles that promote safe, respectful, and supportive institutions through clear policies, reporting mechanisms, and targeted initiatives. Considerable efforts to address sexual violence in the context of Irish higher education, including prevalence research, consent awareness raising, and bystander intervention training, are ongoing (Burke et al., 2020; Crowley et al., 2017; MacNeela et al., 2018).

In March 2016, the seven-year 'Stopping Domestic and Sexual Violence and Abuse Strategy' was jointly published by the Department of Health and the Department of Justice. Over the course of five years, the strategy has led to the creation of several campaigns and initiatives including the Police Service of Northern Ireland's 'No Grey Zone' that seeks to educate and provide awareness on sexual consent. In 2018, the Director of Public Prosecutions and members of the Criminal Justice Board commissioned an independent review into the handling of serious sexual offences in Northern Ireland. The findings of this review, led by Sir John Gillen, were reported in 2019 and included 16 key recommendations and 256 recommendations focusing on the coordination of widespread reform across Northern Ireland. One of these key recommendations stressed the need for extensive public awareness and school education campaigns to address rape myths and misconceptions regarding sexual violence and consent. Another recommendation highlighted the need for individual research projects to gather data on the prevalence of serious sexual offences in Northern Ireland to better understand its occurrence, particularly in marginalised populations.

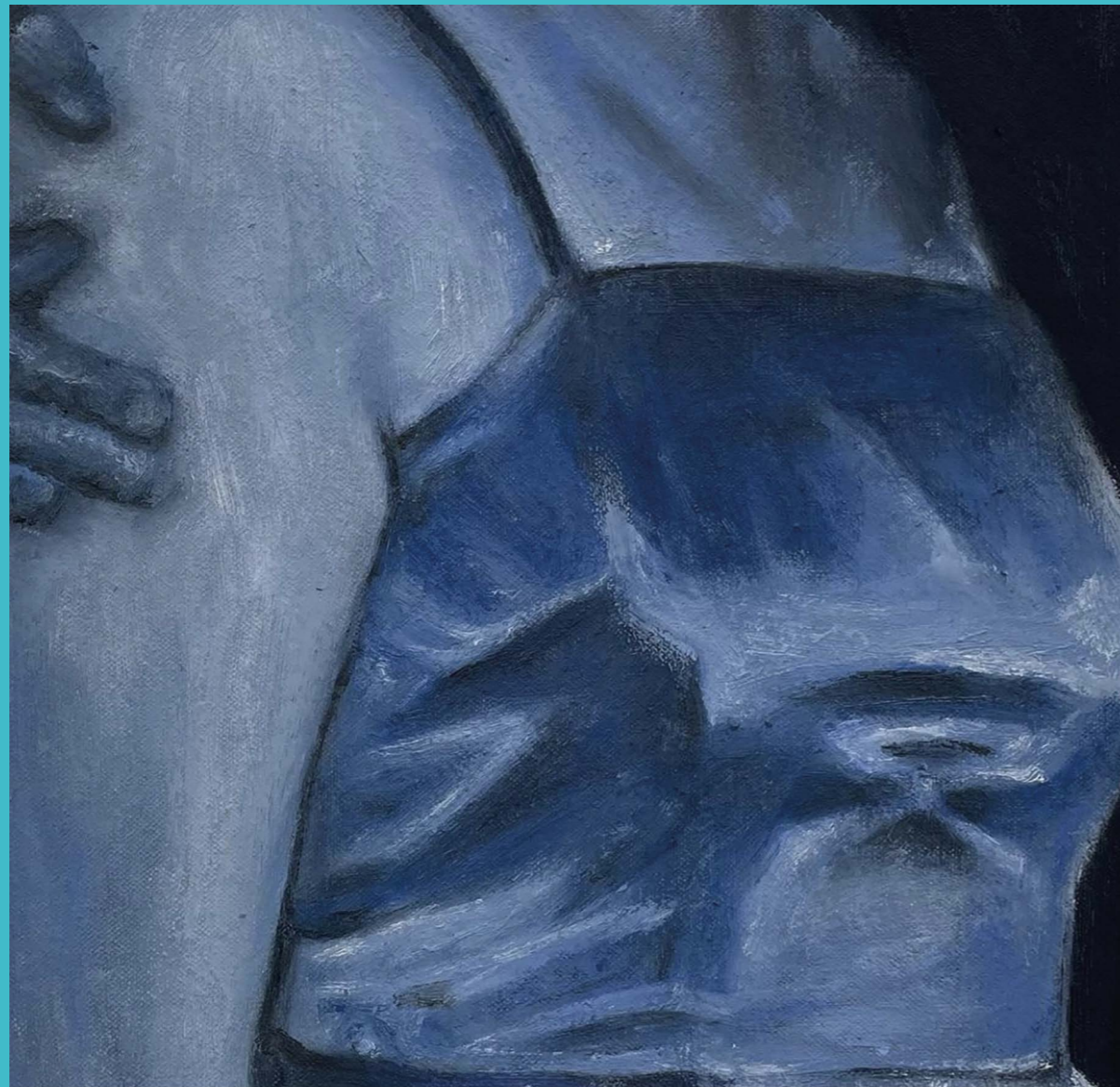
Despite Sir John Gillen's recommendation, until recently, the evidence base for Northern Ireland in relation to university students' experience of sexual violence, harassment and misconduct has been scarce. While there are some commendable individual institution efforts (e.g., Haughey et al., 2016), there remains no clear benchmark across universities that can support informed partnership and collaborative working. What we do know from individual institutional reports such as Queen's University Belfast's student led consent research (Haughey et al., 2016), is that USEs among university students is a significant issue of concern. The results demonstrated that 34% of students reported unwanted sexual touching, 8% experienced attempted penetrative sex and 6% experienced penetrative sex. Similarly, in 2019, the National Union of Students and the Union of Students in Ireland [NUS-USI] reported that 28% of students (n=2200) surveyed had experienced some form of unwanted sexual behaviour during their time at university or college.

CURRENT STUDY AIM

The current survey aimed to identify the prevalence of USEs whilst students were attending Northern Irish universities. This report is a summary of the combined results from the data collected from students attending either Ulster University or Queen's University Belfast. A secondary aim of the survey was to understand the impact of USEs on students' mental health and wellbeing.

Prevention efforts should be based on a zero-tolerance approach with universities encouraging disclosure and ensuring accessible responses, utilising local partnerships.

METHODS

**STUDY DESIGN**

A quantitative cross-sectional survey was used to investigate USEs, adverse mental health impacts and a variety of related factors. The survey was hosted on Qualtrics, an online software platform, which allowed participants to complete the survey in private and at their own pace.

ETHICAL CONSIDERATIONS

Approval for the survey was granted independently by each university's research ethics committee. Due to the sensitive nature of the survey, several precautions were taken to reduce any potential distress to participants. The research team convened an advisory group involving academics, university support services and support service providers across Northern Ireland to review the survey in its entirety and provide advice regarding the content of support messages to be included in the survey. Throughout the survey, this support information was provided to participants at regular intervals. Upon completion, participants received a detailed debrief sheet that included the contact details for internal (e.g., Student Wellbeing) and external support services (e.g., NEXUS NI). Participants were also able to take breaks during the survey and return in their own time.

SURVEY COMPONENTS

The complete survey consisted of a series of independent measures designed to explore USEs (including reporting of experiences), sexual consent attitudes and beliefs, acceptance of rape myths, indicators of harmful alcohol consumption, symptoms of anxiety, depression, and post-traumatic stress disorder [PTSD] and participants reaction to taking part in sensitive research.

The frequency of USEs reported by students was measured using a modified version of the Sexual Experiences Survey [SES-SFV] used in previous research (Canan, 2017; Canan et al., 2018; Canan et al., 2020). We further adapted this measure to ensure that the language was entirely gender neutral and in keeping with that used by students in Northern Ireland. Students' sexual consent attitudes and beliefs were measured using the Sexual Consent Scale-Revised (Humphreys et al., 2010) and the Alcohol and Sexual Consent Scale (Ward et al., 2012). Rape myth acceptance was measured using the updated Illinois Rape Myth Acceptance scale (McMahon & Farmer, 2011) and a shortened version of the Male Rape Myth Acceptance scale (Melanson, 1999). To identify indicators of harmful alcohol consumption, we used the Alcohol Use Disorders Identification Test (Saunders et al., 1993). Symptoms of anxiety, depression and

PTSD were measured using the General Anxiety Disorder-7 (Spitzer et al., 2006), Patient Health Questionnaire-9 (Kroenke et al., 2001) and PTSD Checklist-5 (Weathers et al., 2013), respectively. Lastly, we measured participants' reactions to research participation with the Reactions to Research Participation Questionnaire-Revised (Newman et al., 2001).

