Rapid Review II - Scottish Higher Education Institution Responses to Gender-based Violence on Campus

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Introduction

A desk-based Rapid Review of existing gender-based violence (GBV) policy and practice, prevention and interventions in Scotland's 19 HEIs was undertaken in 2017 (McCullough, McCarry and Donaldson, 2017). The Review concluded that, overall, positive action in the form of response, intervention and prevention was evident and that while activity in this area was fast-paced it did not appear to be widespread across the sector.   This Rapid Review II follow-up report firstly outlines developments in the current policy context for GBV prevention in the Scottish Higher Education context; secondly it presents the findings from data obtained from interviews with key stakeholders across the Scottish HE sector undertaken during the period October 2017 to January 2018.

Gender Based Violence: Background and Policy Context

Gender-based violence (hereafter GBV) can affect children, young people and adults, take multiple forms and occurs in a diverse range of settings. It refers to any actions that result in physical, sexual and psychological harm or suffering to women, children and young people, or undermines their human dignity, through, for example, threats, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. GBV includes but is not limited to:

- physical, sexual emotional and psychological abuse;
- sexual harassment, bullying and intimidation in any public, private or online space, including the workplace;
- commercial sexual exploitation, including prostitution, lap dancing, stripping, pornography and trafficking;
- child sexual abuse, including familial sexual abuse, child sexual exploitation and online abuse;
- 'honour based' violence, including dowry related violence, female genital mutilation, forced and child marriages, and 'honour' crimes.

In 2014-15, of the 59,882 domestic abuse incidents recorded by police Scotland, 79% had a female victim and a male perpetrator, and 95% of recorded rapes or attempted rapes had a female victim and male perpetrator (Scottish Government, 2016, 8). A review of epidemiological studies found that GBV in all its forms is 'almost universally under-reported' (Watts & Zimmerman, 2002: 5-7). This was echoed by the authors of a more recent European-wide study which also noted systematic under-reporting. (F.R.A. 2014:12). It is defined as 'gender based' because it is carried out predominantly by men and directed at women and girls, precisely because of their gender. It is acknowledged that GBV may impact individuals of any age, gender, sexual orientation, faith or ethnicity. In Scotland, for example, it is estimated that at least one in five women will experience domestic abuse in their lifetime, one in three girls report some form of sexual violence in intimate relationships and 4% of women have experienced serious sexual assault since the age of 16 (Scottish Government, 2016). Worldwide, GBV affects the lives of 1 in 3 women (Garia-Moreno et al 2005). The impact of GBV is multi-faceted and moves through different domains of life, throughout the life-course and across social space. Experiencing any form of GBV can harm survivors' physical and mental health, negatively impact their wellbeing and ability to undertake daily tasks, to work or study. Exposure to all forms of GBV, whether one off or prolonged, can induce a traumatic response. Victims/survivors can face substantial personal, social, cultural and service risks and barriers to disclosure (Holland & Cortina 2007; Francis, Loxton & James 2017).

Equally Safe, the Scottish Government strategy to tackle violence against women and girls uses a gendered analysis and definition of violence and abuse, conceptualising GBV as both a cause, and consequence, of gender inequality. Put simply, GBV is *caused* by the fact that men and women are unequal, and in turn, *causes* the inequality between men and women. The definition adopted by the Scottish Government frames the different forms of emotional, psychological, physical and sexual abuse of women and girls within the gendered reality of men's and women's lives and within the context of women's subordinate status. In 2018, women still have unequal access to power, decision-making and participation throughout all areas of public life, with women comprising approximately 27% of the 3,029 positions of power, authority and influence in Scotland (Engender, 2017). In 2016-2017, only 23% of Professors and 26.3% of Principals in Scottish Universities were women (Engender, 2017)

Gender Based Violence on Campus

GBV has gained increasing national and international attention in recent years, highlighting universities and workplaces as conducive contexts for GBV (McCullough et al 2017; McCarry et al forthcoming). The #MeToo movement demonstrated the widespread prevalence of sexual violence following the exposure of film director Harvey Weinstein and other notable male celebrities, actors and public figures (McCarry et al forthcoming). Closer to home and at the heart of UK power and decision-making, allegations of sexual harassment and bullying in Westminster have also emerged.

GBV in higher education contexts has also gained attention amongst researchers, the government, the media and HEIs, most notably since the publication of research by the National Union of students into GBV in colleges and universities (USV React, 2018; HoC, 2017; Phipps and Smith, 2012). The NUS report found that one in seven female students had experienced serious physical or sexual assault; 25% had experienced unwanted sexual behaviour and over two thirds had experienced some kind of verbal or non-verbal harassment in and around their institution (NUS, 2010, 4).

A growing evidence base has been influential in identifying best practice and providing recommendations to respond to GBV in UK higher education contexts (Sundari and Lewis 2018; McCullough et al, 2017; Westmarland, 2017b; Universities UK, 2016a; Clark, 2016; Bows, Burrell, and Westmarland, 2015; Fenton and Mott; 2015). This work highlighted inconsistencies in HEIs' responses to victim/survivor disclosures of GBV. A growing number of UK Universities now have, or are developing, specific GBV and/or sexual violence misconduct policies and procedures.

Research shows that GBV is common and under-reported in many UK workplaces and 5% of organisations have a specific employee policy or guidelines on corporate responses to these issue. (TUC, 2016; Westmarland, 2017b: 2; HOC, 2018). Findings from a Zero Tolerance Scotland workplace study show that the situation in Scotland reflects that of the wider UK (Zero Tolerance, 2017). The study, based on 600 responses from women primarily working in the public sector including further and higher education found that four out of five women did not report their experiences of workplace sexual harassment to their employer. One in 10 respondents reported mental or physical abuse including rape or sexual assault at work, whilst over 70% reported experiencing or witnessing sexual harassment. This research also found that GBV protection and prevention are not a prominent feature of workplace practices and support mechanisms were lacking; 73% of respondents were either unsure or unaware of any VAW policy in their workplace and only 26% of managers reported feeling confident to respond effectively. It is now acknowledged that employers have a responsibility and duty of care to prevent and respond to GBV effectively and to maintain the safety and well-being of all staff. The role of HEIs in changing attitudes to violence against women is crucial to the Scottish Government's strategic vision, as outlined in the Equally Safe Delivery Plan (Scottish Government 2017). Tackling GBV can facilitate a strategic repositioning of Scottish higher education's commitment to advancing gender equality, inclusion and diversity and contribute to the Scottish Government's vision for the eventual elimination of GBV.

Methodology

Participants were recruited using an invitation which was emailed with two attachments to key contacts in a number of network organisations across the Scottish HE sector: Universities Scotland Secretaries' Group; the Association of Managers of Student Services in Higher Education in Scotland (AMOSSHE); the Association of University Chief Security Officers (AUCSO) and the National Union of Students – Scotland. The email included a request for further onward circulation. Email recipients were invited to contact the researcher directly if they wished to participate. The research was granted ethical approval by the University of Strathclyde Research Ethics Committee. Participants were fully informed on issues of consent and confidentiality, and were requested to complete a consent form before the interview. It was made clear that participation was voluntary and that they could withdraw at any time without giving a reason and without consequence. Interviews were conducted using an *aide memoire* with four key topics related to addressing GBV on HEI campuses: strategic development, institutional response to GBV, GBV prevention and intervention. Transcripts were anonymised by removing names and other identifying factors such as place of employment and specific job role. All research data was stored securely and consent forms and transcripts were held in separate locations. Nvivo software was used to create an analytic framework which allowed material from each individual narrative to be collated thematically to facilitate ease of access to relevant interview data.

Nineteen self-selecting participants (twelve women; seven men) from nine Scottish universities and three student unions took part. The universities were spread across urban and rural areas in the central belt, the north and north-east of Scotland. Participating universities, including some with multiple UK and overseas sites including institutions with large numbers of overseas students from Europe, the middle and far-east and North America. To preserve anonymity, which was a factor in encouraging potential participants to take part, all participants were assigned a reference code which reflected their area of responsibility in the organisation and their gender. University staff participants included nine Directors or Senior Managers of University Student Services (SS); one Director with responsibility for both students and human resources (SHR); two university Chief Security Officers (CSO), one manager in a student residence (SR); one Vice Principal and GBV strategic lead (VP); one Professor and GBV strategic lead (P) and one Strategic Manager (SM). Participants from student unions included two in elected executive positions (SUE) and one student union Chief Executive (SUCE). Where a number of participants work in similar roles an additional numerical code was assigned i.e. SS/F/1 or SS/F/2.   In some cases more than one participant from the same institution took part. This report will describe some of the key findings from the interview data and the key themes which emerged.

FINDINGS

Current understandings and experiences of GBV on campus

Scotland's national policy position on VAW and GBV has been outlined. A variety of broad terms are being used by participants and their institutions to refer to the range of GBV behaviours including 'sexual violence and misconduct', 'sexual misconduct', 'sexual assault', 'sexual bullying', 'sexual harassment' and 'gender-based violence' 'domestic violence', 'intimate partner violence' and 'a spectrum of sexual violence'. Two participants clearly referenced a gendered analysis and the Scottish Government's definition and contextualised their institution's work in the context of wider gender inequality. Participants recognised the importance of having a clear definition to guide campus policy and institutional responses which reflected the different forms of GBV with which they are currently dealing. These include cases of GBV across the continuum of public and private forms happening on and off campus including domestic abuse, rape and sexual assault, online and inter-personal sexual harassment, inappropriate sexualised behaviour and forced marriage. HEIs are supporting GBV victims/survivors whose experiences include those which are recent or took place in the past, both on and off campus and involving parties who may or may not be connected to the university. Participants also provided evidence of examples of behaviours which were not criminal but which were abusive and described as misogynist and which, at times, intersected with homophobia and racism. The importance of ensuring institutional responses had clearly defined terms of reference which paid due regard to those with intersecting needs, particular vulnerabilities or protected characteristics under equality and hate crime legislation was stressed by participants. The wide range of forms of GBV which participants were aware affect staff and students on their campuses suggest a need for a clear definition encompassing the many forms affecting staff and students to provide a secure foundation for the development of campus response to GBV which incorporates a broad range of needs.

HEI Strategic Approaches to GBV

Overall, GBV strategic development work is underway in eight of the nine universities represented by the participants in this Review. Participants identified a number of factors which highlighted the need to address GBV on their campuses. Firstly, increased national and local media scrutiny of sexual violence, so-called 'lad culture' and misogyny on Scottish campus, and a rise in the numbers of Freedom of Information Requests from journalists relating to reported sexual violence cases among the student population were noted (see McCullough et al 2017). Secondly, some participants working in university student services department observed a rise in the number of reported cases of student on student sexual violence. Thirdly, student-led research, activism and campaigns against campus sexual violence highlighted the issue locally and nationally with growing calls by student groups and unions for their universities to work with them on the issue. Fourthly, academics with research interests and national and international connections in the field of campus sexual violence began to identify the need to address the issue in their own institutions. Finally, the recommendations of the Universities UK Task 2016 Force Report, 'Changing the Culture' identified the issue as a corporate responsibility and was cited by a number of participants as an important factor in their institutions' decision to take action, *We created an action plan based on the recommendations within the UUK report.* (SS/F/7). These findings suggest that the interaction of media narratives, increased public scrutiny of violence against women students, the availability of local and national data on

women students' experiences of violence on campus and student-led action stimulated Scottish HEIs to take action.

All of the participants and their institutions recognised that sexual violence prevention campaigns and initiatives required initial scrutiny of current campus responses, and that a comprehensive programme of work involving a number of stakeholders was essential, '*We needed a review of everything*.' (SS/M/5). All of the participants described a similar process of bringing together key individuals from different departments and functions within the university and student unions to look at the issue, '*Things actually dovetailed quite nicely because at that point the President of the Student's Association approached me to say that they were interested in doing something*.' (P/F). Some HEIs included external agencies such as local Rape Crisis Centres and Police Scotland from the outset and their involvement in strategic work in Scottish HEIs is now growing with partnership approaches becoming established. Participants discussed how working groups quickly realised the need to take a holistic approach requiring corporate leadership, a strong infrastructure linked to new policy development, reporting mechanisms, response pathways, prevention campaigns, staff training and support services, '*We started doing some stuff. It's been like lifting a stone. You realise, oh my goodness, there's a lot more here than we quite realised*.' (SS/M/5). As the scale of the task began to emerge many HEIs considered it vital to prioritise their planning, have clear governance structures and accountability mechanisms for what was emerging as a significant work stream within corporate structures.