DEFINITIONS OF FORMS OF UNWANTED SEXUAL EXPERIENCES

Participants reported on four different types of acts (sexual contact, oral penetration, vaginal penetration, and anal penetration) that occurred as a result of seven different perpetration tactics (i.e., telling lies, use of criticism, taking advantage of incapacitation, use of threats, use of force, ignorance of refusal and surprising the person). By focusing on the perpetration tactics and avoiding loaded language (e.g., rape, sexual assault) that can mean different things to different people, we hoped to capture more experiences from participants. Prior to analysis, responses were sorted into five different groups:

1. Unwanted sexual contact: non-penetrative sexual activity (e.g., kissing, fondling).
2. Attempted coercion: attempted penetration (such as anal, oral, vaginal) where the perpetrator used coercive tactics (e.g., pressure, lies).
3. Coercion: completed penetration (i.e., anal, oral, vaginal penetration) where the perpetrator used coercive tactics (e.g., pressure, lies).
4. Attempted rape: attempted penetration where the perpetrator used threats, force, ignorance of refusal or took advantage when the participant was surprised or incapacitated.
5. Rape: completed penetration where the perpetrator used threats, force, ignorance of refusal or took advantage when the participant was surprised or incapacitated.

STUDY RECRUITMENT AND PROCEDURE

The survey was launched online at both universities in November 2020 and ran until May 2021. Participants were recruited via email and social media posts and were offered the opportunity to win one of six £50 Amazon gift cards from a random prize draw. Potential participants were provided with a comprehensive information sheet about the purpose of the survey and types of questions that they would be asked. After reviewing the information sheet, participants then completed a consent form before viewing and completing the survey.

SHORT ANALYSIS SYNOPSIS

Each dataset was cleaned and screened prior to data merging. Participants were removed for several reasons including not responding to any items, not providing consent, completing less than 20% of the Sexual Experiences Survey [SES-SFV] etc. Whilst 1760 participants started the survey, 1412 completed the demographic questions and, of those participants, 1033 completed 80% or more of the SES-SFV.

Scoring the SES-SFV

To compare any potential differences between participants, SES-SFV scores were dichotomised into groups (0= those who reported no experiences, 1= those who reported at least one USE). There are different ways to score the SES-SFV and this can impact how data is presented and interpreted. Dichotomous scoring is beneficial because it provides a general indication of the scale of the problem but should not be considered representative of frequency (e.g., number of USEs reported). Further, no mutually exclusive groups were created, participants may be represented across a number of experiences. For example, a participant reporting unwanted sexual contact and rape could be counted in both groups. This was decided as it is important that the types of experiences reported by participants (e.g., unwanted sexual contact, attempted rape) are clearly represented.

Scoring Mental Wellbeing Indicators

Three measures examined the extent to which participants would be likely to meet the diagnostic criteria for the following disorders: generalized anxiety disorder, depression, and PTSD. In addition, we assessed for participants recent (ab)use of substances (alcohol) (all specific measures used are outlined in the above methods section). These measures are not formal diagnostic tools and only serve as indicators for probable diagnosis. They cannot confirm the presence of mental illness but do suggest that a disorder would be present if the participant was formally assessed via a clinical interview.

For each mental wellbeing measure, participants were divided into two groups; participants were either classified as reporting several symptoms of poor mental wellbeing (e.g., moderate to severe anxiety) or low enough to suggest few (or no) symptoms of poor mental wellbeing (e.g., no or mild anxiety). Cut-off scores for the individual mental wellbeing measures were chosen based on the currently available

research. The following scoring was used for each of the four measures to enable us to group participants into those likely experiencing psychological disorders versus those not:

- Alcohol [AUDIT]: Participants scoring 8 or more were classed as partaking in harmful alcohol consumption
- Anxiety [GAD-7]: Participants scoring 10 or more were classified as having moderate to severe symptoms of anxiety
- Depression [PHQ-9]: Participants scoring 10 or more were classified as displaying symptoms of moderate to severe depression
- PTSD [PCL-5]: Participants scoring 33 or more were classified as reporting symptoms consistent with a likely diagnosis of PTSD.

Significance Testing

To analyse whether there were any statistically significant relationships, chi-square tests of association were conducted to compare reported USEs (None vs. At least 1) against harmful alcohol consumption, probable anxiety, depression, and PTSD. This would help determine, for example, whether reporting at least one USE was associated with harmful alcohol consumption or probable depression based on participant scores on these measures. It is important to note that the results from this type of analysis do not indicate causality (e.g., we cannot say that USEs caused harmful alcohol consumption); rather they indicate whether the groups (None vs. At least 1) statistically differ from one another based on the number of participants reporting problematic alcohol usage.

DEMOGRAPHIC SUMMARY OF STUDY PARTICIPANTS

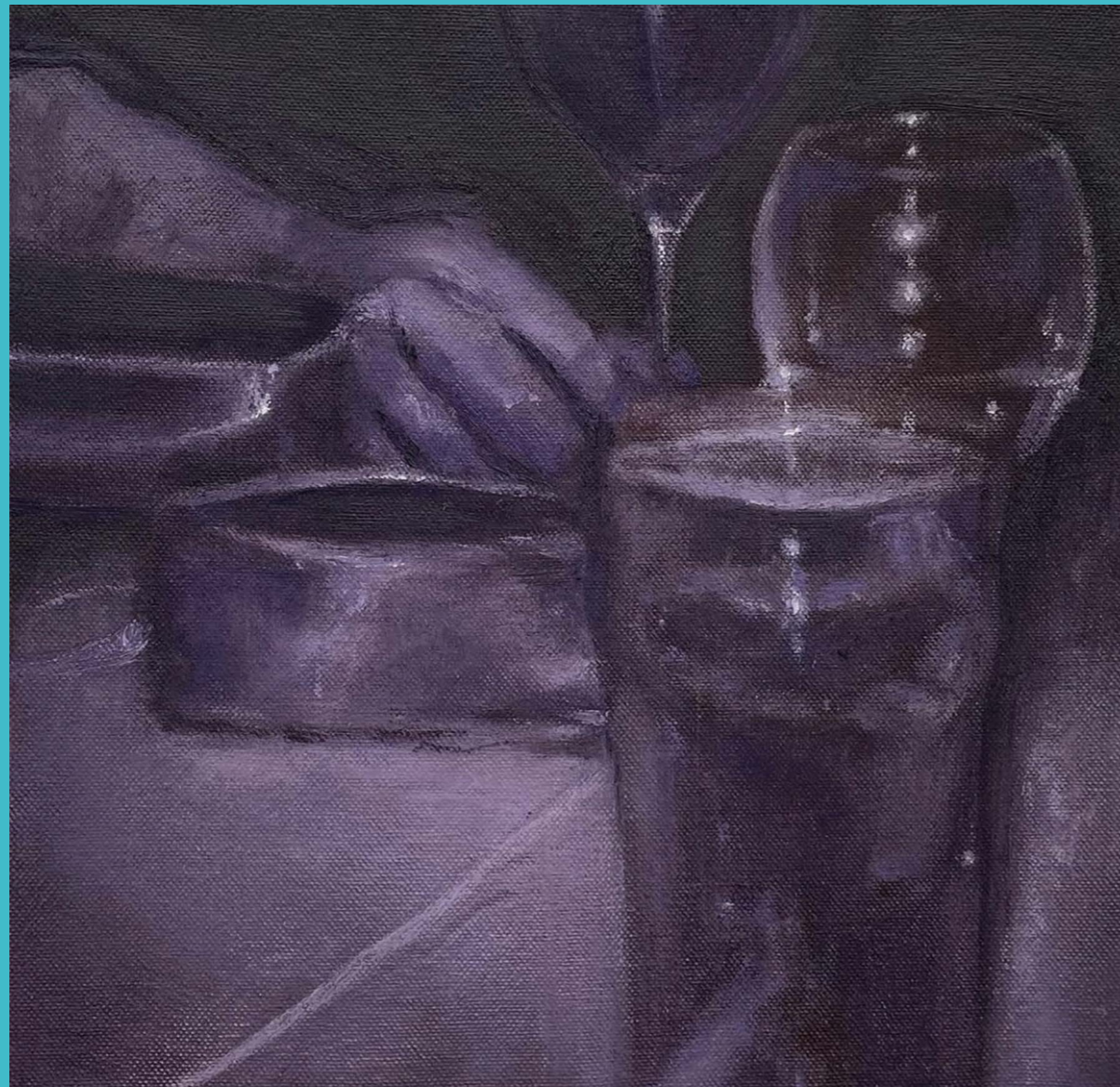
This summary reports on the data of 1412 NI student participants. Participants were asked to provide basic demographic information on their gender, age, sexual orientation, university year, ethnicity, and nationality. Most participants were women (n=1129), white (n=1257) and heterosexual (n=1077). Participants' age ranged from 18 to 59 years old, with an average age of 24 years old. Many those who completed the survey were undergraduate students (74%), many of whom were in their first year at university (28%).