The development of institutional responses prioritised sexual violence prevention in the student population. This reflected the strong emphasis placed on students' experience of GBV in student-led and media campaigns, research, and the clear student-focus of the UUK report. Within institutions, the existing expertise of student services staff regularly handling cross-cutting non-academic, health and wellbeing issues affecting their students was called upon to develop response to GBV. There was evidence from participants that work to incorporate policies and responses focussed on staff was still at an early stage in all but a few institutions. Participants recognised the importance of addressing the issue for both staff and students, '*If we're going to send the zero-tolerance message out to our students, then staff have to be aware of what zero-tolerance is as well.*' (SM/F). Some participants suggested that addressing the issue in relation to staff could be more challenging but that it was essential to do so in the longer term.

> *We very much thought that if we tackle the students first of all and start to raise that awareness without having a support framework fully in place, we felt we maybe wouldn't be competent enough. (SS/F/6).*

With governance of the GBV agenda currently mainly directed through student services departments, these findings suggest that GBV is fast becoming a broader strategic and planning priority for Scottish HEIs. While most now have a designated person currently leading on the work and overseeing implementation, often based in student services, participants stressed the need for common ownership of the issue across campus,

> *A coordinator, yes to oversee implementation but it has to be a shared responsibility across the campus as it is key to so many service areas …It touches every part of campus life so it's not the responsibility of one area. A dedicated person means it is not shared as it then becomes that person's responsibility and not a shared one. (SS/F/6).*

Senior leadership support for the issue was considered vital to ensure adequate allocations were made in the individual workloads of those involved in developing and implementing campus GBV prevention strategies. There was a recognition that student unions had a key role to play in whole campus responses to GBV and that they too should consider committing dedicated officer time. Some participants were finding corporate support for strategic work addressing GBV in their institutions while others felt that there was work to be done to remove cultural barriers to raising awareness of the issue with corporate management. One participant noted that their institutional culture did not always welcome debates about GBV and that staff attitudes could be unhelpful and that there was a need to '*reduce squeamishness'* (SM/F) among senior male colleagues about GBV. Participants recognised the need to allay senior management fears of the institution being exposed to reputational risk by being seen to publicly address the issue.

Resources and Funding

The majority of participants reported that universities should provide internal resources and funding for GBV prevention work and to identify existing expertise on campus to support and inform developments. There was a recognition that there was a need to allocate an operational budget for the implementation of campus GBV prevention activities, and to purchase external resources such as staff training or specialist services where required. One HEI had provided a budget for the implementation of its sexual misconduct strategy,

> [The budget] *is there for training and it's there for the publication of the* [sexual misconduct] *strategy, the launch…What we are paying for now is the rollout of the training. (SS/F/6).*

One participant regarded this as an important investment in building longer-term capacity, '*That will be an investment we'll have to argue for and make*.' (SS/M/5). One university was able to utilise the expertise of their academic staff to provide an evidence base for the work, develop their corporate and operational response and provide their own in-house GBV training. Of the nine participating HEIs, five had undertaken collaborations on implementing GBV primary prevention work with local Rape Crisis Centres and four with the national Violence Reduction Unit (VRU). One university and its student union were exploring a joint-funding model to create a dedicated GBV coordinator post to be based in the student union,

> *If the university put some money together and the association put money together, you can come together with actually a really sizable pot of money. You've actually got the money for a salary and the funds. That's a really good project. That covers training. That covers everything. (SUCE/F).*

Innovative regional approaches are also being adopted. The universities in one Scottish city are collaborating in the development of a city-wide approach. The consortium aims to pool resources to undertake shared activities including city-wide GBV prevention campaigns, staff training and in the development of specialist service provision for example. The group are working with the local Rape Crisis Centre, Police Scotland and the VRU. A larger consortium of Scottish HEIs including this group have shared the costs of purchasing accredited training for campus Sexual Violence Liaison Officers (SVLO). The UUK Changing the Culture JISCMAIL network was set up to support the implementation of the UUK Report's recommendations through the Higher Education Funding Council Catalyst Fund. While there is acknowledgement that this network is essentially Anglo-centric, Scottish sector members are using the network to inform their work and develop and share good practice. The Scottish Government funded the

Equally Safe in Higher Education (ESHE) Project based at the University of Strathclyde during the period 2016 – 2018 to develop a national ESHE Toolkit of free resources for Implementing a Strategic Approach to GBV Prevention in Scottish HEIs (see Donaldson et al 2018; McCarry et al 2018).

Responding to GBV on Campus

The participants identified a number of key issues regarded as crucial for their institutions to address in their strategic approach.

I.   Policy and Response Infrastructure

There was a recognition that strategic approaches to GBV prevention required a strong foundation based on a distinct and comprehensive policy and response framework, clear definitions and terms of reference and that the issue could not be addressed using existing policies:

> *We have policies around bullying and harassment, complaints policies, disciplinary policies, whistleblowing, all that sort of thing, but still we probably only scrape the surface of what may go on. (VP/F).*

At the time of writing, one HEI had a distinct campus-wide GBV policy encompassing staff and students, one had a GBV policy for staff, one had a 'Sexual Misconduct' policy for students and staff and two had a 'Sexual Misconduct' policy for students only. There was a recognition that HEIs should provide clear, unambiguous and accessible information in a number of formats, including online, across the campus estate on how to report or disclose GBV and on available support services. This would ensure members of the campus community knew where, how and to whom they could report experiences or incidents and that they were informed about what the response could be.

II.   First Response to GBV

Participants emphasised the importance of ensuring that the first response to a GBV disclosure was effective and that those receiving the disclosure were equipped to respond effectively within a wider safeguarding framework. Only one participating HEI had a child protection policy. The issue of safeguarding including the requirement for PVG (Protection of Vulnerable Groups) checks for key staff, in the context of the HEIs contractual obligations to its students, was a growing issue which needed clarified. It was felt to be particularly complex in the context of the Scots law. While in Scotland young people are adults at age 16 years, participants were aware that the youth and immaturity of some young people aged 16 – 18 years, living away from home for the first time could increase vulnerability. Participants also observed that HEIs often play host to young people under sixteen years at events, open days or summer schools. University students undertake placements, research, internships or act as student ambassadors in schools or youth settings or may have children themselves.   The issue of staff/student relationships was also considered to be potentially problematic especially in relation to younger students and there was no evidence from the participants that position statements on this issue was articulated in their policies. Some participants were aware of the clearer position on safeguarding in the Scottish Further Education sector and in those institutions with joint FE/HE campuses.

The focus for most universities, according to the participants, was to ensure that a network of staff or others in key front-facing roles were equipped to act as effective GBV 'first responders'. Some institutions are currently assessing commercial online reporting software packages including customer relationship management (CRM) software. These incorporate an online reporting tool, incident logging, case management, referral and anonymised data generation functions. However it was acknowledged that a disclosure or report could come from anyone and that universities and student unions had a responsibility to ensure that clear guidance and information on responding to disclosures and on internal response pathways was widely available.

III.   GBV 'First Responder' Training

Evidence from participants show that, with one exception, most participants' universities were seeking to source effective specialist GBV training from outside including commercial online learning and training packages. A comprehensive GBV training programme was implemented in one HEI drawing on the skills and experience of academic staff. There is evidence that two response models are emerging in Scottish HEIs. The accredited Sexual Violence Liaison Officer (SVLO) model being implemented by a number of Scottish HEIs takes an incident-focussed, quasi-criminal justice response to sexual assaults. This includes training on supporting victim/survivors and includes specific training on engagement with police, the criminal justice system with an emphasis on access to forensic services[1]. An approach described by one participant as 'Anglo-centric' (SS/M/5).   Another participant regarded this approach as potentially problematic,

> *HEIs should consider the purpose of their response pathways and whose needs are being met by closer engagement between HEIs and the police... Our policy needs to be able to have a capacity ideally to...meet the needs of all students. The percentage of people who report to the police is absolutely tiny...So are we putting in place a whole series of protocols that actually support the police in the work that they want to do but actually don't support the majority of our students? ... It's not that I would say absolutely no we won't have any engagement with the police...it's definitely not that. But there are lot of very critical questions I think that remain to be answered about this. My worry again is, are people going down that route because they think it protects the institution from risk? (P/F).*

There was also evidence of a more recovery-focussed approach to GBV first response and associated staff training. The recovery-focussed approach prioritises the victim/survivor's immediate and longer-term needs, acknowledges the challenges of engagement with the criminal justice system and supports victims/survivor' decision-making and problem solving.

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[1] There is currently one Sexual Assault Referral Centre in Scotland at the Archway in Glasgow. A Strategic Overview of Provision of Forensic Medical Services to Victims of Sexual Crime in Scotland was published in March 2917:
https://www.hmics.scot/sites/default/files/publications/HMICS%20Strategic%20Overview%20of%20Provision%20of%20Forensic%20Medical%20Services%20to%20Victims%20of%20Sexual%20Crime.pdf
New standards for the provision of Health Care and Forensic Medical Services for adult and child victims of rape and sexual assault in Scotland were published in December 2017
http://www.healthcareimprovementscotland.org/our_work/person-centred_care/resources/sexual_assault_services.aspx

Information about internal and specialist agencies is provided if requested. This approach focuses on supporting the victim, includes the provision to escalate cases with consent into a tiered system with the scope to instigate case conferences for more complex situations. The SVLO model suggests a move towards a new professionalised role in the university sector whereas the recovery-focussed approach acknowledges a distinction between the role and responsibilities of university 'first responders' and those of external GBV criminal justice and other specialists who can provide separate support and criminal justice advocacy services to GBV victims/survivors. Participants were clear that 'first responders' should themselves have access to support in the course of dealing with what can be, at times, distressing situations. Participants also identified a need for specialist training to be available for members of staff investigating GBV misconduct cases. One HEI currently provides this training.

IV.   Other training

In some of the participating HEIs, the VRU and local Rape Crisis Centres have also provided one-off training courses or inputs to particular student and staff groups, and have been invited to promote their services at campus health, wellbeing and Freshers' Fayres in the participating institutions. However there is a general acknowledgement that while GBV specialist third sector organisations and the VRU have the necessary skills and expertise, their capacity to provide comprehensive GBV training programmes to large institutions on a regular basis may be limited.

V.   GBV Data Recording and Information Sharing

Many participants were concerned to ensure that those disclosing their experiences did not have to repeat their story more than once and that they would have access to information about sources of support and any next steps they might wish to take.

> *My sense from speaking to a couple of the victims is that they feel ..."I've told somebody and now I've got to tell somebody all over again to make a special circumstances case". (SS/M/5).*

Participants regarded it as vital that those likely to receive the disclosure or report were given clear guidelines about confidentiality, recording and sharing information following a disclosure.

VI.   GBV-related misconduct

A number of challenges were identified by those participants working in student services and in senior corporate roles regarding the interface between the criminal justice system and universities' own internal investigations into reported cases of GBV. This has proven particularly problematic for those HEIs where a virtual policy vacuum exists around the issue of GBV and where reports are being dealt with on a case by case basis often by a small group of senior managers operating a crisis triage system,

> *The number of processes and procedures and policies we have leave me a bit hamstrung...because the number of cases that were coming to me were more social media based, or gender-based violence. (SGM/F).*

There were also concerns that some existing institutional responses to those responsible for perpetrating GBV on campuses, whether the actions or behaviour were criminal or not, were not proving effective in reducing risk and preventing repeat occurrences. The Universities UK/Pinsent Masons 2016 Guidance for HEIs on dealing with allegations of student misconduct which may also constitute a criminal offence (Universities UK 2016b) was cited as a key document for some HEIs dealing with cases involving student sexual misconduct cases. However a concern was noted about the definition used in the Guidance: *'The University UK guidance about investigating sexual misconduct. We're not quite sure, what is sexual misconduct?'* (SS/F/1). Concerns were expressed about the recommendations in the UUK Guidance that criminal proceedings should take precedence over any internal proceedings to be taken against the alleged perpetrator and that the two systems were often out of alignment. Whereas HEI internal disciplinary proceedings seek to establish a balance of probability, those participants involved in investigations felt this gave HEIs some scope, in GBV cases, to commence internal disciplinary investigations in parallel with criminal proceedings. It was felt that this could be effective particularly where there was evidence of ongoing risk to the victim from the alleged perpetrator.