TABLE 1: DEMOGRAPHICS OF STUDY PARTICIPANTS

		Frequency	Percentage of total sample
Gender	Women	1129	80%
	Men	263	19%
	Self-described/unreported	20	1%
Sexual orientation	Heterosexual	1077	76%
	Bisexual	222	16%
	Gay man/woman	50	4%
	Self-described/unreported	63	4%
Age	18-24	1004	71%
	25-31	237	17%
	32-38	113	8%
	39+	58	4%
Year	Other undergraduate year	648	46%
	First year	397	28%
	Postgraduate	367	26%
Ethnicity	White/European	1257	89%
	Asian/Arab	94	7%
	Mixed race	29	2%
	African/Black	14	1%
	Any other ethnicity	12	1%
	Unreported	6	0.4%
Nationality	Irish	541	38%
	Northern Irish	421	30%
	British	212	15%
	English/Scottish/Welsh ¹	27	2%
	International	188	13%
	Dual nationality	16	1%
	Unreported	7	1%

¹ Participants self-identified from one of these individual nations rather than collectively as British.

RESULTS



UNWANTED SEXUAL EXPERIENCES SUMMARY

Participants were sorted into two groups: those reporting at least one USE and those reporting no USEs. These experiences ranged from unwanted sexual contact (e.g., kissing, groping), to attempted coercion, coercion, attempted rape, and rape (see Table 2 for a further breakdown). Students were specifically asked to report on USEs that occurred whilst they had been attending university. Though it was made clear to students that the intention was not to solely hear from students who had a history of USEs, it is possible that students took advantage of the opportunity to report their experiences anonymously. The last survey of this nature was in 2016 and was limited to one university (Haughey et al., 2016).

In total, 1033 students completed the USE questionnaire (73% of the total sample). Out of 1033 students, 679 (63%) reported experiencing at least one type of USE and 383 participants (37%) reported no experiences. A gender breakdown of those reporting experiences is included in the table below. Regarding sexual orientation, most of those reporting at least one USE identified as heterosexual (n=478, 74%) followed by 126 bisexuals (19%), 24 gay women/men (4%) and 22 participants who self-described/ did not identify their gender (3%).

TABLE 2: REPORTED USEs BY GENDER

		Women (n=830)	Men (n=188)	Self-described/ unreported (n=15)	Total (n=1033)
Reported any USEs (%)		559 (67%)	83 (44%)	8 (53%)	650 (63%)
Unwanted sexual contact	No experiences	323 (39%)	119 (63%)	8 (53%)	450 (44%)
	At least one	507 (61%)	69 (37%)	7 (47%)	583 (56%)
Attempted coercion	No experiences	643 (78%)	167 (89%)	13 (87%)	823 (80%)
	At least one	187 (23%)	21 (11%)	2 (13%)	210 (20%)
Coercion	No experiences	607 (73%)	164 (87%)	15 (100%)	786 (76%)
	At least one	223 (27%)	24 (13%)	0	247 (24%)
Attempted rape	No experiences	539 (65%)	152 (81%)	13 (87%)	704 (68%)
	At least one	291 (35%)	36 (19%)	2 (13%)	329 (32%)
Rape	No experiences	445 (54%)	148 (79%)	10 (67%)	603 (58%)
	At least one	385 (46%)	40 (21%)	5 (33%)	430 (42%)

REPORT AND SUPPORT SUMMARY

Participants were offered the opportunity to disclose some additional details related to their experience (though the exact experience was not identified). Participants reported on the perpetrator's gender, their relationship to the perpetrator and whether they disclosed (and to whom). We then asked participants about their history of disclosing their experiences, either formally or informally, and the rationale behind not reporting their experience. Lastly, participants answered questions about their knowledge of university sexual misconduct policy and engagement with university support services.

Perpetrator Information

In total, 531 students reported the gender of their perpetrator (84% of the total number of students who reported a USE in the survey): 87% (n=461) reported that the perpetrator was a man with 8% (n=41) and 5% (n=29) identifying the perpetrator as either a woman or reporting multiple perpetrators, respectively. Table 3 below demonstrates that 354 participants (66%) knew the perpetrator and the majority had some sort of pre-established relationship (e.g., romantic partner, acquaintanceship, friendship) with them.

TABLE 3: EXTENT OF RELATIONSHIP BETWEEN PARTICIPANT AND PERPETRATOR

		Frequency	Percentage of total sample
Did you know the individual?	Yes	354	66.4%
	Some	92	17.3%
	No	80	15.0%
	Prefer not to say	7	1.3%
What was/is your relationship at the time?	Romantic partner (current or previous)	171	32.1%
	Acquaintance	130	24.4%
	Stranger	95	17.8%
	Friend	76	14.3%
	Prefer not to say	35	6.6%
	Classmate	15	2.8%
	Flatmate	9	1.7%
	Staff member	2	0.4%

Note. Only those reporting they knew the perpetrator were asked about their relationship with them. The response to each question was mutually exclusive (e.g., students could only select one type of relationship with perpetrator).

Disclosure Practices

Table 4 highlights students' disclosure practices. Students were divided into categories based on their choice to disclose (or not), with 50% reporting they had told someone, and 47% reporting they had not disclosed their USE.

Most students disclosed to a friend (69%), romantic partner (11%) or family member (7%); Only one student had told student wellbeing.

TABLE 4: PARTICIPANTS' DISCLOSURE PRACTICES

		Frequency	Percentage of total sample
Did you ever tell anyone?	Yes	264	50%
	No	252	47%
	Prefer not to say	17	3%
	Total	533	
Who did you tell?	Friend(s)	182	69%
	Romantic partner	30	11%
	Family member	19	7%
	Other	11	4%
	Healthcare professional	10	4%
	Support organization (e.g., NEXUS)	8	3%
	Member of staff	3	1%
	Student Wellbeing	1	0%
Total	264		
Did you post about it online anonymously?	No	501	97%
	Yes	14	3%
	Prefer not to say	1	0%
	Total	516	

Note. Only participants who reported that they had not told anyone were asked if they posted online. The response to each question was mutually exclusive (e.g., students could only select one disclosure option).

IMPACT OF COVID-19

Given that our survey was carried out during a pandemic, participants were also asked if the pandemic factored into their decision to disclose to someone; if it did, they were asked if they wanted to provide more detail. Most students (95%) said the pandemic had not factored into their decision to disclose.

TABLE 5: IMPACT OF COVID-19 TO DISCLOSURE

		Frequency	Percentage of total sample
Did COVID-19 impact your decision to tell anyone?	No	505	95%
	Yes	24	5%
	Prefer not to say	4	1%
	Total	533	

For those students who had indicated that the pandemic had factored into their decision to not disclose, reasons included feelings of discouragement with reference to breaking restrictions and feelings of shame and embarrassment. That said, there were some who felt encouraged to disclose because of the pandemic, citing time to talk to their partner due to the restrictions and the impact that staying silent whilst alone was having on their mental wellbeing.

FORMAL REPORTING TO A UNIVERSITY

Most students did not make a formal report to their university regarding their USE experience (n = 503, 96%). When asked what factors impacted their decision to not report, most students selected "prefer not to say" (36%), "did not want anyone to know" (22%) or "did not believe their experience was a criminal offence" (19%).

A total of 530 students responded to questions about university policy. A large percentage of students (45%) were unsure whether there was a sexual misconduct policy; similarly, most students had never looked for the information (40%) or had looked for it but couldn't find it (40%).

TABLE 6: FORMAL REPORTING TO THE UNIVERSITY

		Frequency	Percentage of total sample
Did you make a formal report to your university?	No	503	96%
	Prefer not to say	17	3%
	Yes	6	1%
	Total	526	
What made you decide not to report to your university?	Prefer not to say	175	36%
	I did not want anyone to know	105	22%
	I believe it was not a crime	90	19%
	I believed it was my fault	41	8%
	I thought that no one would believe me	20	4%
	I did not want my perpetrator to find out I had reported it	20	4%
	I did not know how to report it	15	3%
	I did not want to get into trouble	9	2%
	I was worried about how the university would react	9	2%
	The university closed due to COVID-19	2	0.4%
Total	486		
Do you know if your university has a sexual misconduct policy?	Not sure	244	45%
	Yes	174	32%
	No	121	22%
	Prefer not to say	1	0.2%
Do you know where to find online information about student sexual misconduct?	No, looked for it and couldn't find it	218	40%
	No, never looked for it	214	40%
	Yes	106	20%
	Prefer not to say	2	0.4%

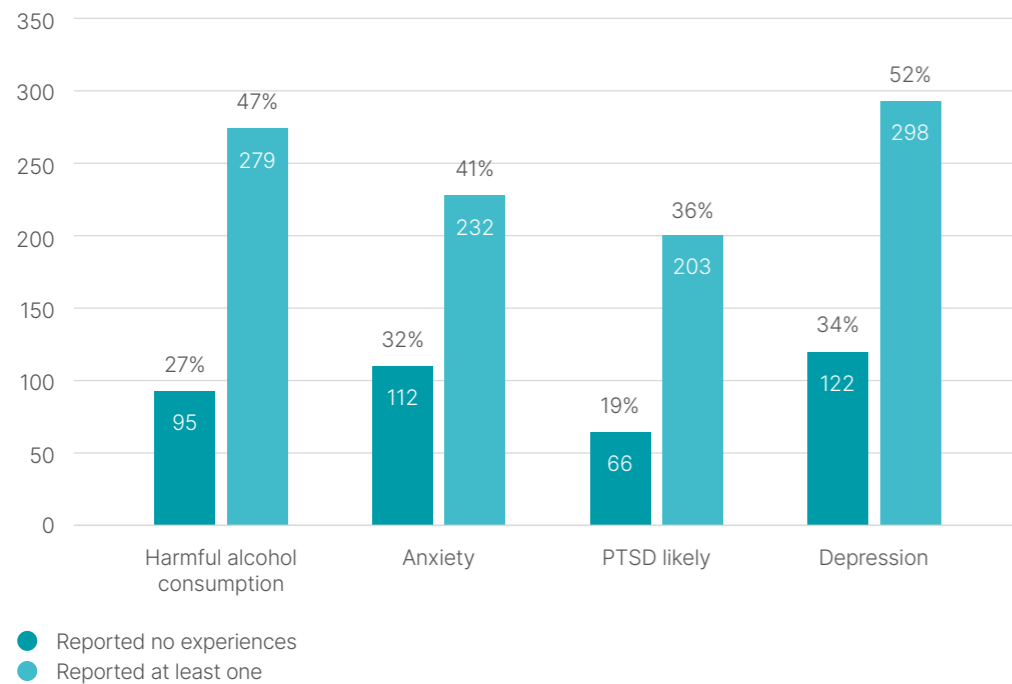
IMPACT TO MENTAL WELLBEING SUMMARY

Participants completed four separate measures designed to better understand their mental wellbeing at the time of survey completion. All measures were standardised psychological measures used in previous research known to be both valid and reliable with established scores that are indicative of psychological and behavioural distress. Of note, whilst we have chosen to group participants based on reports of USEs (reported no USEs or at least one USE) for analytical purposes, we acknowledge that the wide range of USEs measured by our survey may result in a varied impact to students depending on their individual circumstances including any previous trauma experiences.

As can be seen in Figure 1, participants reporting at least one USE reported significantly poorer mental health outcomes than those reporting no experiences. Specifically, of those reporting at least one USE, 32% (n=298) met the criteria for inclusion in the moderate to severe depression group, 29% (n=279) met the criteria for inclusion in the harmful alcohol consumption group, 25% (n=232) met the criteria for inclusion in the moderate to severe anxiety group and 22% (n=203) met the criteria for inclusion in the probable PTSD group.

FIGURE 1: COMPARING REPORTED USES TO INDICATORS OF POOR MENTAL WELLBEING

Indicators of Poor Mental Wellbeing



Note. Using chi² analysis, statistically significant differences were found between USE groups (no reported USEs vs. at least one USE) across all wellbeing measures. Final total numbers may not add to 100%, calculations are based on those who completed each of the individual measures.

SUPPORT SERVICE ENGAGEMENT

To better understand students' use of the university's support services, participants were asked about whether they had ever used these services following a USE and, if so, what factored into their decision to seek help. Here, we focus exclusively on participants who reported at least one USE in the survey. In total, 273 students responded to this set of questions; whilst the majority did not want to identify their reason for reaching out to student support (65%), 16% thought that support from student wellbeing might help and 5% were encouraged by others to go.

TABLE 7: ENGAGING WITH SUPPORT SERVICES

	Frequency	Percentage of total sample
What made you decide to use the student wellbeing service?	Prefer not to say	176 (64%)
	Thought it might help	44 (16%)
	Wanted to receive counselling	27 (10%)
	Encouraged by someone else to go	15 (5%)
	Did not know what else to do	10 (4%)
	Other	1 (0.4%)

SEXUAL CONSENT ATTITUDES AND BELIEFS SUMMARY

Students completed two questionnaires designed to examine their attitudes towards sexual consent, generally, and their beliefs about sexual consent in the context of alcohol consumption.

General sexual consent attitudes
Students rated their agreement (strongly disagree (1) to strongly agree (7)) with a number of statements designed to evaluate their attitudes towards sexual consent. These statements were grouped into five subsections: Perceived behavioural control in negotiating sexual consent; Attitude toward establishing sexual consent; Preference in tactics used to negotiate sexual consent; Agreement with sexual consent norms; and Awareness and discussions of sexual consent. Examples of statements include "Most people that I care about feel that obtaining sexual consent is something I should do." and "Not asking for sexual consent some of the time is okay."

Overall, 1033 students completed this questionnaire, and their mean (or, average) score was 4.18 (SD=0.39), this suggests that most students held neutral attitudes towards sexual consent, neither agreeing nor disagreeing with the statements. However, when comparing students reporting USEs with those who did not, a clearer picture emerges. Students reporting USEs showed a greater level of agreement about the importance of discussing sexual consent yet, equally, felt they had less control over consent negotiations than those reporting no USEs. Though these findings may sound like competing results, they suggest that students, particularly those with a history of USEs, are acutely aware of issues surrounding sexual consent but may lack the confidence to discuss it in the context of a sexual encounter.

Beliefs about sexual consent and alcohol

Students also rated their agreement with statements concerning their attitudes towards sexual consent when alcohol is involved. This is an important area of investigation because alcohol consumption, excessive or otherwise, is common amongst university students and may be involved prior to or around the time of sexual activity. The statements are divided into two subsections: Campus beliefs and myths, and Awareness of sexual assault campaign messages. Overall, 1033 students completed this questionnaire, and their mean score was 2.25 (SD=0.62) suggesting that, generally, students agreed that a person cannot consent fully when alcohol is involved and should not be blamed if they are subjected to a USE when alcohol is involved. There were no significant differences between students reporting a USE and those who did not.