There was also evidence that lengthy criminal justice system processes in, for example, domestic abuse, sexual harassment and sexual offences cases were having a negative impact on victims' health and wellbeing and on their studies. An information vacuum about the progress of criminal justice proceedings could leave victims/survivors and the university in limbo where students have had to withdraw temporarily from their courses. Participants stressed that HEIs had a responsibility to recognise the rights of both victims/survivors and alleged perpetrators to an education until proceedings are concluded and that there was a duty of care to both parties. However in high risk situations this presented considerable challenges to university's endeavouring to managing those risks to both students and others on their campuses. There was also concern in these situations about the requirement for evidence when academic departments were approached with requests for extensions, deferments or temporary suspension of studies due to mitigating circumstances related to the proceedings. Practice varied in different institutions but it was generally agreed that these processes should be reviewed and that with their consent, students could agree what was to be recorded and shared with a preferred member of staff who would be delegated to confirm the student's circumstances. This would minimise the distress caused by the fear of wider disclosure of students' sensitive personal information. In some HEIs, student health services were able to verify students' circumstances without providing details or compromising students' confidentiality. With some cases taking up to two years' to come to court, prolonged absences from four years degree programmes while GBV cases are ongoing could have a wider negative impact on students' funding and income and their ability to graduate as originally planned.

VII.   Sanctions for GBV-related misconduct

Some HEIs operate a tiered approach to misconduct with different classes of misdemeanour which included ongoing risk management.

> *Abusive behaviour, threatening behaviour…come into the more serious categories…. The range of options by way of sanction varies according to the class. The smaller things, you could have a fine or a short suspension, but the higher-level ones are - expulsion is the final one. But if you were saying you were being stalked by someone, then we'd get security in as well. Security would, if need be, liaise with the police. We'd get IT in to look at changing accounts, disabling accounts, monitoring accounts, things like that. (VP/F).*

It was felt however that existing internal sanctions were not readily transferrable to those responsible for breaching codes of conduct in relation to GBV. There was also general recognition of the need to physically separate departments dealing with university student discipline from those with front-facing support service roles to avoid conflicts of interest for those dealing with both parties. In this context it was considered particularly importantto ensure the safety and protect the privacy and confidentiality of students attending meetings or support services. As has been shown, the changing university policy landscape in relation to GBV as a form of student non-academic misconduct is highlighting the need to incorporate specific student disciplinary procedures to deal with breaches. Participants provided no specific evidence of current practice in relation to responses to reports or disclosures of GBV involving allegations against members of staff.

VIII.   Research and Data Collection

With one exception, none of the participants were aware of any specific research undertaken on their campus into the incidence or prevalence of GBV within their campus communities. The evidence base for the work being undertaken overall is based on extrapolations from the studies cited above, the UUK Report, student-led campaigning, media attention and evidence from their own caseloads. There was a general recognition that HEIs require data on GBV to inform their strategies. However evidence from participating HEIs suggests that they are not routinely collecting anonymised, easily accessible and specific data on reported incidents of different forms of GBV on campus and that it is likely that GBV is widely under-reported.

Participants noted a clear requirement for HEIs to clarify why, how and what data is to be recorded on reported cases of GBV and by whom, how and where it is to be stored, for how long and who should have access. Participants stated that HEIs are concerned to ensure any data collection is undertaken ethically and in compliance with the Consumer Act 2015, the Data Protection Act 2018 and the General Data Protection Regulation 2018. There was a need also to clarify the distinction between anonymised GBV incidence data and the more detailed personal information contained in the case records kept by the university, student support, health and counselling services, human resources and by student union services. Some participants were also concerned to ensure that staff were given clear guidance about their own and the institution's safeguarding responsibilities, the limits of confidentiality in that context and when disclosures and reports required to be escalated and others informed. Clear guidance on record keeping for internal and external purposes and for information sharing in that context was regarded as essential.

> *We are very clear in our protocols and our guidance...because I've been in that situation...where students have just come in and blurted stuff out. It's very hard to say shush. I've then had to be a witness and spent hours telling the police... It's really tricky. (SS/F/1).*

> *I can also be a witness to that first account without having documented it all. (P/F).*

The requirement to provide HEI-held records on GBV cases as evidence in police investigations and cases going through the criminal justice system was therefore noted as a concern, '*There's just a lot of stuff to be negotiated*.' (P/F).

IX. Other Service Responses to GBV on Campus

Those working in student residences and campus security services are fast becoming key staff in HEIs overall response to GBV. As university employees, *ResLife* (Residence Life) Assistants have, alongside security staff, had their remits extended. Training courses for both groups reflect their new responsibilities for safeguarding, an increased focus on student wellbeing and is reflective of a more professionalised approach to these services. The need for a more diverse and gender-balanced workforce with a broader range of inter-personal skills comes at a time when the diverse needs of GBV survivors are becoming more widely understood in Scottish universities. HEIs' duty of care towards their students is now formally recognised as part of their contractual obligations and may be acting as a key driver for these changes.

The *ResLife* model operating in a number of university residences provides a network of part-time student Residence Assistants (RAs) who are employed by the university, live on site and are trained to undertake a social and pastoral support role.   RAs on some campuses undertake compulsory training which in some cases included inputs from Police Scotland, Rape Crisis Centres, VRU and the NHS. Training includes first aid, mental health first aid and suicide prevention training. RAs are supported by a clear management structure with access to individual support and consultations with line managers in relation to their ongoing work with students. Evidence suggests that *ResLife* incident reporting systems provide clear guidance on when incidents should be escalated and RAs have access to peer and on-call support from senior manager.

University security services are often university's key first responders for all health and safety emergencies on the campus estate, they also provide caretaking and janitorial services. There is evidence that campus security services are broadening their service remit to incorporate a wellbeing approach to situations arising in campus communities as one campus security manager observed.

> *Right across the board* [we are] *trying to professionalise the service, move it away from very traditional routes, and move it…forward with our customer service ethos…being able to respond appropriately and professionally when somebody is looking for assistance - gender-based violence would be one of a number of issues there. (CSO/M/2).*

One institution has recently reviewed and is planning to expand its security services:

> *A 24/7 service, fully supporting staff, having them trained, with new processes, with an incident recording solution… we would be the single point of contact, either through a help point, or through picking up the phone on their mobile. (CSO/M/1).*

There is evidence from participants working in security services that the gender, age and ethnic balance and skillset of security staff is changing. Job descriptions are becoming more reflective of the need for staff with customer service and support role experience and an ability to respond sensitively to a range of situations including GBV.