RAPE MYTH ACCEPTANCE SUMMARY

Rape myth acceptance refers to the extent to which someone agrees with, or accepts, rape myths. Rape myths are pervasive stereotypes (often, factually incorrect) about sexual violence that tend to exonerate the perpetrator's actions and blame the victim for their behaviour. Higher rape myth acceptance is indicative of someone who believes or accepts rape myths; examples include that women who wear short skirts are 'asking for it' or that men who have been raped must be gay. Students completed two rape myth acceptance questionnaires – the first focuses on typical rape myths (namely, women as victims and men as perpetrators) and the second focuses on specific rape myths involving male victims.

General rape myth acceptance

A total of 978 students completed the general rape myth acceptance questionnaire with a mean score of 1.60 (SD=0.52). This would suggest that, generally, students seem to have an awareness of the more common myths about rape and sexual violence, although it is unclear at this stage if they would have an awareness of the more subtle types of USE such as sexual coercion. There were no significant differences between students reporting a USE and those who did not.

Male rape myth acceptance

A total of 958 students completed the male rape myth acceptance questionnaire with a mean score of 1.53 (SD=0.66). Generally, students disagreed with the male rape myths presented suggesting that they may not discriminate against men who are sexually victimized and are aware that they are not to blame. There were no significant differences between students that reported a USE and those who did not.

REACTION TO PARTICIPATING IN THE STUDY SUMMARY

As previously highlighted, the Reaction to Research Participation Questionnaire was an optional measure that participants could complete, and it would not affect them entering the prize draw. A total of 477 participants chose to complete this optional measure. Participants were asked to rank their reasons for participating – most participants ranked helping others as their first choice, their curiosity in the project was ranked as second and, finally, the offer of the gift card was ranked as third. Participants could also choose 'other' and type in their answer. Whilst several cited assisting in research of this kind, others referenced the importance of the topic based on their own (or those they knew of) experiences.

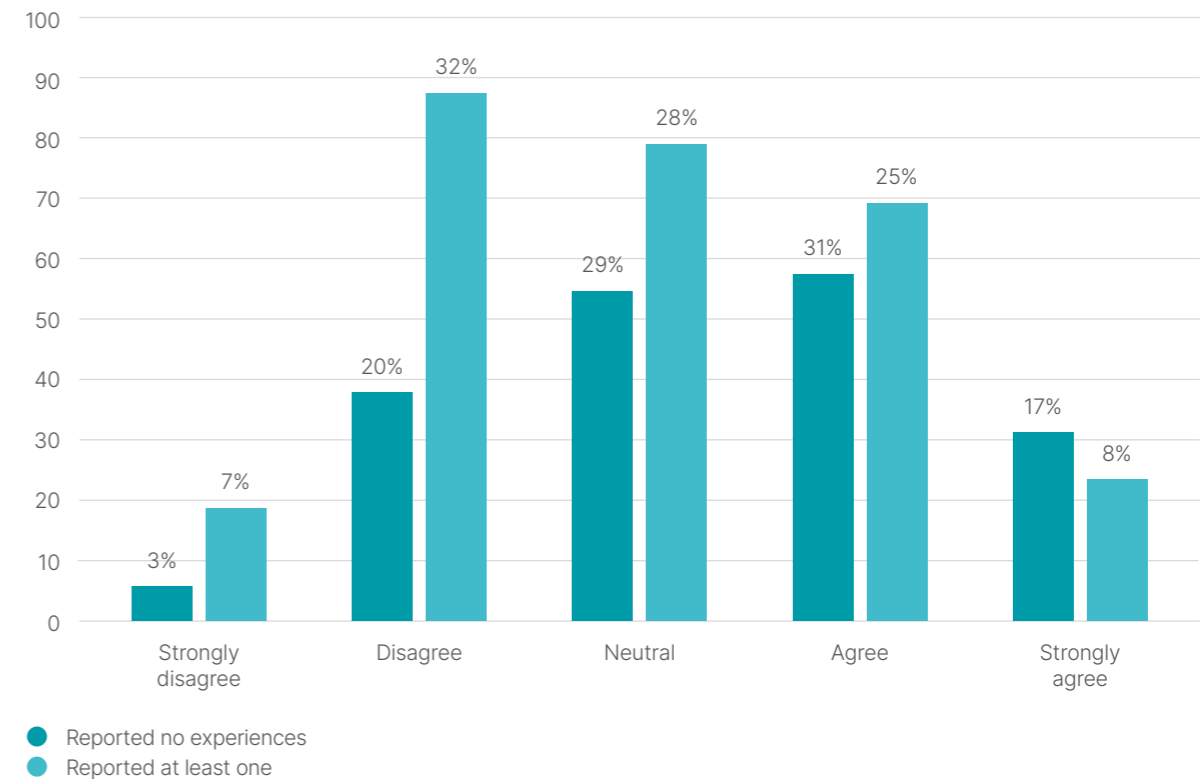
In addition, participants also answered questions on their reactions to participating in the research across five different subsections: experienced negative emotional reactions; perceived drawbacks to participating; the benefits versus the costs of participating; insight into their experiences; and their faith in the researcher to respect their identity and confidentiality.

Negative emotional reactions

Participants appear divided on whether the research resulted in negative emotional reactions, irrespective of reporting an USE experience or not. To be clear, example statements included "The research raised emotional issues for me that I had not expected" and "I was emotional during the research session". Disagreement or neutrality with these statements was high across both groups (at least one USE vs. no USEs) yet, equally, there was some agreement across both groups that this research resulted in a negative emotional response.

FIGURE 4: EXPERIENCE OF NEGATIVE EMOTIONAL REACTION COMPARED TO REPORTED USEs

Experienced Negative Emotional Reactions

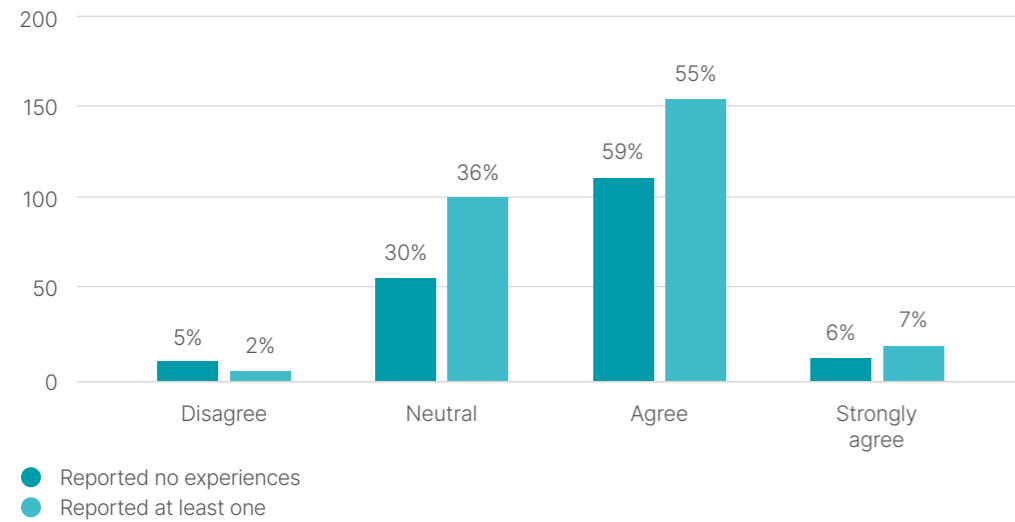


Perceived drawbacks to participating

When comparing both groups, 62% (n=177) of students who had reported at least one USE and 65% (n=125) of students who reported no experiences agreed or strongly agreed that there were few drawbacks to participating in the research. Following this were 36% (n=103) of students and 30% (n=57) of students who held neutral opinions on this question.

FIGURE 5: PERCEIVED DRAWBACKS COMPARED TO REPORTED USES

Perceived Drawbacks to Participating

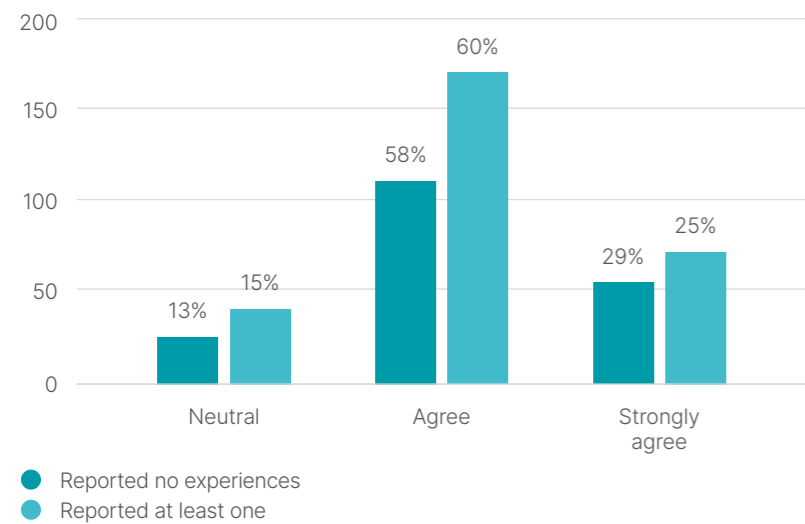


Benefits versus costs of participation

Most participants, irrespective of reporting a USE, agreed, or strongly agreed that the benefits to participating in this type of research outweighed the costs.

FIGURE 2: PERCEIVED BENEFITS TO PARTICIPATION COMPARED TO REPORTED USES

Perceived Benefits Outweighing Costs of Participating

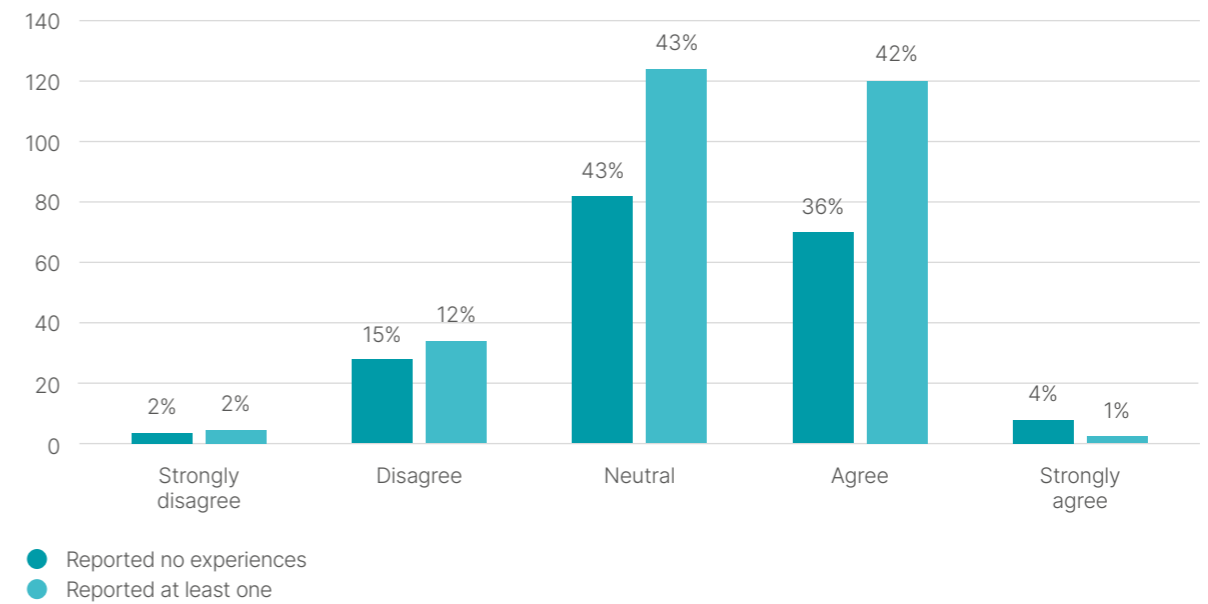


Perceived personal insight

Most participants were neutral on whether participating had afforded them insight into their experiences. However, 43% (n=123) of students who reported at least one USE and 41% (n=78) of students who reported no experiences agreed or strongly agreed that their participation afforded them some insight.

FIGURE 3: PERCEIVED INSIGHT COMPARED TO REPORTED USES

Perceived Personal Insight Into Their Experiences

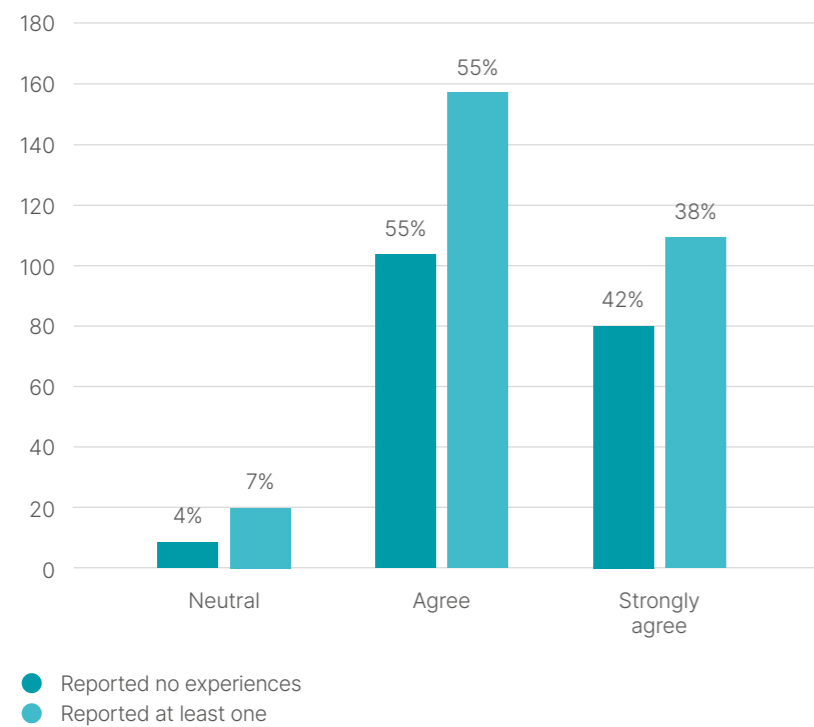


Global evaluation

When comparing both groups, 56% of students (n=266) who had reported at least one USE and 39% of students (n=185) who reported no experiences agreed or strongly agreed that the research team would respect their confidentiality.

FIGURE 6: GLOBAL EVALUATION OF PARTICIPATION COMPARED TO REPORTED USES

Global Evaluation of Research Participation



STUDY LIMITATIONS

This study is not without limitations. Though our study sample is relatively large by comparison to similar studies (see Fedina et al., (2016) for review), our sample only represents 2% of both universities' combined student population, therefore, it would not be appropriate to generalize figures; further research is needed to validate prevalence. In addition, whilst women outnumber men in the student population, we recognize that our sample is still disproportionately female. The estimated victimization recorded in this study is high and it is possible that the study's focus attracted a greater number of students who have been subjected to USEs. Lastly, we focused on physical USEs so cannot speak to, for example, online sexual victimization.



CONCLUSION

The short report highlights the pertinence of investigating the rates and impacts of USEs among university students in Northern Ireland. The majority of those surveyed (63%) had experienced at least one USE during their time in higher education including sexual assault, coerced sex, and rape. Additionally, significantly more of those who reported at least one USE also met the criteria for problematic alcohol usage, probable PTSD, and severe to moderate depression and anxiety. A further concern is that many had not disclosed this experience to their university and were unaware of university sexual misconduct policies or where to find them, emphasising that current pathways to support remain unclear for those who need it most. The research did find that many students told a friend, family member or partner; groups which have become part of a target audience for bystander intervention training in other places (Crowley et al., 2017). In addition, while students surveyed tended to not hold or accept strong rape myths about male or female victims of sexual assault, awareness of what constitutes sexual consent was less definitive among this group.

The current research will add to a growing body of work focused on sexual violence, harassment, and misconduct in the context of higher education. Our research findings are comparable to the wider published literature, particularly that which has implemented behaviorally specific measures such as the Sexual Experiences Survey (Fedina et al., 2016). Such findings further demonstrate that this is not an individual institutional issue, but one for all educational authorities to address. That said, we also must consider that USEs do not occur outside of social systems and individual contexts. Each university is situated within a wider social structure which influences experiences and behaviors (Moylan & Javorka, 2020), therefore synergy between the broader legislation and policy climate is needed regarding prevention and intervention efforts.