> *We are particularly interested in hearing from women applicants for these posts, because they're under-represented just now, and I think it's hugely important… obviously some girls just would never want to speak to a guy about it. (CSO/M/1).*

There is a recognition that security officers' training should also broaden to reflect this changing remit. National work is underway to introduce a nationally accredited training scheme for university security staff which includes a range of core and specialist skills including responding to GBV. As with the *ResLife* system, campus security service managers recognise the important role they play in the overall campus response to GBV, in responding to incidents and supporting the wellbeing of member of the campus community. They regard their ability to provide 24 hour cover to be crucial. However the issue of risk assessment in the aftermath of a GBV disclosure or report was considered problematic by front-line participants in front-line service roles.

X.   Risk Assessment and Safety Planning

In some institutions risk assessment and management is carried out on a case by case basis by student services and in others by university security. There was no evidence of the use of specialised risk identification checklists such as the DASH (Domestic abuse, stalking and 'honour'-based violence[2]), and limited evidence of risk assessments being done in a systematic way which takes account of the inter-personal dynamics of GBV

> *That whole area of risk assessment and disclosure, that process, the proper framework for getting this right for everybody, that's the bit that I think people are nervous about. (SS/F/6).*

Examples were provided of risk management and safety planning measures undertaken with victims. These included accompanying students to, from and around campus, asking students to log their arrival and departure times on campus with security, personal safety advice, maintaining regular email and/or telephone contact, safe taxi schemes, offers of alternative accommodation, surveillance by CCTV cameras and close liaison with local police with the victim's consent. There were also examples of risk assessment and safety planning with alleged perpetrators requiring protection from possible retaliation following reported incidents. Measure taken to manage the immediate risk from the alleged/perpetrator included instructions not to contact the victim, being denied access to shared spaces like libraries, social events or sports facilities; temporary suspensions or until further notice or being moved to alternative accommodation. Assessing and managing risk when the alleged/perpetrator is not a student or member of staff poses particular challenges which are often addressed in collaboration with local police. There was currently no evidence from participants of direct HEI involvement with local multi-agency public protection arrangements, multi-agency risk assessment conferences (MARAC) or local child or adult protection systems and procedures. There is evidence that working arrangements with Police Scotland at strategic and local operational levels varied widely across the country.

XI.   Student Unions

There was general agreement that student unions played a key role in campaigning but also in face to face and nightline support service provision. They can also be called upon to support both parties in GBV cases. Student union advice and support services also act as independent advocates for students when their grievances relate to the university itself or to a member of staff where university student services cannot investigate due to a conflict of interest. Further, as GBV policy increasingly extends to staff there is a key role for student and staff trades unions to play in GBV casework involving staff and students. Student union executive posts are elected on key campaigning issues. However, there was some evidence from student union participants

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[2] See http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face

that while some unions continue to actively campaign on GBV others do not. The substantial contribution by student-led campaigns mainly fronted by women students in successfully raising the issue of GBV on UK campus highlighted the need for continued action. The regular turnover in student leaders with each annual election is recognised. However student union participants were clear that the wider student union community and its women's officers should ensure that the issue remains a priority for all unions in the longer term. There were also calls for the development of collaborative work between HE student unions and the growing network of student unions in the Further Education sector. There was no evidence from the student union participants that as employers, student unions have themselves introduced GBV staff policies. It was recognised by student union and HEI particiapnts that student unions, as campaigners and independent providers of advocacy and support services to the student body, can play a key role in responding to GBV at the interface of the student's relationship with their university.

XII.   GBV – Primary Prevention

Primary prevention aims to prevent GBV before it happens. Primary prevention activities on Scottish campuses focus on public campaigns, sexual consent, sexual health, sexism and sexual harassment, gender stereotyping, sexual violence prevention and digital safety, bystander approaches and peer to peer GBV training programmes. Four of the HEIs had implemented GBV primary prevention campaigns which were promoted across campus and online. Three were aimed at students and one targeted the whole campus community. One campaign was the direct result of student demands and was a first step in a longer-term programme of activity and the other three were the culmination of the HEI's overall strategic approach. This group recognised the importance of ensuring such campaigns were supported by a clear campus-wide response, reporting mechanisms and support infrastructure.   Interventions and workshops focussed on consent/sexual violence prevention and sexual health were considered to be especially important for first year students. Some HEIs provided these for all of their new intake. However participants expressed some concerns that consent programmes, including online programmes[3] did not provide the opportunity to address the wider personal and cultural issues facing young people.

> *That whole sexual encounter agenda, it's difficult for young people to know what's okay and what's not okay and how they negotiate that. Nobody sits down and says, "Okay, if this relationship is going to go any further, let's sit down and put some ground rules - is it okay for me to put my arm round your shoulder? Nobody does that. Certainly young people don't. It's a minefield for them. (VP/F).*

It was felt that the online and brief one off face-to-face programmes with a narrower focus on consent in the context of crime prevention had limited effectiveness in the broader context of campus culture and the complexities of young people's intimate relationships.

> *But what we don't want to do is say, here's one online programme you can do...on consent. You do that two hours before you start, you click it online, and then we've ticked a box and we can say we've trained all our students and it's fine. (P/F).*

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[3] For example; https://www.epigeum.com/courses/support-wellbeing/consent-matters-boundaries-respect-and-positive-intervention/

I think we need to empower young women to be able to say, this isn't okay for me....As well as stopping the boys from doing it in the first place. (SS/F/3).

You're on a hiding to nothing trying to go out and do consent workshops. (SGM/F).