During July 2022, the reports' authors convened a 'recommendation building' workshop with experts from across Northern Ireland's government departments, health and social care sector, independent sector, and higher education institutions, whose remit aligns with addressing, responding to, or researching sexual violence, harassment, and misconduct. Workshop attendees were presented with the research findings, followed by a focused discussion on future recommendations which were agreed and

are outlined below. In addition, our research program also included meeting and discussing with Northern Irish university students about their own recommendations regarding university response to sexual violence, harassment, and misconduct and these are also outlined below.

EXPERT AND PRACTITIONER RECOMMENDATIONS

Preemptive Action: Changing the Culture

Higher education is significantly formative, and universities do much more than offer education to their students. It is, for a time, home to many, and a place where everyone has the right to feel safe from sexual violence, harassment, and misconduct. We have a duty of care to our students and a responsibility in shaping our future leaders who will cultivate respectful and supportive environments of their own. The Irish Government have recognised their important role in addressing the issue of sexual violence, harassment, and misconduct within the context of higher education including the support they must offer to sustain positive change to campus cultures. The Consent Framework (Department of Education and Skills, 2020) offers a roadmap for the redevelopment of institutional structures, processes, procedures, and initiatives which best address sexual violence, harassment, and misconduct, as well as holding institutions to account. We recommend the development of a similar Northern Irish framework which can support educational institutions in the same way.

The development and implementation of initiatives that address sexual violence, harassment, and misconduct also require financial resources and opportunities for collaboration and partnership that should be initiated from the top down. As Sir John Gillen noted "We have to invest to save".

Preventative Education and Preparation: Everybody's Business

Sexual consent and awareness education should be delivered earlier in a person's educational journey and reflective of diversity in individual characteristics and experiences. This should be supplemented with broadening of existing supports and training for families and carers to have conversations about consent, ensuring everyone has a basic understanding before reaching higher education.

Sexual consent awareness and bystander training should form part of university

education for both students and staff. This can be supported via peer directed learning, partnering with clubs, societies, and student residency assistants, as well as the development of e-learning programmes to be imbedded within the virtual learning environment (e.g., Blackboard/ Canvas).

All forms of training should be accessible to the broader university community (e.g., librarians, security, catering, bar staff).

A zero-tolerance approach to sexual violence, harassment and misconduct should be adopted and emphasised to the whole university community. This can be supported via clear sign posting of values and the publishing of a code of conduct that sets out the types of behaviours that are unacceptable for both students and staff.

Relatedly, talking about, and raising awareness of sexual violence, harassment and misconduct can be somewhat complicated if the messaging is not consistent. Language and definitions should be clear and understandable for everyone.

Pathways to Support: No One Left Behind

Communication about sexual consent, reporting and support should be clear and accessible for students and staff. This may include an awareness raising campaign across campuses at key stages during the academic year. Information should also be strategically placed within physical environments (bathrooms, student unions, individual department spaces) and virtual environments (university portals and webpages) which are accessible to all students and staff.

Response to sexual violence, harassment, and misconduct throughout a person's educational journey should be trauma-informed (Doughty, 2020). Prevalence rates of USEs can often disguise important differences in risk of victimisation at the individual level. University students are not homogenous, as each student enters higher education with their own history and experiences. It is important that higher education institutions remain cognisant of this, particularly with regards to promoting inclusive and accessible support services.

Specialist support staff within the university are also optimally positioned to work collaboratively with statutory and voluntary services to best meet needs following an USE. Such roles and contact details should be highlighted among staff and students.

The needs of sexual violence, harassment and misconduct survivors may be complex and can last for some time. A wrap-around approach to support should be considered within the context of higher education which ensures a positive outcome for the student. This should take into consideration the types of practical support required to maintain academic performance and the wider university experience.

Response and Resolution: Accountability and Role of Restorative Justice

Reporting and support systems should be highly responsive, there should be minimal delay to addressing an incident of sexual violence, harassment, or misconduct.

Similarly, disciplinary action should be timely, reducing any unnecessary distress for all involved.

Action and disciplinary procedures in cases of sexual violence, harassment or misconduct should be clearly outlined as part of a student sexual misconduct policy, providing detail of potential pathways and outcomes for victims and the accused.

Universities should consider the role of restorative justice in cases of sexual violence, harassment, or misconduct, which can support traditional disciplinary processes. Such an approach is focused on the harmed persons definition of justice and therefore increases the level of support and validation provided to them.

Evidence-based Practice: Extending the Yardstick

It is important for individual institutions to continue to develop their strategies and action plans from an evidence-based approach to reduce any further reactive practices. The current research has provided an initial benchmark for higher education in Northern Ireland in which to measure progress overtime but should not be a single point of measure. Monitoring and evaluation should be ongoing; data captured as part of the 'Report and Support' systems may help with this.

Shared practice will support the development and agreement of best practice. Higher and Further Education institutions should be working collaboratively with both statutory and voluntary sector on this issue.

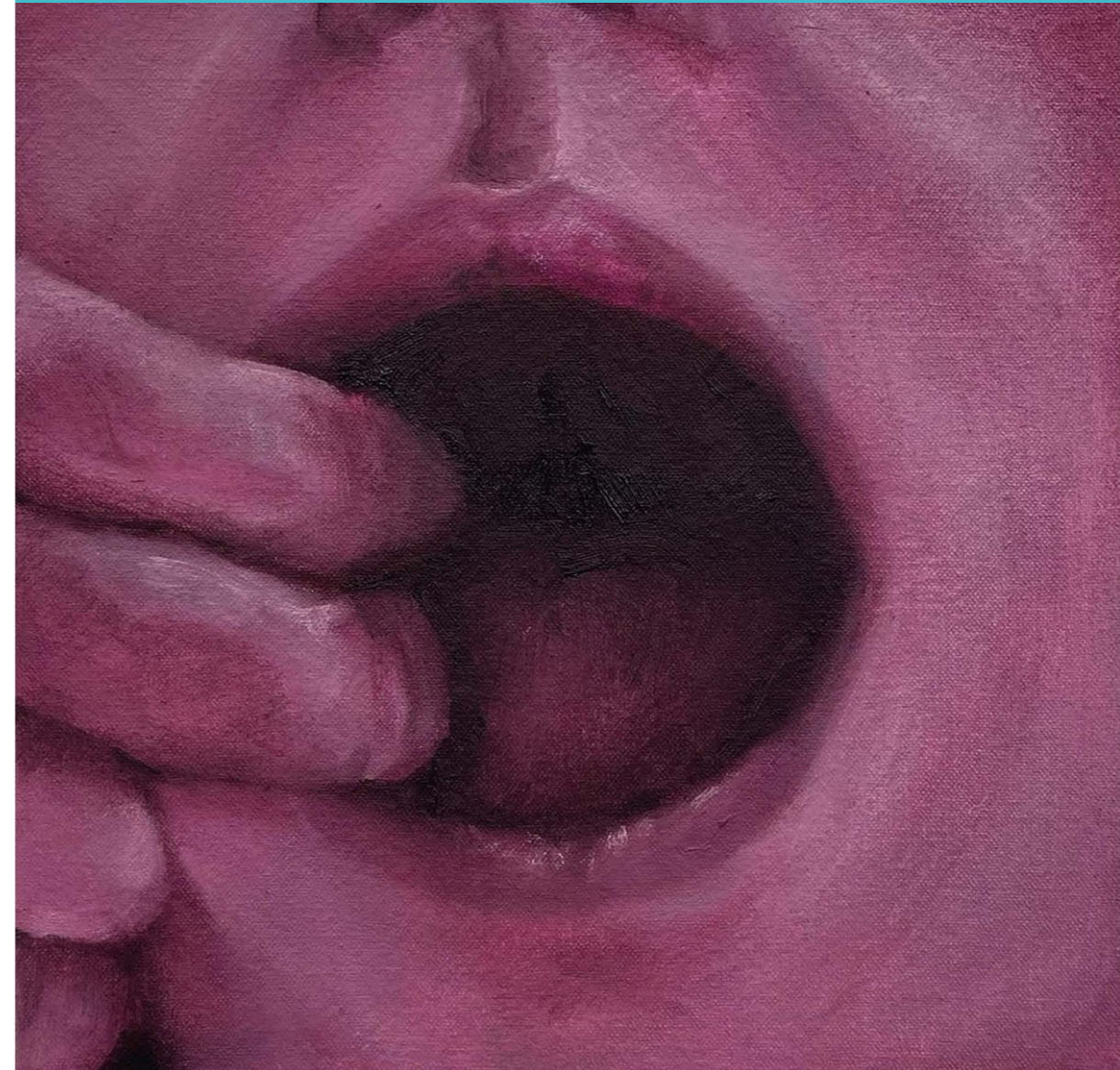
RECOMMENDATIONS FROM UNIVERSITY STUDENTS

Students echoed discussions in the recommendation workshop regarding the importance of individuals understanding about sexual consent before reaching higher education. Students recommended that sex and healthy relationship education (including consent awareness) be taught at a younger age, supported by age-appropriate initiatives from primary school onwards.

Students also highlighted that awareness raising initiatives within higher education institutions should better reflect the students' experiences and outline the 'greyer' areas of sexual consent. For example, posters could be more inclusive of all genders and sexual orientations; similarly, discussions regarding consent should be contextualized to the student experience (e.g., students drink alcohol and engage in sexual activity).

It was important to students that their university adopt a clear stance on sexual violence, harassment, and misconduct, including transparent information about support access and how infractions would be managed. They wanted this information to be presented clearly, openly and to be easily found by students.

Relatedly, students agreed that university procedures following a report should be clear and offer some form of wrap-around care. Once a report has been made, there should be a series of actions outlined that map against the student's on campus and off campus life. This should include consideration for the students' accommodation, class timetable, upcoming submission deadlines, access to support services etc.



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Many thanks to Emma Stewart, Fine Art student at Ulster University, who gifted us the use of her work for the cover of this report. It is by no means an easy task creating work that so brilliantly depicts issues surrounding gender based violence.

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Finally, we would like to thank our students for taking time to complete the survey and get involved with the wider research addressing USEs in the context of higher education. This work is not possible without you, we are so very grateful that you entrusted us with your experiences, insights, and opinions and we will do our best to ensure you remain seen and heard.

Behnken, M. P. (2017). Contextualizing the role of alcohol in sexual violence. *Journal of Adolescent Health*, 61(1), 1-2.

Burke, L., O'Higgins, I., Mcivor, C., Dawson, K., O'Donovan, R., & Macneel, P. (2020). *The Active Consent/Union of Students in Ireland Sexual Experiences Survey 2020: Sexual Violence and Harassment Experiences in a National Survey of Higher Education Institutions*. Galway: NUI Galway.

Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence, & Abuse*, 10(3), 225-246.

Canan, S. N. (2017). *A mixed-methods study of sexual assault in lesbian, gay, and bisexual adults in the US* [Doctoral thesis, University of Arkansas].

Canan, S. N., Jozkowski, K. N., & Crawford, B. L. (2018). Sexual assault supportive attitudes: Rape myth acceptance and token resistance in Greek and non-Greek college students from two university samples in the United States. *Journal of Interpersonal Violence*, 33(22), 3502-3530.

Canan, S. N., Jozkowski, K. N., Wiersma-Mosley, J., Blunt-Vinti, H., & Bradley, M. (2020). Validation of the sexual experience survey-short form revised using lesbian, bisexual, and heterosexual women's narratives of sexual violence. *Archives of Sexual Behavior*, 49(3), 1067-1083.

Carey, K. B., Norris, A. L., Durney, S. E., Shepardson, R. L., & Carey, M. P. (2018). Mental health consequences of sexual assault among first-year college women. *Journal of American College Health*, 66(6), 480-486.

Crowley, L., Byrne, M., & O'Neill, S. (2017). Bystander Intervention at UCC: Developing and evaluating a sexual violence prevention programme for 3rd level. *Conference Poster*.

Department of Education & Skills (2020). Framework for Consent in Higher Education Institutions: Safe, Respectful, Supportive and Positive – Ending Sexual Violence and Harassment in Irish Higher Education Institutions. Available <https://assets.gov.ie/24925/57c394e5439149d087ab589d0ff39c92.pdf>

Doughty, K. (2020). Increasing trauma-informed awareness and practices in higher education. In S. L. Niblett Johnson's (Ed) *Examining Social Change and Social Responsibility in Higher Education* (pp. 17-28). IGI Global.

Faravelli, C., Giugni, A., Salvatori, S., & Ricca, V. (2004). Psychopathology after rape. *American Journal of Psychiatry*, 161(8), 1483-1485.

Fedina, L., Holmes, J. L., & Backes, B. L. (2018). Campus sexual assault: A systematic review of prevalence research from 2000 to 2015. *Trauma, Violence, & Abuse*, 19(1), 76-93.

Haughey, E., Smyth, A., Huajian, L., Lowenstein, M., McCue, R., Elder, J. & Patterson, C. (2016). *Stand Together Report*. Queen's University Belfast. Available <https://qubsu.org/media/Media,818442,en.pdf>

Huerta, M., Cortina, L. M., Pang, J. S., Torges, C. M., & Magley, V. J. (2006). Sex and power in the academy: Modeling sexual harassment in the lives of college women. *Personality and Social Psychology Bulletin*, 32(5), 616-628.

Humphreys, T. P., & Brousseau, M. M. (2010). The sexual consent scale-revised: development, reliability, and preliminary validity. *Journal of Sex Research*, 47(5), 420-428.

Jordan, C. E., Combs, J. L., & Smith, G. T. (2014). An exploration of sexual victimization and academic performance among college women. *Trauma, Violence, & Abuse*, 15(3), 191-200.

Kilimnik, C. D., & Humphreys, T. P. (2018). Understanding sexual consent and nonconsensual sexual experiences in undergraduate women: The role of identification and rape myth acceptance. *The Canadian Journal of Human Sexuality*, 27(3), 195-206.

Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606-613.

MacNeela, P., O'Higgins, S., Mcivor, C., Seery, C., Dawson, K., and Delaney, N. (2018). *Are Consent Workshops Sustainable and Feasible in Third Level Institutions? Evidence from Implementing and Extending the SMART Consent Workshop*. Galway: School of Psychology, NUI Galway.

McMahon, S., & Farmer, G. L. (2011). An updated measure for assessing subtle rape myths. *Social Work Research*, 35(2), 71-81.

Melanson, P. K. (1999). *Belief in male rape myths: a test of two competing theories* [Doctoral dissertation, Queen's University]

Mengo, C., & Black, B. M. (2016). Violence victimization on a college campus: Impact on GPA and school dropout. *Journal of College Student Retention: Research, Theory & Practice*, 18(2), 234-248.

Moylan, C. A., & Javorka, M. (2020). Widening the lens: An ecological review of campus sexual assault. *Trauma, Violence, & Abuse*, 21(1), 179-192.

Newman, E., Willard, T., Sinclair, R., & Kaloupek, D. (2001). Empirically supported ethical research practice: The costs and benefits of research from the participants' view. *Accountability in Research*, 8(4), 309-329.

NUS-USI Northern Ireland (2019). *kNOwMORE! NUS-USI Student Consent Survey*. Available <https://www.nusconnect.org.uk/resources/know-more-report-2019>

Phipps, A., & Young, I. (2015). 'Lad culture' in higher education: Agency in the sexualization debates. *Sexualities*, 18(4), 459-479.

Saunders, J. B., Aasland, O. G., Babor, T. F., De La Fuente, J. R., & Grant, M. (1993). Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption-II. *Addiction*, 88(6), 791-804.

Smith, G. (2010). Hidden marks: A study of women students' experiences of harassment, stalking, violence and sexual assault.

Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097.

Thomas, K. A., Sorenson, S. B., & Joshi, M. (2016). "Consent is Good, Joyous, Sexy": A banner campaign to market consent to college students. *Journal of American College Health*, 64(8), 639-650.

Universities UK (2016). *Changing the Culture*. Available <https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-07/changing-the-culture.pdf>

Ward, R. M., Matthews, M. R., Weiner, J., Hogan, K. M., & Popson, H. C. (2012). Alcohol and sexual consent scale: Development and validation. *American journal of health behavior*, 36(6), 746-756.

Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Retrieved from <http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

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