Over the last few years the VRU has taken a pro-active approach to addressing GBV on Scottish campuses by offering consent workshops and bystander training. Some HEIs have implemented VRU Bystander workshops with student groups, with limited uptake. The University of the West of England's Intervention Initiative was regarded as an effective but lengthy programme, '*A beast to implement especially in the curriculum. Seems to be the best evidenced for effectiveness.*' (SS/M/5). There was concern that some shorter programmes featuring 'bystander approaches' do not use a clear gendered analysis of abuse, can misled students into regarding GBV as mainly occurring in public and social spaces, deny women's agency and assume that all bystanders are safe. Two of the HEIs have been implementing Rape Crisis Scotland's peer to peer sexual violence programme with student groups twice a year for almost three years as part of their wider GBV Prevention strategies. One student union provided sexual violence prevention workshops delivered by their local Rape Crisis Centre. The key issues in introducing prevention programmes is finding ways to incentivise recruitment, '*If you get resistance to participation you lose the message.*' (P/F). Participants reflected on the capacity to sustain delivery in the longer term, timetabling, who should deliver them and how impact and effectiveness to be measured, '*We're quite good at doing that first bit, but I'm not sure how much we maintain it.*' (SS/F/1). However, there was a suggestion that for some groups of students opportunities exist for GBV prevention sessions to be mandatory by being incorporated into compulsory training provided for key student groups. These included, for example, *ResLife* assistants, student union executive members, sports club captains and society and student halls committee members. While, '*Politically, negotiating* [inclusion of GBV programmes] *into course curricula was "really difficult".*' (SS/M/4), programme inductions, Fresher's Welcome packs and wider induction sessions provided opportunities to introduce the topic. Participants also recognised the need to ensure that the messages of primary prevention programmes were consistently sustained throughout a students' time at university. There was a need to continue to develop programmes for later year undergraduates and post-graduate students tailored to the needs of older students.   Overall, current provision appears to be patchy across the nine HEIs with peer education and short bystander, consent and sexual violence prevention programmes aimed mainly at first year students supported or delivered by three key providers: VRU, local Rape Crisis Centres and Rape Crisis Scotland. Evidence of the need to evaluate the immediate and longer term impact of these programmes was considered vital.

xii   GBV Support services and interventions

University student services departments provide a range of health, disability, dyslexia, mental health wellbeing and counselling services through a student hub model. In many institutions a number of advisors are available via on-call duty triage system to assess needs and signpost students to other specialist services.

I have a number of advisors that work very closely with me across disability, general advisors who manage hardship funds, but they do a multitude of other things and international advisors. A mental health advisor we also have in student support. The counselling service...is also under my remit. (SS/F/2).

I spend most of my day...dealing with students in crisis....Other services include, 'CBT-based things, relaxation techniques, a bit of mindfulness.   At the moment there are workshops about being confident with exams. (SS/F/3).

A ratio of one full-time counsellor to 3,000 students is the minimum provision recommended for universities by the British Association for Counselling and Psychotherapy (BACP)[4].   While reporting GBV to the police is often regarded as a key option for victims/survivors, counselling is often regarded as the key support intervention for those affected by GBV. Recent research by NUS Scotland and by the Liberal Democrat Party in Scotland[5] shows that demand for student mental health and counselling services is increasing and that further and higher education services are 'struggling to meet demand'.[6]   Student services managers are acutely aware of the capacity issues which may arise if wider campus GBV campaigns result in a rise in GBV reporting:

Our capacity, like all other services nationally, it's very tight. If we suddenly had a load of people reporting, I think it's really disingenuous to do that and not put the support in place. I'll be concerned that we put enough support in place to deal with any sudden - I suppose the other concern is for the staff dealing with it, for the counselling staff. (SS/F/1).

So the overall provision around student support, tackling the various issues that we have, gender- based violence is a critical one where we feel that we're lacking in that at the moment and we need to definitely enhance that. (SHR/F).

The concentration of GBV specialist practice in student services is growing especially with the development of the SVLO role. The complexities of GBV-related casework at the intersection of mental health, disability, wellbeing and resilience is being observed as is the need for trauma-informed services.   Student unions also provide a 'one stop shop' triage service linked to a range of key advice, support and wellbeing services for students. Many student unions collaborate in the provision of out of hours night line/telephone helpline services staffed by student volunteers. These are particularly concentrated in urban areas. Staff working in student support services are generally aware of the local specialist external services such as Rape Crisis and Women's Aid and students are signposted to local services in most universities. However, there is an awareness that the sector's capacity could also be limited should there be a rise in reporting or where local services are at some distance from the campus. There is evidence however that technology is being used to solve capacity, distance and out-of-hours issues for students in need. For examples some universities are using the online wellbeing platform Big White Wall[7] with others delivering counselling services through Skype. Rape Crisis Centres also offer email, text and skype facilities for one to one support work. Within the group of universities represented in this study only two have introduced Rape Crisis drop-in services on campus.

HEI human resources departments may be the first port of call for staff members seeking support for GBV related issues. It is anticipated that the development of an expertise in responding to GBV within HR departments will parallel what is taking place in student services.

[4] https://www.bacp.co.uk/media/2237/bacp-university-college-counselling-services-sector-resource-003.pdf

[5] http://www.scotlibdems.org.uk/cole_hamilton_reveals_50_000_students_used_counselling_services

[6] https://www.nusconnect.org.uk/articles/new-figures-highlight-worrying-state-of-scottish-student-mental-health

[7] https://www.bigwhitewall.com/v2/Home.aspx?ReturnUrl=%2f

The need for specific GBV policies for staff outlining institutional responses to GBV victims/survivors and perpetrators has been noted. Participants also made reference to the Employee Assistance Programme an external support and counselling service available to university staff and to the services offered to members by campus trade unions.

Concluding Remarks

This second Rapid Review suggests that currently, preventing and responding to GBV in the student population is a key priority for Scottish HEIs. This reflects the focus by student-led campaigns, media attention and the 2016 UUK Report 'Changing the Culture' on the need to address GBV affecting the student population. These findings provide a snapshot of a sector in the midst of a rapid period of change which became increasingly responsive and receptive to these external developments during the period 2014-2018. The action against GBV on campus taken by the universities and student unions represented in this Review took place over that four year period with the earliest activity beginning in 2014. The findings of this follow-up review echo those of the Rapid Review Part 1 and demonstrate that activity in participating HEIs continues to be fast-paced and has accelerated significantly since 2016. Aspirations for an effective response to GBV on Scottish campuses are high and the issue is one where cross sector collaborations are welcomed. There is also a recognition that partnership working with specialist organisations from out with the sector is vital.

For all of the participants, there was a recognition that GBV prevention campaigns and initiatives require initial scrutiny of current campus responses, and that a comprehensive programme of cross campus work involving a number of stakeholders was essential. As the scale of the task is beginning to be recognised, the need for prioritising was understood by participants to be crucial as was the early introduction of clear governance and accountability structures. GBV is also being understood as a strategic work-stream within corporate governance structures. Collaborative approaches involving internal and external partners are also developing and learning is being shared. However, cross campus approaches are not yet widespread and HEIs are at different stages of development. While a common focus on GBV in the student population is currently evident, there is recognition that whole campus approaches to policy and response are needed and the value of clear leadership from the university and student unions recognised. While support from university management was growing there was a need to address senior management reluctance in addressing the issue and fears of institutions being exposed to potential reputational risk.

While the importance of including GBV affecting staff was generally recognised, this was currently less of a priority and was considered by some participants to be a challenging issue however there was confidence that it would be addressed in the longer term. There was a shared recognition that cross-campus GBV strategies would raise the profile of the issue, increase reporting, that there were expectations that staff would be equipped to deal with disclosures and reports and that increased demand for student support services and staff training was likely. Recognising the scale of the task, those HEIs at an earlier stage of development were taking a staged approach to implementation. There was a feeling shared by participants that universities should themselves fund their GBV developments and identify existing resources and expertise on campus to support their work and build capacity. There was a recognition also of the need to allocate an operational budget for the implementation of campus GBV prevention activities, and to purchase external resources not available on campus such as staff training or specialist services. Regional approaches among groups of HEIs were emerging and institutions were collaborating to purchase staff training and explore joint ventures in prevention activities and specialist service provision.

HEI participants shared concerns over engagement with the criminal justice system, the recording and sharing of information for internal and external evidential purposes and the personal and educational impact on students involved in prolonged court proceedings. The intersection of criminal justice and internal disciplinary proceedings in GBV cases was considered problematic. Concerns were raised over implementing the recommendations of the UUK Guidance in relation to GBV-related cases, the priority given to the criminal over internal processes and the Anglo-centric nature of the Guidance. The range of existing internal sanctions available in some HEIs was not considered adequate to deal with those responsible for GBV-related misconduct. Specific policies and guidance on responding to reports or disclosures of GBV involving allegations against members of staff were needed.

While the need for primary prevention campaigns and workshops aimed at students was recognised, provision was inconsistent and concentrated mainly on first year student cohorts. The VRU, Rape Crisis Scotland and local Rape Crisis Centres were the main providers. HEIs' contractual duty of care to support students' wellbeing was leading to the increasing wellbeing focus of some front-line campus services such as residencies and campus security services. The increased professionalisation of these services was noted. They were assuming a new role in the overall integration of student wellbeing services and GBV was being recognised as an important issue to be addressed by all staff in front-facing roles. It was acknowledged that student and trades unions had an important strategic and operational role to play in a university's overall response to GBV.

These findings suggest that Scottish HEIs are currently dealing with reports of a number of forms of GBV affecting staff and students including those which predate their arrival on campus. A range of terms are being used and clear definition and terms of reference are required to reflect the many forms affecting staff and students. There was no commonly used definition of GBV across the HEIs participating in this review and terms varied with 'sexual misconduct' the most commonly used term. Only one HEI used the term GBV in their policy. Two approaches to HEI GBV first responder training are emerging where different definitions of the issue are evident: the incident-focussed quasi-judicial approach to sexual violence and assault taken by accredited SVLOs is more commonly used than the recovery-focused approach to GBV victims/survivors of the 'First Responder' approach. The SVLO model suggests a move to create a new professional role in the university whereas the latter distinguished between the role and responsibilities of university GBV 'first responders' and that of external specialist GBV support and advocacy services for victims/survivors involved in the criminal justice system.

Definitions therefore need to be clear as they inform the focus and direction of travel of research and data collection, policies, training, responses and prevention activities. A common definition would clarify the distinction between criminal behaviour and non-criminal behaviour, highlight the impact of destructive social norms and behaviours on campus cultures and allow closer targeting of prevention activities. Adopting a common gendered definition across the HE sector would provide a number of benefits. It would create a link to national policy outcomes and the Scottish Government's long term aims for eliminating GBV, show the connections between GBV, gender inequality and intersectionality, provide a secure foundation for the development of HEIs' response to GBV and allow comparison, collaboration and the sharing of practice within and out with the sector.

RECOMMENDATIONS

Based on the interview data from the 19 participants in 9 Scottish HEIs the following recommendations were made:

- A common definition of GBV to be agreed across the Scottish HEI sector which reflects Scottish Government policy and a gendered analysis of abuse.
- Leadership from the sector in Scotland – including Universities Scotland, the Scottish Funding Council, NUS Scotland, staff trades unions and associations of university professionals – to ensure consistency in HEIs responses to GBV across the sector which fit with the Scottish legal, policy and service context.
- A recognition in workload allocations of the additional work undertaken by staff playing key roles in their institution's overall response to GBV
- The allocation of sufficient resources by HEIs to support the implementation of their GBV Prevention strategies.
- A need to ensure GBV policy and response extends to staff and that trade unions play a key role in institutional developments.
- Mechanisms to ensure survivors' voices inform the development of HEIs strategies and responses
- Sector-wide activity to disseminate learning and good practice which include FE and key external organisations for example, briefings and events on emerging issues and challenges.
- Incidence and prevalence data on GBV in the HE sector to guide local and national policy.
- The uniform and systematic collection of sector-wide GBV data
- National guidance on GBV data recording, storage and sharing for Scottish HEIs
- A whole campus approach to GBV Prevention which includes both staff and students.
- Clarification of safeguarding policies and procedures relevant to the Scottish HE sector.
- A review of the UUK/Pinsent Mason Guidance in relation GBV-related misconduct by students and staff in Scotland in consultation with the sector and key stakeholders and experts in their field.
- A review of existing GBV Prevention Programmes with recommendations for a consistent sector-wide whole campus approaches to GBV primary prevention.
- A review of the uptake and evaluation of the SVLO and First Responder Training programmes.
- Ensure all GBV 'first responders' receive adequate training and support to undertake their role.
- Robust evaluation of the medium and long-term impact of current GBV Prevention Programmes being implemented in the sector before further sector-wide roll-out.
- Implementation of a common trauma-informed GBV service and training framework for key HE and student union staff.
- An assessment of the capacity of key specialist GBV organisations to support the development of Scottish HE sector responses to GBV in areas such as service delivery, GBV training and sexual violence prevention activities.

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